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State/Territory Name: New York

State Plan Amendment (SPA) #: 12-0030

This file contains the following documents in the order listed:

- 1) 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

April 16, 2018

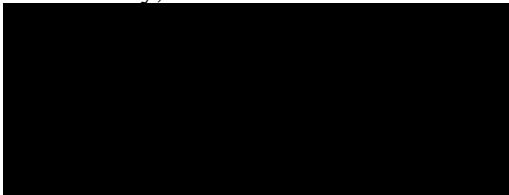
Donna Frescatore
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

Dear Ms. Frescatore:

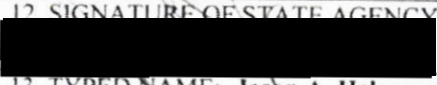
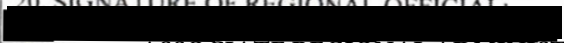
The Centers for Medicare & Medicaid Services (CMS) has approved your request to adopt New York's State Plan Amendment (SPA) #12-0030, the Office for People with Developmental Disabilities (OPWDD)-Rate Setting for Medicaid Service Coordination (MSC) into the State Medicaid Plan with an effective date of April 1, 2013. This SPA implements changes to the reimbursement methodology for MSC provided by OPWDD.

We would like to express our gratitude for the effort and cooperation provided by your staff during our review of your amendment request. If you have any questions on this matter, please contact Christopher Semidey at (212) 616-2328 or Christopher.Semidey@cms.hhs.gov.

Sincerely,



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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #12-0030	2. STATE
		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, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/13-09/30/13 S (17,000.00) b. FFY 10/01/13-09/30/14 S (34,000.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A: New Pages – 1-B.1, 1-B.2, 1-B.3, 1-B.4, 1-B.5, 1-B.6, 1-B.7 Attachment 4.19-B: Page 3(h.13), 3(h.14), 10-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1-A: Deleted Pages – 1-B1, 1-B1a, 1-B2, 1-B3, 1-B4, 1-B5, 1-B6, 1-B7, 1-B8, 1-B-9 Attachment 4.19-B: Page 10-2	
10. SUBJECT OF AMENDMENT: OPWDD-Rate Setting for Medicaid Service Coordination (FMAP = 50%) (in thousands) • FFY 10/01/14 – 9/30/15 S(34,000.00) FFY 10/01/15 – 9/30/16 S(34,000.00) • FFY 10/01/16 – 9/30/17 S(34,000.00) FFY 10/01/17 – 9/30/18 S(34,000.00)			
11. GOVERNOR'S REVIEW (Check One): <input 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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 30, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APRIL 16, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

Persons enrolled in Medical Assistance who:

- (1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and
- (2) Are in need of ongoing and comprehensive service coordination, which means that the person requires the assistance of Medicaid Service Coordination to assist in coordinating the Medicaid-funded Long Term Supports that the person receives or would benefit from receiving, and
- (3) Have chosen to receive the services, and
- (4) Reside in their own or family home, live in an OPWDD certified residence (Individualized Residential Alternative, Community Residence or Family Care Home). However, persons who receive MSC and are receiving institutional care reimbursed under the Medical Assistance Program may continue to receive Medicaid service coordination for up to 30 days when persons are temporarily institutionalized, and when the admission to the institution is initially expected to be 30 days or less.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 0 (zero) consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

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

- ☒ Entire State
___ Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- ___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

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04/01/2013

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State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - Gathering pertinent individual and family history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

[Specify and justify the frequency of assessments.]

Assessment activities include taking the person's history, identifying needs of the individual, and completing related documentation. It also includes gathering information from other sources such as family members, medical providers, clinical assessments, educators, and other individuals/providers associated with the person, if necessary, to form a complete assessment (i.e., picture) of the person and his/her needs and goals. Re-assessment should occur when the Individualized Service Plan (ISP) is reviewed semi-annually or more frequently if necessary based on the changing needs of the person or his or her request for a reassessment.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. [Specify the type of monitoring and justify the frequency of monitoring.]

