OFFICIAL

[State/Territory: New York]

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

i. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

*4(b) limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.

* Description provided on attachment.

OFFICIAL

[State/Territory: New York]

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

i. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

* Description provided on attachment.

OFFICIAL

[State/Territory: NEW YORK]

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provided (in accordance with section 1920 of the Act).

☒ Provided: ☒No limitations ☐ With limitations* ☐ Not provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through 1902(e)(9)(C) of the Act.*

☐ Provided: ☐No limitations ☐ With limitations* ☒ Not provided

23. Pediatric or family nurse practitioners' services.

☐ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

* State statute does not recognize service, but it is available to EPSDT population through the clinic and home health benefit.

* Description provided on attachment.

OFFICIAL

COVERED SERVICES FOR PREGNANT WOMEN

	Presumptive Eligibility		Ongoing Medicaid Eligibility		
	≤ 100 %	≤ 200 %	MA	≤ 100 %	≤ 200 %
Description	**Presumptively Eligible – Prenatal A**	**Presumptively Eligible – Prenatal B**	**Fully Eligible**	**Fully Eligible**	**Perinatal Care***
WMS Coverage Code **Individual Cat. Code**	**13** **36**	**14** **36**	**01** **42**	**01** **43**	**15** **43**
Included Services	Physician Care Midwife Care Outpatient Clinic/ Ambulatory Surgery Pharmacy/Supplies Dental Laboratory/"X-ray" Eye Care Transportation Home Health Care Personal Care Nursing Services Physical Therapy Occupational Therapy Speech Therapy Durable Med. Equip. Abortion Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Transportation Home Health Care Personal Care Nursing Services Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Eye Care Transportation Home Health Care Personal Care Nursing Services Physical Therapy Occupational Therapy Speech Pathology Durable Med. Equip. Abortion Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Hospice Inpatient Care Alternate Level Care Institutional LTC Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Eye Care Transportation Home Health Care Personal Care Nursing Services Physical Therapy Occupational Therapy Speech Pathology Durable Med. Equip. Abortion Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Hospice Inpatient Care Alternate Level Care Institutional LTC Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Transportation Home Health Care Personal Care Nursing Services Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Inpatient Care Lactation Counseling
Excluded Services	Inpatient Care Alternate Level Care Institutional LTC LT Home Health Care	Inpatient Care Alternate Level Care Institutional LTC Podiatry Eye Care Durable Med. Equip. Abortion Physical Therapy Occupational Therapy Speech Pathology Hospice LT Home Health Care	None	None	Alternate Level Care Institutional LTC Eye Care Durable Med. Equip. Abortion Physical Therapy Occupational Therapy Speech Pathology Hospice LT Home Health Care

*Pregnant women enrolled in a managed care plan, regardless of income level, will receive the full managed care service package without exclusions. A full listing of services is available from each managed care plan.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Physician's assistants.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

30. Registered Nurses.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

* Description provided on attachment.

TN#: 12-16 New **Approval Date:** DEC 2 8 2012

Supersedes TN#: NEW **Effective Date:** SEP 0 1 2012

OFFICIAL

4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments shall not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.

5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

6a. Medicaid does not cover routine hygienic care of the feet in the absence of pathology.

Payment for podiatry services will be made for services provided to Medicaid eligibles under twenty-one years of age under the EPSDT program and only by written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Effective September 1, 2012, payment for podiatry services will include services provided to Medicaid recipients age 21 and older with a diagnosis of diabetes mellitus and only with a written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision in the State Plan.

Only a qualified podiatrist, per 18 NYCRR Section 505.12(a)(1), who is licensed and currently registered to practice podiatry in New York State by the State Education Department, can provide podiatry services.

Such podiatry care and services may only be provided upon written referral by a physician, physician's assistant, nurse practitioner or nurse midwife, per their individual scope of practice consistent with New York State Education Law and the rules of the Commissioner of Education.

