

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 14-0027**

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

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DMCHO: JH:SPA-NY-14-0027-Approval

November 28, 2017

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

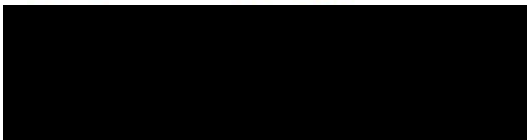
Dear Commissioner Helgersen:

On December 29, 2014, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA), transmittal number 14-0027, to provide additional reimbursement to providers for the delivery of collaborative care services for the purposes of providing essential health care to patients with depression and other diagnosed mental illnesses.

Based on the information provided, we are pleased to inform you SPA 14-0027 was approved on November 28, 2017, with an effective date of January 1, 2015. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the New York State Plan.

If you have any questions regarding this amendment, please call Joanne Hounsell at 212.616.2446 or e-mail at [joanne.hounsell@cms.hhs.gov](mailto:joanne.hounsell@cms.hhs.gov).

Sincerely,





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

cc: J. Ulberg  
R. Deyette  
P. LaVenía  
M. Levesque

R. Weaver  
R. Holligan  
N. McKnight  
M. Tabakov

S. Jew  
J. Hounsell  
M. Lopez

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>14-0027</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2015</b>	
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: <b>§1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 10/01/14-09/30/15 \$ 527.50 b. FFY 10/01/15-09/30/16 \$ 1,472.50	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Supplement: Page 1(a)(i), 2, 2(a)(iv)(1) Attachment 3.1-B Supplement: Page 1(a)(i), 2, 2(a)(iv)(1) Attachment 4.19-B: Page: 1.0, 2(c)(iv)(a)(1), 2(y)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A Supplement: Page 2 Attachment 3.1-B Supplement: Page 2	
10. SUBJECT OF AMENDMENT: <b>Collaborative Care (FMAP = 50%)</b>			
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: <b>New York State Department of Health Division of Finance &amp; Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Holgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>DEC 19 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>NOVEMBER 28, 2017</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JANUARY 01, 2015</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>RATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			

**New York  
1(a)(i)**

**2a. Outpatient Hospital Services (continued)**

Outpatient Hospital Services provided by hospitals licensed pursuant to Article 28 of the Public Health Law are in accordance with 42 CFR § 440.20(a) title Outpatient Hospital Services. Effective January 1, 2015, such services include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan.

TN #14-0027 Approval Date 11/28/2017  
Supersedes TN NEW Effective Date 01/01/2015

New York  
2

- 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.

- 4d.i. **Face-to-Face Counseling Services**

- 4d.ii. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective October 1, 2013, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be modified to include a maximum of two quit attempts per 12 months, which will include a maximum of four face-to-face counseling sessions per quit attempt.

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.

**Collaborative Care Services:** Effective January 1, 2015, Physician services shall include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.

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

TN <u>#14-0027</u>	Approval Date <u>11/28/2017</u>
Supersedes TN <u>#13-0010</u>	Effective Date <u>01/01/2015</u>



**New York  
2(a)(iv)(1)**

**Collaborative Care Services: Freestanding Clinics**

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to 12 months of Collaborative Care Services, which are not required to be consecutive. With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.

TN 14-0027

Approval Date 11/28/2017

Supersedes TN New

Effective Date 01/01/2015

**New York  
1(a)(i)**

**2a. Outpatient Hospital Services (continued)**

Outpatient Hospital Services provided by hospitals licensed pursuant to Article 28 of the Public Health Law are in accordance with 42 CFR § 440.20(a) title Outpatient Hospital Services. Effective January 1, 2015, such services include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-B of the Plan.

TN #14-0027 Approval Date 11/28/2017  
Supersedes TN NEW Effective Date 01/01/2015

New York  
2

- 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.

4d.i. **Face-to-Face Counseling Services**

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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.

**Collaborative Care Services:** Effective January 1, 2015, Physician services shall include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-B of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.

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

TN#: 14-0027 Approval Date: 11/28/2017  
Supersedes TN#: 13-0010 Effective Date: 01/01/2015



**New York  
2(a)(iv)(1)**

**Collaborative Care Services: Freestanding Clinics**

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to 12 months of Collaborative Care Services, which are not required to be consecutive. With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.

