

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



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## State Demonstrations Group

November 21, 2024

Amir Bassiri  
Medicaid Director, Deputy Commissioner  
New York Department of Health  
Empire State Plaza, Corning Tower, Room 1466  
Albany, NY 12237

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) is approving the health-related social needs (HRSN) payment methodology document that the state submitted on November 21, 2024, in accordance with special term and condition (STC) 6.15. This document reflects the payment methodologies New York will use for providing HRSN services as authorized by New York's section 1115(a) demonstration project entitled, "Medicaid Redesign Team (MRT)" (Project Number 11-W-00114/2).

This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project.

We look forward to our continued partnership on the New York MRT section 1115 demonstration. If you have any questions, please contact your CMS project officer, Jonathan Morancy, at [Jonathan.Morancy@cms.hhs.gov](mailto:Jonathan.Morancy@cms.hhs.gov).

Sincerely,

Angela D. Garner  
Director  
Division of System Reform Demonstrations

Enclosure

cc: Melvina Harrison, State Monitoring Lead, CMS Medicaid & CHIP Operations Group

## NYS: Health-Related Social Need (HRSN) Service Fee Schedule

Procedure Code	Service Description	Service Unit	Rate Cap <sup>1</sup>	Methodology OHIP used to develop Rate/Cap/Range shared with SCN	Additional Information
<b>G0136 – Standard HRSN Screening/Re-screening for unmet needs</b>	Social needs screening of Medicaid Member using the CMS AHC HRSN Screening tool.	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to a maximum of allowable units.	
<b>T1016 – Social Care Navigation (Level 1)</b>	Service assessment and linkage of FFS and non-eligible MMC members to other local, state, and federal benefits and programs.	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to a maximum of allowable units.	
<b>T2023; T1016 – Social Care Navigation of Enhanced HRSN Services (Level 2) and Targeted HRSN Care Management</b>	Enhanced service assessment and eligibility. Connection to HRSN Care Management Level 2 services	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to a maximum of allowable units.	
<b>T2025 - Community Transitional Supports (CTS)</b>	Services to support transition to community living	Cost-based, up to cap	One time, up to capped amount <sup>2</sup>	Actual cost reimbursement up to a capped amount per unit size. Rent-related cost (security deposit and first month's rent) is based on HUD annual fair market rent. All other costs will be based on competitive fair market rates of the region.	<ul style="list-style-type: none"> <li>Actual cost reimbursement up to a capped amount per unit size</li> <li>CTS caps reflect average regional rental costs (security deposit and first month's rate) by unit size and average costs for transitional support services that include moving costs, utility activation, basic set of furniture and household goods to set up new home, pest eradication, and pantry stocking</li> <li>Per unit size ranges were determined by aggregating security deposits and rent costs by unit size using HUD Fair Market Rates, household goods and furniture costs scaled for unit size,</li> </ul>

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					and pantry stocking costs scaled for household size.
<b>T2025; Modifier U4, U2 – Community Transitional Supports – Brokers’ Fee</b>	Transition cost for brokers fees	Cost-based, SCN-level cap	One time, up to capped amount <sup>3</sup>	Actual cost reimbursement. SCNs will manage against a region-level cap (relevant for NYC only)	<ul style="list-style-type: none"> <li>• SCNs will be provided with regional caps to support CTS Broker’s Fees needs for Members in their region. SCNs will be expected to manage within their respective budgets to support the needs of their Members. SCNs will determine per Member rates for their Member populations</li> <li>• This service is only relevant for four SCNs covering Manhattan, Queens, Brooklyn, Bronx, Staten Island, and Long Island regions.</li> <li>• Regional SCN-specific caps were calculated based on projected eligible Member volumes and SCN screening capacity in Year 1.</li> <li>• For the first year of implementation, projected eligible Member volumes were sourced using Calendar Year 2023 county-level Medicaid MCO enrollment data pulled by NYS Medicaid. Upon establishing the clinical criteria of the Enhanced HRSN Services-eligible populations for brokers’ fees, NYS Medicaid pulled the number of enrollees by MCO plan that met the criteria for each eligibility category, by county. NYS then used these county-level data to determine the share of the Enhanced HRSN Services-eligible population in each Social Care Network region and divided the CMS-established CTS Broker’s Fee cap</li> </ul>

