

Re: Personal Care – 2014 Hotlines

Dear Administrator:

The purpose of this letter is to inform you of the publication of your revised January 1, 2014 – December 31, 2014 Personal Care and/or Consumer Directed program reimbursement rates, pursuant to Title 18 NYCRR Section 505.14(h)(7).

Hotline

These rates reflect the initial 2014 notice rates transmitted to you in December 2013; with adjustment to reflect any acceptable appeal items properly and timely submitted during the 2014 expedited appeals process period. Attached below please find copies of your revised rate calculation sheets. The rate revisions noted herein have been forwarded to the Office of Health Insurance Programs – eMedNY system for payment.

Trend Factor

The rates effective January 1, 2014 reflect the application of a 0% roll factor adjustment. The 2013 and 2014 trend factor components were both reduced to 0% in accordance with the enacted New York State Budget adopted for fiscal year 2013-2014.

Worker Recruitment and Retention Adjustment

In accordance with Section 367-q of the Social Services Law, an adjustment is authorized to provide payment to personal care providers, located in local social service districts which do not include a city with a population of over one million persons, for purposes of improving recruitment and retention of personal care services workers. Pursuant to this legislation, to be eligible for an adjustment, a personal care services provider must submit to the Department of Health a signed certification statement attesting that the funds received will be utilized solely for the purpose of recruiting and retaining non-supervisory personal care services workers. In accordance with subdivision 1(g) of SSL 367-q, the Department is authorized to include total recruitment and retention reimbursement in an amount up to \$28,500,000 for the rate period 01/1/14-12/31/14.

In accordance with subdivision 2 of SSL 367-q, the distribution methodology effective for the rates effective April 1, 2008 and subsequent shall be in the form of a percentage add-on to rates of payments of eligible providers based on the proportion of each personal care services providers' total annual hours of personal care services provided to recipients of medical assistance to the total annual hours of personal care services provided by all non-NYC providers to recipients of medical assistance. The adjustments included in your non-NYC PCA rates effective 01/01/14 – 12/31/14 is based on the uniform allocation percentage add-on of 6.08% determined in accordance with the statutory methodology to allocate the authorized funding of \$28.5M.

Appeals

An appeal by a provider whose rates have been changed by the expedited appeals process must be filed with this office, at the address below, and must be postmarked no later than 30 days from receipt of this letter. All appeals must be submitted in accordance with the requirements listed below. The additional 30-day period applies only to agencies whose rates have been adjusted through the expedited appeals process.

In order to file an appeal with this office, the following information should be provided:

1. A cover letter, signed by the Operator or Chief Executive Officer, containing a summary of the items of appeal. Appeals will not be accepted from consultants or accountants.
2. Supporting schedules or any other pertinent data NOT related to the annual cost report may be attached.
3. Any item of appeal that alters the cost data for the 2012 annual cost report requires that the revised report be filed electronically. The revised report must have a new Declaration Control Number and must be electronically recertified by the operator and independent accountant, within the 30-day time frame.

To be considered timely filed, the above-mentioned requirements must be met and the packet postmarked within the 30-day time frame indicated above. All other matters relating to the 2014 rates were subject to the original March 31, 2014 deadline.

The submission of an appeal and any related information associated with the appeal **MUST** be forwarded to:

Mr. Steve Simmons, Director
One Commerce Plaza - Room 1430
99 Washington Avenue
Albany, NY 12210

Appeals sent to any address other than the above may not be recognized as an appeal.

If you have any questions related to the methodology utilized in the calculation of your 2014 Medicaid rates or the accuracy of your rate, please contact Tim Casey at (518) 473-4421.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Simmons". The signature is fluid and cursive, with a large initial "S" and a long, sweeping underline.

Steve Simmons
Director
Bureau of Long Term Care Reimbursement
Office of Health Insurance Programs

Attachments

