

Public Notice
NYS Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services and non-institutional services, to comply with recently enacted statutory provisions. The following provides clarification to provisions previously noticed on March 26, 2014, and notification of new significant changes:

Long Term Care Services

Effective June 1, 2015, the Department of Health (DOH) will implement a new nursing home advanced training program aimed at teaching staff to detect early changes in a resident's physical and mental or functional status that could lead to hospitalization. Clinical findings show early detection of patient decline by front line workers, coupled with clinical care models aimed at fostering consistent and continuous care between care givers and patients/families results in better care outcomes. Similarly, nursing homes with higher staff retention rates correlate with better care outcomes and avoided hospital stays.

This training program will be developed in cooperation between Nursing Home providers and union representatives offering training opportunities for staff or other qualifying training programs.

These programs and their curricula will be submitted to DOH for review. In addition to offering a training program, eligible facilities must have direct care staff retention rates above the state median. However, hospital-based nursing homes and free standing nursing homes already receiving VAP payments would not be eligible to participate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$46 million.

Non-Institutional Services:

As previously noticed March 26, 2014, clarifies that upon the election of the social services district in which an eligible diagnostic and treatment center (DTC) is physically located, up to \$12.6 million in additional annual Medicaid payments may be paid to public DTCs operated by the New York City Health and Hospitals Corporation. Such payments will be based on each DTCs proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment of the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible DTCs, continuing annually thereafter for the period April 1, 2015 through March 31, 2016.

As previously noticed March 26, 2014, clarifies that up to \$5.4 million in additional annual Medicaid payments may be paid to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities, continuing annually thereafter for the period April 1, 2015 through March 31, 2016.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:

New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Ave – One Commerce Plaza
Suite 1460
Albany, New York 12210
spa_inquiries@health.ny.gov

SUMMARY
SPA #15-0047

This State Plan Amendment proposes to implement a new nursing home advanced training program aimed at teaching staff to detect early changes in a resident's physical and mental or functional status that could lead to hospitalization.

This training program will be developed in cooperation between Nursing Home providers and union representatives offering training opportunities for staff or other qualifying training programs.

These programs and their curricula will be submitted to DOH for review. In addition to offering a training program, eligible facilities must have direct care staff retention rates above the state median. However, hospital-based nursing homes and free standing nursing homes already receiving VAP payments would not be eligible to participate.

**New York
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Hospital admissions and readmissions can be costly, dangerous, and disruptive for nursing home residents. In order to reduce avoidable hospital admissions, New York will incentivize and encourage facilities to develop training program aimed at early detection of patient decline. Such programs would allow frontline caregivers to provide staff with the training/tools they need to identify resident characteristics that may signify clinical complications. A comprehensive training program could lead to consistent staff assignment in an effort to ensure that families and residents can rely on highly trained caregivers to provide effective, high quality, individualized care.

Patient decline detection programs would assist caregivers with identifying residents who are exhibiting warning signs for worsening clinical conditions and allow for rapid intervention to avoid the decline and possible hospitalization. The goal of such training programs would be to rein in the high costs of avoidable hospitalizations, improve the quality of life for New York's nursing home residents. This proposal would reward nursing home providers who have shown a commitment to giving direct care staff the tools to help lower resident hospitalization rates.

Participating providers will be required to develop (or continue) a training curriculum to help direct care staff identify changes in a resident's physical, mental, or functional status that could lead to hospitalization. Both the continuity policy and training program would be developed and implemented in coordination with Department of Health oversight.

TN #15-0047

Approval Date _____

Supersedes TN NEW

Effective Date _____