This is the ongoing service provided by the service coordinator. It includes:

- Assessing the person's satisfaction with his or her supports and services as identified within the ISP, including the Service Coordination Agreement, and making adjustments as necessary;
- Supporting the person towards achievement of valued outcomes;
- Establishing and maintaining an effective communication network with service providers;
- Keeping up to date with changes, choices, temporary setbacks;
- Accomplishments relating to the persons supports and services as reflected in the ISP;
- Managing through difficulties or problems or crises as they occur;
- Assisting the person in assuring that his or her rights, protections and health and safety needs are met pursuant to state law and regulations;
- Keeping the ISP document including the Service Coordination Agreement, current by adapting it to change; and
- Reviewing the ISP at least semi-annually.

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Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

OPWDD approval of MSC providers is based on the following factors:

- The applying agency is a non-profit or a government agency. Through December 31, 2014, governmental agencies eligible to provide MSC included the Office for People With Developmental Disabilities.
- Effective January 1, 2015, the Office for People With Developmental Disabilities ceased provision of Medicaid Service Coordination.
- The applying agency has experience serving persons with developmental disabilities.
- The applying agency is fiscally viable.
- The applying agency has a history of providing quality services and does not have ongoing program deficiencies.
- A need exists for MSC service providers.

Service Coordinators must possess the following minimum education:

- An associate's degree in a health or human services field from an accredited college or university or a degree in nursing as a Registered Nurse (RN).
- An individual with credits toward a bachelor's degree may meet this educational requirement by providing a letter from his or her college verifying that he/she has completed course work equivalent to an associate's degree both in the total number of credits received and the number of credits earned in a health or human services field. An associate's degree is usually equal to 60 credits.
- An individual with an associate's degree or a bachelor's degree or who has a minimum of 60 credits toward a bachelor's degree in a field other than health or human services may meet this educational requirement if a minimum of 20 of his/her college credits are in health and human services. The vendor agency should review the individual's college transcript to verify that the educational requirements have been met and retain this documentation.

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**State Plan under Title XIX of the Social Security Act
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**TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)**

**Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)**

Service Coordinators who serve Willowbrook Class members must be Qualified Intellectual Disabilities Professionals (QIDP).

At a minimum, Service Coordinators must possess the following experience:

- One year experience working with people with developmental disabilities, or
- One year experience as a Service Coordinator/Case Manager with any population.

The minimum experiential level does not have to be met if the person has a master's degree in a health or human services field.

An exception to the education requirement is allowed for Service Coordinators with experience as a Service Coordinator beginning prior to March 1, 2000. MSC was implemented on March 1, 2000 and consolidated and replaced two earlier OPWDD service coordination programs, Comprehensive Medicaid Case Management (CMCM) and Home and Community Based Services Waiver Service Coordination. As of March 1, 2000, Service Coordinators who were qualified to provide services under one of these earlier programs were automatically eligible to provide MSC.

Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.**
- 2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**

Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt

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State Plan under Title XIX of the Social Security Act
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Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

Entities eligible for enrollment as a provider of Medicaid Service Coordination are non-profit or a government agency. This limitation is based upon the need for Medicaid Service Coordination providers to have experience in New York State coordinating services for individuals with Intellectual and Developmental Disabilities.

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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

While the activities of Medicaid Service Coordination secure access to an individual's needed services, the activities of service coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

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Effective April 1, 2013, the methodology described in the Rate Setting and Financial Reporting for Medicaid Service Coordination (MSC) services provided by OPWDD and voluntary agency providers.

Definitions (applicable to this section)

Regular-Basic – MSC service provided for an individual residing in a certified OPWDD setting, i.e. Supervised or Supportive IRA or a Supervised or Supportive Community Residence.

Transition-Basic – MSC service provided for an individual that is new to the MSC service or transitioning from a certified OPWDD setting into the community. Transition payments are available when the individual with developmental disabilities is new to service coordination, that is, the person has never received any type of service coordination/case management service through OPWDD's system, i.e., MSC, CMCM, PCSS, HCBS Waiver, state paid service coordination, Care at Home, etc. Transition payments are also available when the person moves from an OPWDD certified supervised or supportive IRA or supervised or supportive Community Residence to his or her own home or apartment and is responsible for his or her own expenses. It is a onetime payment made in the first month of services, or when a qualifying move occurs.

