

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

January 26, 2022

Donna Frescatore  
Medicaid Director  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210

RE: TN 19-0034

Dear Ms. Frescatore:

CMS issuing this technical correction to the approval for New York State Plan Amendment (SPA) transmittal number 19-0034, which was approved by the Centers for Medicare & Medicaid Services (CMS) on January 25, 2022.

The technical correction is necessary to recognize the correct fiscal periods in block 7 of the CMS179 as agreed to between CMS and New York. We are enclosing the revised signed CMS-179 and a copy of the approved state plan pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1 9 — 0 0 3 4</u>	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <del>April 1, 2019</del> April 1, 2021	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 365-f of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY <del>04/01/19-09/30/19</del> <u>21</u> \$ <del>(7,175.00)</del> -7,175,000 b. FFY <del>10/01/19-09/30/19</del> <u>22</u> \$ <del>(14,350.00)</del> -14,350,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment: 4.19-B: Page 6(a)(1)(ii)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT CDPAP (FMAP=50%)			
11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. 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	
13. TYPED NAME Donna Frescatore			
14. TITLE Medicaid Director, Department of Health			
15. DATE SUBMITTED June 28, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED June 28, 2019		18. DATE APPROVED January 26, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
23. REMARKS State authorized pen and ink change 12/1/21			

**New York  
6(a)(1)(ii)**

1905(a) 24 Personal Care Services

**Consumer Directed Personal Assistance Program (CDPAP) Fiscal Intermediary Reimbursement**

Effective on or after April 1, 2021, the Fiscal Intermediary reimbursement methodology for the Consumer Directed Personal Assistance Program (CDPAP) will be based on a tiered per member per month approach. CDPAP reimbursement will include two distinct rates:

- 1) The services rates will be calculated consistent with existing methodology (as defined in Attachment 4.19-B, Page 6(a)(1)).
- 2) Under the CDPAP program, the Fiscal Intermediary provides the administrative services for the consumers.
- 3) The services rates require prior authorization.
- 4) The Fiscal Intermediary rates will be supported through a tiered reimbursement methodology based on the hours authorized for the services rate. The tiers shall be as follows:

Tier	Direct Care Hours Authorized Per Month	Monthly Rate per Consumer
Tier 1	1-159	\$145
Tier 2	160-479	\$384
Tier 3	480+	\$1,036

**TN #19-0034** \_\_\_\_\_

**Supersedes TN NEW** \_\_\_\_\_

**Approval Date** January 26, 2022

**Effective Date** April 1, 2021