

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) # 19-0046

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179 Form
3. SPA pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100
New York, New York 10278



New York Regional Operations Group

ROG: SPA-NY 19-0046 VH

December 17, 2019

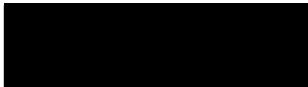
Donna Frescatore
Medicaid Director
One Commerce Plaza
Suite 1211
Albany, New York 12210

Dear Ms. Frescatore,

We have completed our review of the submission of New York's State Plan Amendment SPA 19-0046 for incorporation into the Medicaid State Plan with an effective date of October 1, 2019. This amendment proposes to revise the State Plan to add Applied Behavioral analyst, certified behavior analyst assists under the supervision of licensed behavior analyst, or other individual specified under article one hundred sixty-seven of New York State education law, and update service type/fee schedule accordingly.

Enclosed is the copy of the approved SPA 19-0046 pages. If you have questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

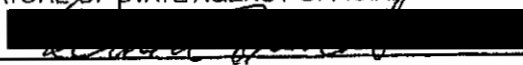

Sincerely,



Ricardo Holligan
Acting Deputy Director
CMS New York
Regional Operations Group

Enclosures: Form 179
State Plan Pages

Cc: M. Levesque
R. Deyette
D. Cater
R. Weaver
D. Steinbach
N. McKnight
R. Holligan
M. Lopez
M. Kahnowitz
V. Hiralall

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 9 — 0 0 4 6</u>	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <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 (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION § 1902(a) of the Social Security Act and 42 CFR 447		7. FEDERAL BUDGET IMPACT a. FFY 10/01/19-09/30/20 \$ 13,100.00 b. FFY 10/01/20-09/30/21 \$ 13,100.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A: Page 2(xv)(2) Attachment 3.1-B: Page 2(xv)(2) Attachment 4.19-B: 1 (a)(iii)(3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)	
10. SUBJECT OF AMENDMENT Applied Behavioral Analysis (FMAP=50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME Donna Frescatore			
14. TITLE Medicaid Director, Department of Health			
15. DATE SUBMITTED September 30, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED DECEMBER 17, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL OCTOBER 01, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME RICARDO HOLLIGAN		22. TITLE ACTING DEPUTY DIRECTOR REGIONAL OPERATIONS GROUP	
23. REMARKS			

**New York
2(xv)(2)**

6.d(i). Other Licensed Practitioners (EPSDT only).

Applied Behavior Analysis

In accordance with 42 CFR 440.60(a), the following licensed providers are covered within their scope of practice as defined by state law: Licensed Behavior Analyst (LBA). Effective on or after October 1, 2019, Medical assistance shall include applied behavior analysis where such service is provided by a Licensed Behavior Analyst (LBA) or under the supervision of an LBA.

TN # #19-0046

Approval Date 12/17/2019
10/01/2019

Supersedes TN # NEW

Effective Date _____

**New York
2(xv)(2)**

6.d(i). Other Licensed Practitioners (EPSDT only).

Applied Behavior Analysis

In accordance with 42 CFR 440.60(a), the following licensed providers are covered within their scope of practice as defined by state law: Licensed Behavior Analyst (LBA). Effective on or after October 1, 2019, Medical assistance shall include applied behavior analysis where such service is provided by a Licensed Behavior Analyst (LBA) or under the supervision of an LBA.

TN # #19-0046

Approval Date 12/17/2019

Supersedes TN # NEW

Effective Date 10/01/2019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

Applied Behavior Analysis

Effective for services on or after October 1, 2019, rates established by the Commissioner of Health and approved by the Director of the Budget will reflect Applied Behavior Analysis (ABA) costs on a per hour basis when medically necessary ABA services have taken place.

Rates for the assessment and delivery of ABA services will be the amount billed by the provider not to exceed \$29.00 per hour. Services less than 60 minutes are not eligible for reimbursement.

TN 19-0046
Supersedes TN NEW

Approval Date 12/17/2019
Effective Date 10/01/2019