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					proportionally across the SCN regions.
<b>T2025; Modifier UC, U3 – Utility Set up - Activation Expenses</b>	Utility activation expenses to secure and keep	Cost-based, up to cap	One-time, up to capped amount <sup>1</sup>	Actual cost reimbursement. Utility activation rates will be based on rates of the region, not to exceed twice the average monthly utility rate in each region.	<ul style="list-style-type: none"> <li>Actual cost reimbursement. Utility activation rates are not to exceed twice the average monthly utility rate in each region.</li> <li>Research was conducted to determine which utility providers across the state and nationally typically charge activation fees. These utilities included internet, phone (cell phone and landline), and water.</li> <li>For the first year of implementation, average monthly utility costs for these services were based on 2024 national cellular phone provider monthly rates, 2024 landline provider monthly rates and monthly internet bills covered by the New York City Affordable Connectivity Program in 2024.</li> <li>The utility activation service cap was set to twice the combined monthly costs for internet, phone and water.</li> </ul>
<b>T2025; Modifier UC, U4 – Utility Set up-Back payment</b>	Assistance with Back Payment of utility bill	Cost-based, up to cap	One-time, up to capped amount <sup>1</sup>	Actual cost reimbursement. Utility costs will be based on individual circumstances for Members and are not to exceed capped amount.	<ul style="list-style-type: none"> <li>Actual cost reimbursement, not to exceed capped amount</li> <li>The cap was determined by multiplying the cap for the Utility Assistance (H0044) by six, in order to cover up to six months of a Member's unpaid utility bills</li> <li>Please see section on Utility Assistance (H0044) for methodology used to determine Utility Assistance monthly cap.</li> <li>Utilities covered by this service include natural gas, heating oil, electric, water and sewer, garbage/recycling, internet and phone (cell phone and landline)</li> </ul>

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<b>H0044; Modifier UB, UC – Utility assistance for up to 6 months</b>	Utility costs for up to 6 months	Cost-based, up to cap per month	Up to 6 Months	Actual cost reimbursement. Each SCN will determine rates based on market rates of the region and individual Member circumstances, not to exceed cap amount.	<ul style="list-style-type: none"> <li>• Actual cost reimbursement, not to exceed capped amount</li> <li>• Regional (upstate/downstate) monthly caps for utility bills were based on research into monthly utility costs across state and national utility providers as well as reported rates from government agencies. These included utilities like natural gas, heating oil, electric, water and sewer, garbage/recycling, internet and phone</li> <li>• For the first year of implementation: <ul style="list-style-type: none"> <li>o Heating oil and natural gas monthly bills are based on nine regional market rates published by the New York State Energy Research and Development Authority in 2024.</li> <li>o Regional electricity rates and monthly bills are based on 2024 data from the New York State Department of Public Service, U.S. Energy Information Administration and state utility providers.</li> <li>o Average monthly utility costs for phone and internet were based on 2024 national cellular phone provider monthly rates, 2024 landline provider monthly rates and monthly internet bills covered by the New York City Affordable Connectivity Program in 2024.</li> </ul> </li> </ul>
<b>H0044; Modifier UC, U5 - Rent and Temporary Housing-</b>	Rent cost for up to 6 months	Per unit per month	Up to 6 Months	Actual cost reimbursement. Each SCN will determine rental costs based on the annual	

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<b>Rent cost for up to 6 months</b>				U.S HUD fair market rent in each county.	
<b>T2040 - Pre-Tenancy and Tenancy Sustaining Services</b>	Pre-tenancy and Tenancy Sustaining activities related to navigating the complexities of housing search and application, and assistance maintaining tenancy in affordable or supportive housing	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to maximum allowable.	
<b>H0043 – Housing Transition and Navigation Services</b>	Housing transition navigation to services assist members in securing housing and have a smooth and seamless transition to community living	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to a maximum of allowable units.	
<b>S5165 – Home Accessibility, Safety Modifications, and Remediation Services</b>	Home Accessibility, Safety Modifications, and Remediation Services.	Cost-based, up to cap	One-time, up to per member capped amount <sup>4</sup>	Actual cost reimbursement. Total capped cost calculated based on competitive market pricing and rate analysis.	<ul style="list-style-type: none"> <li>Actual cost reimbursement, not to exceed capped amount</li> <li>Cap per Member was determined based on benchmarks for comparable services from New York's 1915(c) Home and Community Based Services (HCBS) waivers and other states' HCBS waiver programs, validated by OHIP market research of costs of various services within home accessibility and remediation (e.g. accessibility ramps, accessibility ramps, widening of doorway, etc.)</li> <li>Specifically, for the first year of implementation, NYS reviewed the state's HCBS Children's Waiver and Community First Choice Options Waiver's 2024 caps for Environmental Modifications, taking into account that vehicle modifications are included in these two HCBS waivers but are not included in the HRSN services in the 1115 waiver. OHIP compared the covered home modification services under these programs to the HRSN</li> </ul>

