

JUL -9 2013

Re: Personal Care – 2013 Hotlines

Dear Administrator:

The purpose of this letter is to inform you of the publication of your revised January 1, 2013 – December 31, 2013 Personal Care and/or Consumer Directed program reimbursement rates, pursuant to Title 18 NYCRR Section 505.14(h)(7).

Hotline

A revision to the rates has been made to reflect acceptable "Hotline" items properly submitted during the appropriate time frame in 2013.

Trend Factor

The rates effective January 1, 2013 reflect the application of a 0% roll factor adjustment. The 2012 and 2013 trend factor components were both reduced to 0% in accordance with the enacted New York State Budget adopted for fiscal year 2012-2013.

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. Based on recent federal approval by CMS of the state plan change in accordance with subdivision 1(g) of SSL 367-q, the Department is now authorized to increase the total recruitment and retention reimbursement amount to \$28,500,000 for the rate period 01/1/13-12/31/13.

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 01/01/13 – 12/31/13 are based on the uniform allocation percentage add-on of 7.43% 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 “Hotline” process must be filed with this office, at the above address, and must be postmarked no later than 30 days from receipt of this letter. All appeals should be on the forms supplied by this office (copy attached). The additional 30-day period applies only to agencies whose rates have been newly affected by “Hotline” changes.

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. The appeal packet, form DOH-2466, must be completed. The facility should complete items 1-6 on page 1. Page 2 should be duplicated as many times as necessary so that only one item of appeal appears on each page at Section 10. If more space is needed, summarize the item of appeal on page 2 and attach any further detail on your own schedules. Make sure the provider name appears on each page 2. All information on the form should be typed.
3. Supporting schedules or any other pertinent data NOT related to the annual cost report may be attached.
4. Any item of appeal that alters the cost data for the 2008 annual cost report requires that the revised report be filed electronically. The revised report must have a new Declaration Control Number and must be 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 2013 rates were subject to the original April 30, 2013 deadline.

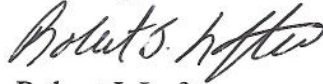
The submission of an appeal and any related information associated with the appeal **MUST** be forwarded to:

Mr. Robert J. Loftus, 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 2013 Medicaid rates or the accuracy of your rate, please contact Tim Casey at (518) 474-1057 or 473-4421.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Loftus". The signature is written in a cursive style with a large initial "R".

Robert J. Loftus
Director
Bureau of Long Term Care Reimbursement
Office of Health Insurance Programs

Attachments

1. NAME OF FACILITY:
2. ADDRESS OF FACILITY:
3. TYPE:
4. SPONSOR:
5. COUNTY:
3. OPCERT:

7. APPEAL NO:

DATE RECEIVED:

ACKNOWLEDGED:

8. SCHEDULE OF RATE REVISIONS DUE TO THIS APPEAL:

SERVICE:

FROM:

TO:

EFFECTIVE PERIOD:

NAME OF FACILITY:

APPEAL NO.

*Item of appeal must be fully stated below and all required documentation must be attached. Failure to do so may result in a denial of this item of appeal.

*Separate page required for each item of appeal.

10. STATEMENT OF ISSUE: