

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

September 6, 2012

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Albany, New York 12237

Re: New York SPA #12-05

Dear Commissioner Helgeson:

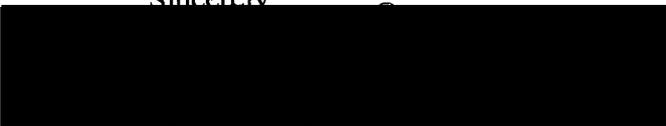
This is to notify you that New York State Plan Amendment (SPA) #12-05 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2012. SPA #12-05 will expand targeted case management services to Onondaga County to permit a nurse, who does not have a Bachelor's of Science in Nursing, but who is bilingual and enrolled in a Bachelor's degree program in nursing, to serve as a case manager to an underserved population.

This SPA approval consists of Supplement 1 to Attachment 3.1-A, Pages 1-M1 and 1-M5, which was electronically submitted to the CMS SPA Mailbox in conjunction with the submission of SPA 12-05.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and 1902(a)(30) of the Social Security Act and the implementing regulations at 42 C.F.R. 447.250 and 42 C.F.R. 447.272. Enclosed are copies of SPA #12-05 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Barbara Waugh of this office at (212) 616-2366.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-05	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2012	
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: 42 CFR 440.169		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/12 - 9/30/12 \$0 b. FFY 10/01/12 - 9/30/13 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Att 3.1-A: Pages 1-M1, 1-M5 **SEE REMARKS BELOW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Att 3.1-A: Pages 1-M1, 1-M5	
10. SUBJECT OF AMENDMENT: Case Management Services Target Group M - First-time Mothers/Newborn (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. SIGN _____ AGENCY OFFICIAL:		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: March 20, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: September 06, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 01, 2012		20. SIGNATURE: _____ ICIAL:	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: ** New York State Plan Amendment (SPA) #12-05, which was approved for adoption into the State Medicaid Plan on August 30, 2012, with an effective date of January 1, 2012, will expand targeted case management services to Onondaga County to permit a nurse, who does not have a Bachelor's of Science in Nursing, but who is bilingual and enrolled in a Bachelor's degree program in nursing, to serve as a case manager to an underserved population.			

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

**TARGETED CASE MANAGEMENT SERVICES
For First-time Mothers and Newborns**

Target Group: M – First-time Mothers and their Newborn

The primary target group consists of low-income, pregnant women who will be first-time mothers and their newborn children up to each child's second birthday. A woman must be enrolled in the targeted case management program during pregnancy, as early as possible, but no later than twenty-eight weeks gestation.

The goals of this program are to improve pregnancy outcomes by providing comprehensive case management services including: 1) assessment of each woman's need for medical, educational, social and other services; 2) development of a care plan for each woman with goals and activities to help the woman engage in good preventive health practices; and 3) referral, follow-up and assistance in gaining access to needed services including obtaining prenatal care, improving diets, reducing use of cigarettes, alcohol and illegal substances, improving each child's health and development and reducing quickly recurring and unintended pregnancies.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the-Act is invoked to provide services less than Statewide:

New York City, [and] Monroe and Onondaga Count[y]ies

TN # 12-05 Approval Date SEP 06 2012
Supersedes TN # 09-57 Effective Date JAN 01 2012

Case management services may be provided by agencies, facilities, persons and other groups possessing the capability to provide services that are approved by the Commissioner of the New York State Department of Health (DOH), the single state Medicaid agency, based upon an approved proposal submitted to the New York State DOH. Providers may include:

- a) facilities licensed or certified under New York State law or regulation as Licensed Home Care Services Agencies (LHCSA) or Certified Home Health Agencies (CHHA);
- b) a county health department, including the health department of the City of New York;

2. Case Managers

Case managers must have the education, experience, training and/or knowledge in the areas necessary to conduct case management services including: assess the needs and capabilities of the pregnant or parenting woman and her child; develop a care plan based on the assessment; assist the first-time mother/child in obtaining access to medical, social, educational and other services; make referrals to medical, social, educational and other providers; and monitor activities to ensure that the care plan is effectively implemented and addresses the assessed needs. Case managers under this program are required to be registered nurses with BSN degrees; and be licensed as professional nurses with the New York State Department of Education. In limited circumstances, an RN who does not have a BSN degree but has a specific language competency may be hired in the First-time Mothers/Newborn program to provide care to an under-served population with specific language needs. There are specific criteria for this exception:

- The RN must have a specific language competency (Spanish, Chinese etc.) which would benefit an identified under- served community;
- The RN must be enrolled in a Bachelor's degree program in nursing, and
- The RN must sign a memorandum of understanding with the implementing agency which stipulates the expected completion timeframe for attaining the BSN degree.

Certification by a nationally-recognized organization, with an evidence-based program in nurse home visits and case management for high risk, first-time mothers and their newborn is preferred.

Case managers in this targeted case management program will meet or exceed the standards set by the single State Medicaid Agency. The case manager must have two years experience in a substantial number of case management activities. Voluntary or part-time experience which can be verified will be accepted on a pro-rata basis.

TN#: #12-05

Approval Date: SEP 06 2012

Supersedes TN#: 09-57

Effective Date: JAN 01 2012