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					Home Modification services to ensure that services are similar in scope. These caps were then used to inform and set the HRSN Home Modifications and Remediations cap, understanding that the HCBS population has a higher need than the HRSN waiver population and OHIP anticipates less extensive home modification needs among the HRSN waiver population. Benchmarking against other state HCBS programs (35 states, FY2021) was accomplished using cap levels and spending data published in a policy analysis by <a href="#">The American Journal of Occupational Therapy (May/June 2024, Volume 78, Number 3)</a> .
<b>S9441; Modifier U6, U5 - Asthma Remediation: Self-Management Education (ASME)</b>	ASME tailored to member's needs to expand asthma knowledge, such as early warning signs, identification and reduction of asthma triggers, discussion of necessary and appropriate asthma remediation services. (In-person Visit)	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to a maximum of allowable units.	
<b>S9441; Modifier U6, U6 - Asthma Remediation: Self-Management Education</b>	ASME visit following completion of asthma remediation services to reinforce education, report member's progress and improvement in home environment and determine changes in asthma control status. (Telehealth/Teleconference)	Per 15 Minutes	Per Unit Rate	Rate based on the NYS CHW SPA #23-0002. Subject to a maximum of allowable units.	
<b>T2025; S5165 - Medically Necessary Asthma Remediation, Modifications, and Provision of Asthma Friendly Supportive Products</b>	Medically Necessary Asthma Remediation, Modifications, and Provision of Asthma Friendly Supportive Products.	Cost-based, up to cap	One time, up to capped amount <sup>1</sup>	Actual cost reimbursement. Total capped amount calculated based on competitive market pricing and rate analysis.	<ul style="list-style-type: none"> <li>Actual cost reimbursement, up to capped amount</li> <li>Cap per Member was determined based on market research assessment of costs of various services within asthma remediation and supportive products, and benchmarks for comparable services</li> </ul>

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					<p>from other states' HRSN programs. OHIP also took cost and utilization data from the NYS Healthy Homes Pilot, which ended in November 2024.</p> <ul style="list-style-type: none"> <li>For the first year of implementation, to confirm the appropriateness of these market rates, OHIP referenced the rates and services covered in California Community Supports Medicaid program's cap on Asthma Remediation services, published in July 2023 and the North Carolina Healthy Opportunity Pilot's Healthy Home Goods cap, published in July 2024.</li> </ul>
<b>S9125; Rate 7980 – Medical Respite (Recuperative Care)</b>	Medical Respite for eligible individuals that need care prior to a medical procedure or post-acute hospitalization	Per diem	Per diem rate (up to 6 months)	Each SCN will calculate and provide rates based on regional market rates based on annual fair market rent, respite support and clinical staff salary and fringe data from Bureau of Labor Statistics, and cost of food and local market dynamics.	<ul style="list-style-type: none"> <li>Each SCN will set a rate within the provided regional range (upstate/downstate).</li> <li>Range reflects different models of care and staffing intensity. Regional market rates were based on HUD Fair Market Rent and respite support and clinical staff salary data was obtained from the Bureau of Labor Statistics Occupational Employment and Wage Statistics for Nursing Assistants. Regional BLS salaries were used to develop regional ranges.</li> <li>Fringe rate data was pulled from the <a href="#">Bureau of Labor Statistics</a></li> </ul>
<b>97802; Modifier U6, U2</b>	Nutrition counseling and education including topics such as healthy meal preparation and grocery budget resources	Per 15 Minutes	Per Unit Rate	Based on current individual or group rate for nutritional therapy, initial assessment, and	

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<b>- Nutritional Counseling and Education</b>				intervention approved in SPA #23-0002. Subject to a maximum of allowable units.	
<b>97803; Modifier U6, U3 - Nutritional Counseling and Education (Re-assessment)</b>	Nutrition counseling and education including topics such as healthy meal preparation and grocery budget resources (Re-assessment)	Per 15 Minutes	Per Unit Rate	Based on current individual rate for nutritional therapy, re-assessment, and intervention approved in SPA #23-0002. Subject to a maximum of allowable units.	
<b>S5170; Modifier U6, U7 - Medically Tailored Meals - (MTM)</b>	Up to 3 prepared MTM meals per day, delivered to the home or private residence.	Per meal	Per Unit Rate (up to 6 months / 11 months for high-risk pregnant individuals)	Each SCN will calculate and provide rates based on regional market rates, based on Feeding American data analysis, U.S. Bureau of Labor Statistics, and local market dynamics.	
<b>S5170; Modifier U6, U4 - Clinically Appropriate (CA) Meals</b>	Up to 3 prepared CA meals, per day, delivered to home or private residence.	Per meal	Per Unit Rate (up to 6 months / 11 months for high-risk pregnant individuals)	Each SCN will calculate and provide rates based on regional market rates based on Feeding American data analysis, U.S. Bureau of Labor Statistics, and local market dynamics.	
<b>T2025; Modifier UA, U6 - Cooking Supplies: Kitchenware</b>	Cooking supplies- Kitchenware that is necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs (i.e., pots and pans, utensils.)	Cost-based, SCN-level cap	One-time, up to capped amount <sup>5</sup>	Actual cost reimbursement. Each SCN will manage against a region-level cap based on anticipated demand for service in the region. Expenditure in region will not exceed the region-level cap.	<ul style="list-style-type: none"> <li>Regional caps for cooking supplies were calculated based on relative volumes of eligible Members by region. Regional caps account for the retail prices of basic kitchenware, microwave and full-size refrigerator.</li> <li>For the first year of implementation, relative volumes of eligible members were determined using Calendar Year</li> </ul>