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Nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and Article 28 or Article 31 inpatient facilities and certified clinics which include foot care services in the rate established for medical care for Medicaid recipients will continue to receive payments for these services through their rates. Additionally, Medicaid will continue to pay for medically necessary items and supplies (e.g., prescription drugs) for all recipients when ordered by a private practicing podiatrist.

In the office setting, a podiatrist may only provide a limited number of clinical laboratory tests. Podiatrists are informed of the specific clinical laboratory tests they may perform, in their office setting, in the MIS Podiatrists Manual. A podiatrist may only provide radiological services which are within the scope of podiatric practice. Amputation and bunion surgery may be performed by a podiatrist in a hospital setting.

OFFICIAL

New York
3(c)

Rehabilitative Services (cont.)

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

17. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by nurse-midwives. Nurse-midwives must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

18. **Limitations on Hospice Services:** Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately six months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided pertinent Department of Health regulations are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist, personal care aid, housekeeper/homemaker, pastoral care coordinator, social workers, nutritionist, audiologist, and respiratory therapist.

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.

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New York
3(c)(iii)

Audiologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law.

Respiratory therapist shall mean a person who is licensed and currently registered as a respiratory therapist pursuant to Article 164 of the New York State Education Law.

Providers of Hospice Services must be certified in accordance with Article 40 of the PHL. Services are provided in accordance with 42 CFR Part 418.

The State assures the provision of Hospice services will be provided in accordance with 42 CFR Part 418.

19. **Limitations on Tuberculosis related services:** Directly Observed Therapy (DOT) – will be provided to clients who are being treated for Tuberculosis Disease.

21. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by pediatric or family nurse practitioners. Pediatric or family nurse practitioners must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

22. **Limitation on Respiratory Care:** Services may be rendered to EPSDT population by medical necessity and that services is furnished through the clinic and home benefits to this population.

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New York
4(a)

29. **Lactation consultant services:** effective September 1, 2012, reimbursement will be available for breastfeeding health education and counseling services by physician assistants. Physician assistants must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

30. **Lactation consultant services:** effective September 1, 2012, reimbursement will be available for breastfeeding health education and counseling services by registered nurses. Registered nurses must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

New

TN#: 12-16 **Approval Date:** DEC 2 8 2012

Supersedes TN#: NEW **Effective Date:** SEP 0 1 2012

OFFICIAL

[State/Territory: New York]

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY NEEDY

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

i. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a) (5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

* Description provided on attachment

OFFICIAL

[State/Territory: New York]

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations* ☐ Not provided

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

* Description provided on attachment.

TN#: 12-16 **Approval Date:** DEC 2 8 2012

Supersedes TN#: 86-30 **Effective Date:** SEP 0 1 2012

OFFICIAL

[State/Territory: New York]

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

19. Case management services and Tuberculosis related services.

    a. Case management services as defined in, and to the group specified in Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

    ☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

    b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

    ☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

20. Extended services for pregnant women.

    a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

    ☒ Provided:+ ☐ No limitations ☐ With limitations* ☐ Not provided
    ☐ Additional coverage:++

    b. Services for any other medical conditions that may complicate pregnancy.

    ☒ Provided:+ ☐ No limitations ☐ With limitations* ☐ Not provided
    ☐ Additional coverage:++ [☐ Not provided]

21. Certified pediatric or family nurse practitioners' services.

    ☒ Provided: ☐ No limitations ☐ With limitations* ☐ Not provided

    a. Lactation counseling services.

    ☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment.

TN#: 12-16 **Approval Date:** DEC 28 2012

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OFFICIAL

COVERED SERVICES FOR PREGNANT WOMEN

	Presumptive Eligibility		Ongoing Medicaid Eligibility		
	< 100 %	< 200 %	MA	< 100 %	< 200 %
Description	**Presumptively Eligible – Prenatal A**	**Presumptively Eligible – Prenatal B**	**Fully Eligible**	**Fully Eligible**	**Perinatal Care***
WMS Coverage Code **Individual Cat. Code**	13 36	14 36	01 42	01 43	15 43
Included Services	Physician Care Midwife Care Outpatient Clinic/ Ambulatory Surgery Pharmacy/Supplies Dental Laboratory/"X-ray" Eye Care Transportation Home Health Care Personal Care Nursing Services Physical Therapy Occupational Therapy Speech Therapy Durable Med. Equip. Abortion Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Transportation Home Health Care Personal Care Nursing Services Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Eye Care Transportation Home Health Care Personal Care Nursing Services Physical Therapy Occupational Therapy Speech Pathology Durable Med. Equip. Abortion Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Hospice Inpatient Care Alternate Level Care Institutional LTC Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Eye Care Transportation Home Health Care Personal Care Nursing Services Physical Therapy Occupational Therapy Speech Pathology Durable Med. Equip. Abortion Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Hospice Inpatient Care Alternate Level Care Institutional LTC Lactation Counseling	Physician Care Midwife Care Outpatient Clinic Pharmacy Dental Laboratory Transportation Home Health Care Personal Care Nursing Services Clinical Psychology Outpatient/Mental Health Outpatient/Alcoholism Health Education Nutritional Counseling Family Planning Inpatient Care Lactation Counseling
Excluded Services	Inpatient Care Alternate Level Care Institutional LTC LT Home Health Care	Inpatient Care Alternate Level Care Institutional LTC Podiatry Eye Care Durable Med. Equip. Abortion Physical Therapy Occupational Therapy Speech Pathology Hospice LT Home Health Care	None	None	Alternate Level Care Institutional LTC Eye Care Durable Med. Equip. Abortion Physical Therapy Occupational Therapy Speech Pathology Hospice LT Home Health Care

*Pregnant women enrolled in a managed care plan, regardless of income level, will receive the full managed care service package without exclusions. A full listing of services is available from each managed care plan.

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. Physician's assistants.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

29. Registered Nurses.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

New

* Description provided on attachment.

TN#: 12-16 **Approval Date:** DEC 2 8 2012

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OFFICIAL

4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments shall not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.

5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

6a. Medicaid does not cover routine hygienic care of the feet in the absence of pathology.

Payment for podiatry services will be made for services provided to Medicaid eligibles under twenty-one years of age under the EPSDT program and only by written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Effective September 1, 2012, payment for podiatry services will include services provided to Medicaid recipients age 21 and older with a diagnosis of diabetes mellitus and only with a written referral from a physician, physician assistant, nurse practitioner or certified nurse midwife. Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision in the State Plan.

Only a qualified podiatrist, per 18 NYCRR Section 505.12(a)(1), who is licensed and currently registered to practice podiatry in New York State by the State Education Department, can provide podiatry services.

Such podiatry care and services may only be provided upon written referral by a physician, physician's assistant, nurse practitioner or nurse midwife, per their individual scope of practice consistent with New York State Education Law and the rules of the Commissioner of Education.

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Nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and Article 28 or Article 31 inpatient facilities and certified clinics which include foot care services in the rate established for medical care for Medicaid recipients will continue to receive payments for these services through their rates. Additionally, Medicaid will continue to pay for medically necessary items and supplies (e.g., prescription drugs) for all recipients when ordered by a private practicing podiatrist.

In the office setting, a podiatrist may only provide a limited number of clinical laboratory tests. Podiatrists are informed of the specific clinical laboratory tests they may perform, in their office setting, in the MIS Podiatrists Manual. A podiatrist may only provide radiological services which are within the scope of podiatric practice. Amputation and bunion surgery may be performed by a podiatrist in a hospital setting.

New

OFFICIAL

New York
3(c)

Rehabilitative Services (cont.)

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

17. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by nurse-midwives. Nurse-midwives must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

18. **Limitations on Hospice Services:** Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately six months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided pertinent Department of Health regulations are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist, personal care aid, housekeeper/homemaker, pastoral care coordinator, social workers, nutritionist, audiologist, and respiratory therapist.

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.

OFFICIAL

New York
3(c)(iii)

Audiologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law.

Respiratory therapist shall mean a person who is licensed and currently registered as a respiratory therapist pursuant to Article 164 of the New York State Education Law.

