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State/Territory Name: New York

State Plan Amendment (SPA) #: 09-0023-B

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) CMS-179 form
- 3) Approved SPA Pages

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

DMCHO: MV: SPA NY-09-0023-B

July 10, 2017

Jason Helgersen
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Albany, New York 12237

Dear Mr. Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #09-0023-B has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2009. The originally submitted SPA 09-0023 concerned rates of payment for hospital and outpatient clinic emergency department, certified health agency, adult day health and freestanding diagnostic and treatment center services. The SPA was split into two parts: 09-0023-A and 09-0023-B. SPA 09-0023-A, which contained the reimbursement-related provisions, was previously approved.

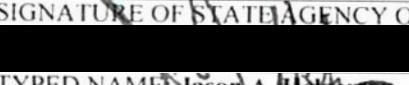

Enclosed is a copy of SPA # 09-0023-B, as approved. If you have any questions or wish to discuss this SPA further, please contact Maria Varon. Ms. Varon can be reached at (212) 616-2503.

Sincerely,

A black rectangular box redacting the signature of Michael Melendez.

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

cc: R. Deyette
M. Levesque
S. Bass
M. Varon

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-0023-B	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 April 1, 2009	
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 1902(a)(30) of the Social Security Act, and 42 CFR Part 447.204		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/09 - 09/30/09 \$0 b. FFY 10/01/09 - 09/30/10 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: Pages 2(xiv), 2(a), 2(a)(i) Attachment 3.1-B Supplement: Pages 2(xiv), 2(a), 2(a)(i)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement: Pages 2(a), 2(a)(i) Attachment 3.1-B Supplement: Pages 2(a), 2(a)(i)	
10. SUBJECT OF AMENDMENT: 2009 Cost Containment – Non Institutional (Coverage Pages Only) (FMAP Rate = 60.19% (4/1/09-6/30/09); 61.59% (7/1/09-9/30/10))			
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 & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Jason A. Henderson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 30, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JULY 10, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: STRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**New York
2(xiv)**

- 6b. Prior approval is required for orthoptic training.
- 6c. Chiropractor services. Provision of chiropractic services shall be limited to EPSDT recipients by medical necessity. Services shall be provided to the extent that such services result from the referral of the recipient's physician or primary care clinic.
- 6d. Clinical psychologists. Provision of clinical psychology services shall require referral by:
1. The patient's personal physician or medical resource, such as a clinic, acting as the patient's physician;
 2. the medical director in an industrial concern;
 3. an appropriate school official;
 4. an official or voluntary health or social agency.

TN#: #09-0023-B

Approval Date: JULY 10, 2017

Supersedes TN#: New

Effective Date: APRIL 01, 2009

**New York
2(a)**

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Provision of chiropractic services shall be limited to EPSDT recipients by medical necessity. Services shall be provided to the extent that such services result from the referral of the recipient's physician or primary care clinic.

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4. an official or voluntary health or social agency.]

- 7a. Home care services are medically necessary services (physician order required) provided by a Certified Home Health Agency (CHHA) to individuals, regardless of residence, in the home and community. Such services include both part time and intermittent skilled health care [and long-term] nursing and home health aide services. Home (health) care services include nursing, home health aide, physical therapy, occupational therapy, and speech therapy. [Patients must be assessed as being appropriate for intermittent or part-time nursing services ordered by a physician pursuant to a written plan of care provided by a home health agency upon admission to an Assisted Living Program (ALP), no later than 45 days from the date of admission, and at least once during each subsequent six month period. The social services district must review the assessment and prior authorize the service].

Providers of home (health) care services must possess a valid certificate of approval issued pursuant to the provisions of Article 36 or the Public Health Law, be certified in accordance with certified home health agency, long term home health care program and AIDS home care program certification and authorization and provide services in accordance with minimum standards.

Home (health) care services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist and speech pathologist.

Registered professional nurse shall mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

The State assures the provision of Home Health services will be provided in accordance with 42 CFR 440.70.

**New York
2(a)(i)**

[The State assures the provision of Home Health services will be provided in accordance with 42 CFR 440.70.]

- 7b. [Patients must be assessed as being appropriate for home health aide services ordered by a physician pursuant to a written plan of care provided by a home health agency upon admission to an Assisted Living Program (ALP), no later than 45 days from the date of admission, and at least once during each subsequent six month period. The social services district must review the assessment and prior authorize the service.]

Home Health aide [shall] will mean a person who carries out health care tasks under the supervision of a registered nurse or licensed therapist and who may also provide assistance with personal hygiene, housekeeping and other related supportive tasks to a patient with health care needs in his/her home. Home health aides [shall] will have successfully completed a basic training program in home health aide services or an equivalent exam approved by the Department and possess written evidence of such completion.

Certified home health agencies (CHHA) may provide home health services pursuant to the requirements of 42 CFR 440.70(b)(2). [to individual's diagnosed by a physician as having AIDS and are not required to hold a specific designation for providing home health services to AIDS patients.]

[Providers of AIDS home care services must possess a valid certificate of approval issued pursuant to the provisions of Article 36 of the Public Health Law (PHL), or a residential health care facility or hospital possessing a valid operating certificate issued under Article 28 of the PHL which is authorized under Article 36 of the PHL to provide an AIDs home care program; or an AIDS Center, specifically authorized pursuant to Article 36 of the PHL to provide an AIDS home care program, be certified in accordance with certified home health agency certification and authorization pursuant to sections 3606, 3611 and 3612 of PHL and provide services in accordance with minimum standards pursuant to section 3612 of PHL. Such an agency or program must participate as a home health agency under the provisions of Titles XVIII and XIX of the Federal Social Security Act.]

**New York
2(xiv)**

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TN#: #09-0023-B

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Supersedes TN#: New

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New York
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TN #09-0023B

Supersedes TN #07-0013

Approval Date JULY 10, 2017

Effective Date APRIL 01, 2009

**New York
2(a)(i)**

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