TN <u>14-0027</u>	Approval Date <u>11/28/2017</u>
Supersedes TN <u>New</u>	Effective Date <u>01/01/2015</u>

**New York  
1.0****Collaborative Care Services: Reimbursement for Physicians' Services**

Effective January 1, 2015, reimbursement will be provided to physicians for Collaborative Care Services provided to patients diagnosed with depression pursuant to the methodology for Collaborate Care Services for Freestanding Clinics outlined in Attachment 4.19-B, except reimbursement for Physicians' Services does not include a retainage withholding or payment. Reimbursement shall be a monthly case rate of \$112.50 per month for each patient enrolled in Collaborative Care Services. Reimbursement will be provided for a maximum of 12 months. With the approval of the New York State Office of Mental Health, reimbursement will be provided for an additional 12 months at a rate of \$75.00 per month. Physicians must provide the minimum amount of services to enrollees as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Effective January 1, 2018, reimbursement will be provided to physicians for Collaborative Care Services provided to patients with other mental illness diagnoses pursuant to the methodology described in this paragraph.

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**New York**  
**2(c)(iv)(a)(1)**

Effective on and after January 1, 2015, the Department of Health shall reimburse FQHC/RHCs for Collaborative Care Services provided to Medicaid patients diagnosed with depression pursuant to the methodology for Collaborate Care Services for Freestanding Clinics outlined in Attachment 4.19-B. Effective on and after January 1, 2018, the Department of Health shall reimburse FQHC/RHCs for Collaborative Care Services provided to Medicaid patients with other mental illness diagnoses at the rates of payment then in effect for Collaborate Care Services provided to Medicaid patients diagnosed with depression. Rates of payment for Collaborative Care Services will be increased annually on October 1 by the percentage increase in the Medicare Economic Index.

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**New York  
2(y)**

**Collaborative Care Services****Reimbursement for Freestanding Clinics and Hospital Outpatient Departments**

Effective January 1, 2015, reimbursement will be provided to freestanding clinics and hospital outpatient departments licensed under Article 28 of the Public Health Law for Collaborative Care Services for patients diagnosed with depression in the form of a monthly case rate, specified below. Effective January 1, 2018, reimbursement will be provided to such providers for Collaborative Care Services for patients with other mental illness diagnoses at the same rates. Reimbursement shall be the same for both governmental and non-governmental providers.

<b><u>Rate Code</u></b>	<b><u>Rate Code Description</u></b>	<b><u>Gross Rate</u></b>
<u>5246</u>	<u>Collaborative Care Monthly Case Rate - Year 1</u>	<u>\$150.00*</u>
<u>5247</u>	<u>Collaborative Care Monthly Case Rate - Year 2</u>	<u>\$100.00*</u>
<u>5248</u>	<u>Collaborative Care Retainage Monthly - Year 1</u>	<u>\$37.50</u>
<u>5249</u>	<u>Collaborative Care Retainage Monthly - Year 2</u>	<u>\$25.00</u>

\*Twenty-five percent of the full monthly case rate will be withheld by the State and reimbursed to the provider in the form of a monthly retainage payment based on criteria specified below. The monthly withholding during year one is \$37.50, resulting in a net monthly case payment of \$112.50. The monthly withholding during year two is \$25.00, resulting in a net monthly case payment of \$75.00.

Providers shall be eligible to receive the monthly Collaborative Care Retainage withheld by the State after the patient has been enrolled in the Collaborative Care program for a minimum of three months and if one of the following criteria is met:

1. Demonstrable clinical improvement as defined by a decrease in the patient's baseline score on the PHQ-9, GAD-7, or other applicable evidenced-based assessment tool as further described in OMH guidelines available at [https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement](https://www.omh.ny.gov/omhweb/medicaid_reimbursement).
2. In cases where there is no demonstrable clinical improvement as described in criterion 1, there must be documentation in the medical record of one of the following:
  - a. Psychiatric review of the case by the designated consulting psychiatrist with either the care manager or primary care provider and a recommendation to change the treatment plan; or
  - b. A change in treatment plan.

After completion of a patient's third month of enrollment, providers who have met one of the criteria above may be reimbursed a lump sum for the first three months of Collaborative Care Retainage withheld and the monthly retainage withheld in each additional month of treatment, up to the completion of 12 months of treatment.

If a provider receives approval to provide Collaborative Care Services for an additional 12 months, the provider shall not be eligible to receive the Collaborative Care Retainage withheld until after the completion of three months and subject to the same eligibility requirements as in the first 12 months.

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 Supersedes TN     New     Effective Date     01/01/2015