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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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

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](mailto: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  
1 9 — 0 0 5 3

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       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
Donna Frescatore

14. TITLE  
Medicaid Director, Department of Health

15. DATE SUBMITTED  
December 27, 2019

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED  
February 6, 2020

**PLAN APPROVED - ONE COPY ATTACHED**

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

20. SIGNATURE OF REGIONAL OFFICIAL  
Ruth A. Hughes  
Digitally signed by Ruth A. Hughes  
Date: 2020.02.07 13:36:49 -06'00'

21. TYPED NAME  
Ruth A. Hughes

22. TITLE  
Acting Division Director, Division of Program Operations

23. REMARKS

New York  
74d

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

**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.

TN #19-0053

Approval Date 02/06/2020

Supersedes TN NEW

Effective Date 10/01/2019