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State/Territory Name: New York

State Plan Amendment (SPA) # 19-0053

The file contains the following documents in the order listed:

1) Approval Letter
2) CMS-179 Form
3) Approved SPA Pages
February 6, 2020

Ms. Donna Frescatore
State Medicaid Director
New York State Department of Health
99 Washington Ave- One Commerce Plaza, Suite 1432
Albany, NY 12210

Dear Ms. Donna Frescatore:

The CMS Division of Pharmacy team has reviewed New York’s State Plan Amendment (SPA) 19-0053 received in the New York Regional Operations Group on December 27, 2019. This amendment proposes updates in State Plan Pages based on provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0053 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into New York’s state plan will be forwarded by the New York Regional Operations Group.

If you have any questions regarding this amendment, please contact Whitney Swears at (410) 786-6543 or Whitney.Swears@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director, Division of Pharmacy

cc: Nicole Mcknight, CMS, New York Regional Operations Group Administrator
    Michael Kahnowitz, CMS, New York Regional Operations Group
    Regina Deyette, State Plan Coordinator, Division of Finance and Rate Setting
    Michelle Levesque, State Division of Finance and Rate Setting
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19-0053
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 (Check One)
   - [ ] NEW STATE PLAN
   - [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - [ ] AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

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 $ 0.00
   b. FFY 10/01/20-09/30/21 $ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 1.1: Page 74d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT
   DUR Support Act Requirements (FMAP=50%)

11. GOVERNOR'S REVIEW (Check One)
   - [ ] GOVERNOR'S OFFICE REPORTED NO COMMENT
   - [ ] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
   - [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
   - [ ] OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
   [Signature]

13. TYPED NAME
   Donna Frescatore

14. TITLE
   Medicaid Director, Department of Health

15. DATE SUBMITTED
   December 27, 2019

FOR REGIONAL OFFICE USE ONLY

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

17. DATE RECEIVED
18. DATE APPROVED
   February 6, 2020

19. EFFECTIVE DATE OF APPROVED MATERIAL
   10/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL
   [Signature]

21. TYPED NAME
   Ruth A. Hughes

22. TITLE
   Acting Division Director, Division of Program Operations

23. REMARKS

Instructions on Back
K. Claim Review Limitations

- Prospective safety edits on opioid prescriptions to address days’ supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

Programs to monitor antipsychotic medications to children: Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

Fraud and abuse identification: The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.