Regular-Willowbrook – MSC service provided for an individual who is designated as a member of the Willowbrook Class as defined by The Willowbrook Permanent Injunction and who resides in a certified OPWDD setting, i.e. Supervised or Supportive IRA or a Supervised or Supportive Community Residence.

Transition-Willowbrook – MSC service provided for an individual who is designated as a member of the Willowbrook Class as defined by The Willowbrook Permanent Injunction and who is transitioning from a certified OPWDD setting into the community. Transition payments are available when the individual with developmental disabilities is new to service coordination, that is, the person has never received any type of service coordination/case management service through OPWDD's system, i.e., MSC, CMCM, PCSS, HCBS Waiver, state paid service coordination, Care at Home, etc. Transition payments are also available when the person moves from an OPWDD certified supervised or supportive IRA or supervised or supportive Community Residence to his or her own home or apartment and is responsible for his or her own expenses. It is a onetime payment made in the first month of services, or when a qualifying move occurs.

1. For voluntary agency providers, the method of reimbursement will be a monthly fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid to contracted voluntary providers is as follows:

<u>Rate Code</u>	<u>Rate Code Definition</u>	<u>Locator Code</u>	<u>Fee</u>
5211	Regular-Basic	03	\$252.98
5211	TransitionBasic	04	\$758.94
5214	Regular-Willowbrook	03	\$474.34
5214	Transition-Willowbrook	04	\$1,423.02

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The reporting requirements for voluntary providers are the same as those described in paragraph (n) of Attachment 4.19-D - Part II.

- i. Effective April 1, 2015, the MSC fees will reflect 2% COLA increases as follows:

<u>Rate Code</u>	<u>Rate Code Definition</u>	<u>Locator Code</u>	<u>Fee</u>
5211	Regular-Basic	03	\$256.52
5211	Transition Basic	04	\$769.55
5214	Regular-Willowbrook	03	\$480.97
5214	Transition-Willowbrook	04	\$1,442.92

Effective April 1, 2013 through December 31, 2014, for state-provided services, the method of reimbursement will be a monthly fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid to State Operated providers as follows:

<u>Rate Code</u>	<u>Rate Code Definition</u>	<u>Locator Code</u>	<u>Fee</u>
5210	Medicaid Service Coordination State - Regular	03	\$438.23
5210	Medicaid Service Coordination - Transition	04	\$1,314.69

2. To reconcile Medicaid Service Coordination the following method will be followed:

I. Medicaid Service Coordination –

- (a) Total Operating Costs from CFR1 Line 64;
- (b) Less/ Plus Adjustments from CFR1 Line 66;
- (c) The result of (a) and (b) results in the Total Operating Adjusted;
- (d) The sum of (c) and CFR1 Property and Equipment, Lines 48 and 63, is divided by the Units of Service as reported on CFR1 Line 13.

TN #12- 0030
Supersedes TN NEW

Approval Date 04/16/2018
Effective Date 04/01/2013

New York
10-2**TYPE OF SERVICE**

Case Management Services

Target Group B:

Persons enrolled in Medical Assistance who:

- (1) Have a diagnosis of mental retardation or a developmental disability as defined in New York Mental Hygiene Law § 1.03, and
- (2) Are in need of ongoing comprehensive service coordination rather than incidental service coordination, and
- (3) Have chosen to [revive] receive the services, and
- (4) Do not reside in intermediate care facilities for the developmentally disabled; State operated developmental centers; small residential unit (SRU); nursing facilities, or hospitals or any other medical assistance institutional settings that provide service coordination, and
- (5) Are not concurrently enrolled in any other comprehensive service coordination service funded under Medical Assistance.

METHOD OF REIMBURSEMENT

The method of reimbursement shall be a monthly fee established by OMRDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget.

The method of reimbursement described in the paragraph above will sunset effective March 31, 2013.

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Supersedes TN <u>#00-0007</u>	Effective Date <u>04/01/2013</u>