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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **24-0072**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 4, 2025

Amir Bassiri, Medicaid Director
Deputy Commissioner of the Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Suite 1715
Albany, NY 12211

Re: New York State Plan Amendment (SPA) 24-0072

Dear Director Bassiri:

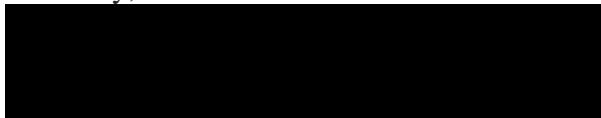
Enclosed is a corrected approval package for your New York State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0072. This SPA, which makes a technical change to align with New York statute, which allows residents of Adult Care Facilities to receive both Hospice and Assisted Living Program services without having to disenroll from either, was originally approved on February 26, 2025. The approval package sent to New York included the following errors:

- The incorrect version of SPA pages, Supplement to 3.1-A, Page 3(c) and Supplement to Attachment 3.1-B, Page 3(c), were included in the original approval package.

The enclosed corrected package contains the original signed letter, the Form CMS-179, and the corrected SPA pages.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Regina Deyette

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 28, 2025

Amir Bassiri
Medicaid Director
Deputy Commissioner of the Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Suite 1715
Albany, NY 12211

Re: New York State Plan Amendment (SPA) 24-0072

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-24-0072. This amendment proposes to make a technical change to align with New York statute which allows residents of Adult Care Facilities to receive both Hospice and Assisted Living Program services without having to disenroll from either.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that New York's Medicaid SPA TN 24-0072 was approved on February 26, 2025, effective November 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New York State Plan.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of Nicole McKnight.

Nicole McKnight, Acting
Director Division of Program
Operations

Enclosures

cc: Regina Deyette

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 7 2</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(18) Hospice care

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 11/01/24-09/30/25 \$ 0
b. FFY 10/01/25-09/30/26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supp Page: 3(c)
Attachment 3.1-B Supp Page: 3(c)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Supp Page: 3(c)
Attachment 3.1-B Supp Page: 3(c)


9. SUBJECT OF AMENDMENT

Hospice in Assisted Living Programs

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Michael Ogborn

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED December 31, 2024

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

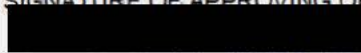
FOR CMS USE ONLY

16. DATE RECEIVED 12/31/2024

17. DATE APPROVED 02/26/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
11/01/2024

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

New York
3(c)

1905(a)(18) Hospice care

18. Limitations on Hospice Services:

Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately twelve months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home, in a hospital, in an assisted living program, or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.

Registered professional nurse will mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

TN #24-0072

Approval Date February 26, 2025

Supersedes TN #11-89

Effective Date November 1, 2024

New York
3(c)

1905(a)(18) Hospice care

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