

DSS-4357EL
WGIUPD

GENERAL INFORMATION SYSTEM
DIVISION: Office of Medicaid Management

09/08/99
PAGE 1

GIS 99 MA/025

TO: Local District Commissioners, Medicaid Directors

FROM: Donna B. Farlow, Deputy Director, Office of Medicaid Management

SUBJECT: Medicaid Regional Rates for Calculating Transfer Penalty
Periods

EFFECTIVE DATE: January 1, 1999

CONTACT PERSON: Upstate: Medicaid County Liaison, 518-474-9130
NYC: 212-613-4330

This is to notify districts of the 1999 regional rates which must be used to determine the Medicaid transfer of assets penalty period in accordance with 96 ADM-8. These rates are based on the average nursing home cost in each of the seven regions in the State.

The 1999 regional rates must be used in determining the penalty period for institutionalized persons who applied for Medicaid coverage on or after January 1, 1999. Districts must recalculate a penalty period for persons who were in receipt of nursing facility level of care or home and community-based waived services under section 1915(c) or (d) of the Social Security Act on or after January 1, 1999 if the 1998 regional rates were used to establish a penalty period. Districts must use Attachment II of 93 ADM-27, "Notice of Change in Limited Coverage Period for Institutionalized Persons", to notify clients of the revised calculations.

Region	Monthly Regional Rate
Central	\$4,944
Long Island	\$7,760
New York City	\$7,730
Northeastern	\$5,400
Northern Metropolitan	\$7,123
Rochester	\$5,437
Western	\$5,298