Providers of Hospice Services must be certified in accordance with Article 40 of the PHL. Services are provided in accordance with 42 CFR Part 418.

The State assures the provision of Hospice services will be provided in accordance with 42 CFR Part 418.

19. **Limitations on Tuberculosis related services:** Directly Observed Therapy (DOT) – will be provided to clients who are being treated for Tuberculosis Disease.

21. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided for breastfeeding health education and counseling services by pediatric or family nurse practitioners. Pediatric or family nurse practitioners must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

22. **Limitation on Respiratory Care:** Services may be rendered to EPSDT population by medical necessity and that services is furnished through the clinic and home benefits to this population.

OFFICIAL

New York
4(a)

28. **Lactation consultant services:** effective September 1, 2012, reimbursement will be available for breastfeeding health education and counseling services by physician assistants. Physician assistants must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

29. **Lactation consultant services:** effective September 1, 2012, reimbursement will be available for breastfeeding health education and counseling services by registered nurses. Registered nurses must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

New

TN#: 12-16 **Approval Date:** DEC 2 8 2012

Supersedes TN#: NEW **Effective Date:** SEP 0 1 2012

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Physician Services

Fee Schedules are developed by the Department of Health and approved by the Division of the Budget.

For primary care and specialty physicians meeting the eligibility and practice criteria of and enrolled in the HIV Enhanced Fees for Physicians (HIV-EFP) program, and the Preferred Physicians and Children's program (PPAC), fees for visits are based on the Products of Ambulatory Care (PAC) structure: fees are based on recipient diagnosis, service location and visit categories which reflect the average amount of physician time and resources for that level of visit. The PAC fee structure incorporates a regional adjustment for upstate and downstate physicians. Reimbursement for the initial and subsequent prenatal care and postpartum visit for MOMS is based on the Products of Ambulatory Care (PAC) rate structure. Reimbursement for delivery only services and total obstetrical services for physicians enrolled in MOMS is fixed at 90% of the fees paid by private insurers. Ancillary services and procedures performed during a visit must be claimed in accordance with the regular Medicaid fee schedule described in the first paragraph above. HIV-EFP, PPAC and MOMS fees were developed by the Department of Health and approved by the Division of the Budget. For services provided on and after June 1, 2003, a single fee, regionally adjusted (upstate and downstate) and based on program specific average cost per visit shall be established for the HIV-EFP and PPAC programs, respectively, and shall be paid for each visit. Visits for these programs shall be categorized according to the evaluation and management codes within the CPT-4 coding structure.

Effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

OFFICIAL

New York
1(a)

Dental Services (including dentures)
Payments are limited to the lower of the usual and customary charge to the public or the fee schedule developed by the Department of Health and approved by the Division of the Budget.

Podiatrists
Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Optometrists
Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Chiropractor's Services
Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Nurse Midwives
Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Effective September 1, 2012, reimbursement will be provided to nurse midwives for breastfeeding health education and counseling services. Nurse midwives must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Nurse Practitioners
Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Effective September 1, 2012, reimbursement will be provided to nurse practitioners for breastfeeding health education and counseling services. Nurse practitioners must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Other Practitioner Services

Clinical Psychologists
Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Outpatient Hospital Services/Emergency Room Services
For those facilities certified under Article 28 of the State Public Health Law: The Department of Health promulgates prospective, all inclusive rates based upon reported historical costs. Allowable operating costs per visit are held to legislatively established ceiling limitations. Reported historical operating costs on a per visit basis, which are below or limited by ceilings, are deemed reimbursable and trended forward to the current rate period to adjust for inflation. Non-operating costs (such as capital costs) are not subject to the legislatively established ceiling and are added to the product of reimbursable operating costs times the roll factor

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Lactation Consultation Services

Effective September 1, 2012, reimbursement will be provided to free-standing clinics and hospital outpatient departments for breastfeeding health education and counseling services based upon the Ambulatory Patient Group (APG) reimbursement methodology. Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan. Procedure codes (S9445 and S9446) have been added to the fee schedules and the APG payment methodology.