

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 14-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JH:SPA-NY-14-0030-Approval

April 12, 2017

Jason Helgeson
State Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP 1211)
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #14-0030 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2014. This State Plan Amendment proposes to eliminate the two percent (2%) Across-the-Board reduction for payments made under the State's non-institutional State Plan. However, this SPA does not eliminate the 2% Across-the-Board reduction for services provided by freestanding clinic providers.

Enclosed are copies of SPA #14-0030 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Joanne Hounsell at (212) 616-2446.

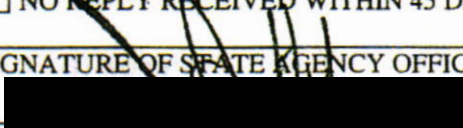
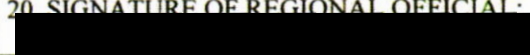
Sincerely,

A large black rectangular box redacts the signature of Michael Melendez.

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

Enclosures: HCFA-179 Form
State Plan Pages

cc:	J. Ulberg	N. McKnight
	R. Deyette	M. Varon
	M. Levesque	S. Jew
	P. LaVenía	J. Hounsell
	S. Bass	M. Lopez
	C. Wilson	J. Guhl
	R. Weaver	R. Holligan

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0030	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE April 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/14-09/30/14 \$26,808.64 b. FFY 10/01/14-09/30/15 \$53,617.27	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page A(7.2), A(7.3), A(7.4)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Page A(7.2), A(7.3), A(7.4)	
10. SUBJECT OF AMENDMENT: 2% ATB Reduction (all other) (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 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 23, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APRIL 12, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**New York
A (7.2)**

2% Across the Board Payment Reduction- Effective 4/1/2013-3/31/[2015]2014

(1) For dates of service on and after April 1, 2013 and ending on March 31, [2015]2014, payments for services as specified in paragraph (2) of this Attachment will be reduced by 2%.

(2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

- a) Physician Services, except for those physician services provided in an office based setting. Page 1
- b) Statewide Patient Centered Medical Home and the Adirondack Medical Home Multipayor Program for physicians, hospital based clinics and freestanding clinics. Pages 1(A)-1(A)(iii);
1(c)(i)(A) -1(c)(i)(H)
- c) E-prescription financial incentive payments to physicians, dentists, podiatrists, optometrists, nurse midwives, and nurse practitioners. Pages [1(A)(iii)-
1(A)(viii)]
1(a)(iv)-1(a)(viii)
- d) Reimbursement for dental services, podiatrists, optometrists, chiropractic services, nurse midwives, nurse practitioners, and clinical psychologists; except for those services provided in an office based setting. Page 1(a)
- [e] Methadone Maintenance Treatment Program (MMTP) services. Page 1(b)]
- [f] e) Outpatient reimbursement for Acute Care Children's Hospitals. Pages 1(b)(i)-
1(b)(iii)
- [g] f) Ordered Ambulatory Services. Pages 1(c)-1(c)(i)
- [h] Methadone maintenance Treatment Program (MMTP) services and day health care services rendered to patients with HIV/AIDS which are provided in Freestanding Clinics certified under Article 28 of the State Public Health Law. Page 1(c)-1(c)(i);
1(c)(ii)-1(d)]

Note: For the services described on this page, the early termination of the 2% reduction effective March 31, 2014 does not apply to freestanding clinic providers. The termination of the 2% reduction for freestanding clinic providers will be effective March 31, 2015.

TN #14-0030
Supersedes TN #13-0022

Approval Date APRIL 12, 2017
Effective Date APRIL 01, 2014

**New York
A (7.3)**

- | | |
|---|---|
| g) <u>Methadone Maintenance Treatment Program (MMTP) services.</u> | Page 1(b) |
| h) <u>Methadone Maintenance Treatment Program (MMTP) services and day health care services rendered to patients with HIV/AIDS which are provided in Freestanding Clinics certified under Article 28 of the State Public Health Law.</u> | Pages 1(c)(ii)-1(d) |
| i) Ambulatory Patient Group (APG) reimbursement for hospital outpatient departments, emergency departments, and ambulatory surgery services. | Pages 1(e)(1)-1(p) |
| j) Ordered Ambulatory Services performed by a freestanding clinic on an ambulatory basis. | Pages 2-2(a)(ii) |
| k) Services to AIDS/HIV positive patients provided in Hospital Outpatient Departments and Freestanding clinics. | Pages 2(b)-2(b.1) |
| l) Laboratory services. | Page 4 |
| m) Home health services provided by Certified Home Health Agencies (CHHAs), including services to patients diagnosed with AIDS. | Pages [4-4(a)(i)(2);
4(a)(ii)-4(b)] 4(1)-
4(9); 4(a), 4(a)(i),
4(a)(i)(A); 4(a)(1)-
4(a)(2) |
| n) Personal Emergency Response Services (PERS). | Page 4(a)(i)(3) |
| o) Services provided to Medically Fragile Children. | Page 4(a)(i)(3) |
| p) Home Telehealth Services provided by CH[A]HAs including those that provide AIDS home care services. | Pages 4(a)(i)(4) –
4(a)(i)(5) |
| q) Private Duty Nursing; including nursing services provided to medically fragile children and services provided to eligible residents of an adult home or enriched housing program that is issued a limited license by the Department of Health. | Pages 5-5(a)(i) |
| r) Physical Therapy, except for those services provided in an office based setting. | Page 5(a)(i) |
| s) Occupational Therapy, except for those services provided in an office based setting. | Page 5(a)(i) |
| t) Eyeglasses and Other Visual Services. | Page 5(b) |
| u) Hearing Aid Supplies and Services. | Page 5(b) |
| v) Prosthetic and Orthotic Appliances. | Page 5(b) |
| w) Durable Medical Equipment. | Page 6 |

Note: For the services described on this page, the early termination of the 2% reduction effective March 31, 2014 does not apply to freestanding clinic providers. The termination of the 2% reduction for freestanding clinic providers will be effective March 31, 2015.

TN #14-0030

Approval Date APRIL 12, 2017

Supersedes TN #13-0022

Effective Date APRIL 01, 2014

New York
A (7.4)

x) Medical/Surgical Supplies.	Pages 5(b)(1)- 6
y) Enteral Formula.	Page 6
z) Transportation.	Page 6
aa) Out of State Services for fee-based providers.	Page 6(a)
bb) Personal Care Services.	Page[s] 6(a)(1)[- 6(a)(iv)]
cc) Case Management Services to Target Group F; Target Group A and E; Target Group C; and Target Group M.	Pages 10(4)- 10(5)(a); 11-11(C); 11(g)
dd) Preferred Physician and Children's Program.	Pages 12(2)- 12(3)
ee) Medicaid Obstetrical and Maternal Services (MOMS).	Page 12(4)
ff) Child Teen Health Program.	Page 12(5)
gg) Emergency services for illegal aliens.	Page 13
hh) Primary Care Case Management.	Page 16
ii) Program of All-Inclusive Care for the Elderly (PACE).	Page 17
jj) Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT).	Pages 17(e)-17(i)

Note: For the services described on this page, the early termination of the 2% reduction effective March 31, 2014 does not apply to freestanding clinic providers. The termination of the 2% reduction for freestanding clinic providers will be effective March 31, 2015.

TN #14-0030
Supersedes TN #13-0022

Approval Date APRIL 12, 2017
Effective Date APRIL 01, 2014