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Procedure Code	Service Description	Service Unit	Rate Cap <sup>1</sup>	Methodology OHIP used to develop Rate/Cap/Range shared with SCN	Additional Information
					<p>2023 county-level MCO enrollment data pulled by NYS Medicaid. Upon establishing the clinical criteria of the Enhanced HRSN Services-eligible populations for cooking supplies, NYS pulled the number of enrollees by MCO plan that met the criteria for each eligibility category, by county. NYS then used these county-level data to determine the share of the Enhanced HRSN Services-eligible population in each Social Care Network region and divided the CMS-established Cooking Supply cap proportionally across the SCN regions.</p> <ul style="list-style-type: none"> <li>SCNs will determine specific rates for their Member populations, and are expected to manage within their respective budgets.</li> </ul> <p>Note: Cooking Supplies: Kitchenware, Cooking Supplies: Microwave, and Cooking Supplies: Refrigerator were combined and are subject to the same cap</p>
<b>T2025; Modifier U9, U1 - Cooking Supplies: Microwave</b>	Cooking supplies that are necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs, microwave	Cost-based, SCN-level cap	One-time, up to capped amount <sup>1</sup>	Actual cost reimbursement. Each SCN will manage against a region-level cap based on anticipated demand for service in the region. Expenditure in region will not exceed the region-level cap.	<ul style="list-style-type: none"> <li>Regional caps for cooking supplies were calculated based on relative volumes of eligible Members by region. Regional caps account for the retail prices of basic kitchenware, microwave and full-size refrigerator.</li> <li>For the first year of implementation, relative volumes of eligible members were established using Calendar Year 2023 county-level Medicaid MCO enrollment data pulled by NYS Medicaid. Upon establishing the clinical criteria of the Enhanced</li> </ul>

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					<p>HRSN Services-eligible populations for cooking supplies, NYS pulled the number of enrollees that meet the criteria for each eligibility category, by county. NYS then used these county-level data to determine the share of the Enhanced HRSN Services-eligible population in each Social Care Network region and divided the CMS-established Cooking Supply cap proportionally across the SCN regions.</p> <ul style="list-style-type: none"> <li>SCNs will determine specific rates for their Member populations, and are expected to manage within their respective budgets.</li> </ul> <p>Note: Cooking Supplies: Kitchenware, Cooking Supplies: Microwave, and Cooking Supplies: Refrigerator were combined and are subject to the same cap</p>
<b>T2025; Modifier U6, UB - Cooking Supplies: Refrigerator</b>	Cooking supplies that are necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs, refrigerator	Cost-based, SCN-level cap	One-time, up to capped amount <sup>1</sup>	Actual cost reimbursement. Each SCN will manage against a region-level cap based on anticipated demand for service in the region. Expenditure in region will not exceed the region-level cap.	<ul style="list-style-type: none"> <li>Regional caps for cooking supplies were calculated based on relative volumes of eligible Members by region. Regional caps account for retail prices of basic kitchenware, microwave and full-size refrigerator.</li> <li>For the first year of implementation, relative volumes of eligible members were established using Calendar Year 2023 county-level Medicaid MCO enrollment data pulled by NYS Medicaid. Upon establishing the clinical criteria of the Enhanced HRSN Services-eligible populations for cooking supplies, NYS pulled</li> </ul>

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Procedure Code	Service Description	Service Unit	Rate Cap <sup>1</sup>	Methodology OHIP used to develop Rate/Cap/Range shared with SCN	Additional Information
					<p>enrollment data on the number of enrollees that meet the criteria for each eligibility category, by county. NYS then used these county-level data to determine the share of the Enhanced HRSN Services-eligible population in each Social Care Network region and divided the CMS-established Cooking Supply cap proportionally across the SCN regions.</p> <ul style="list-style-type: none"> <li>SCNs will determine specific rates for their Member populations, and are expected to manage within their respective budgets.</li> </ul> <p>Note: Cooking Supplies: Kitchenware, Cooking Supplies: Microwave, and Cooking Supplies: Refrigerator were combined and are subject to the same cap</p>
<b>T2025; Modifier UB, U6 - Medically Tailored or Nutritionally Appropriate Food Prescriptions - Boxes</b>	Weekly Medically tailored or nutritionally appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in the form of food boxes, for up to 6 months (up to 11 months for select populations).	Per week	Per Unit Rate (up to 6 months / 11 months for high risk pregnant individuals)	Each SCN will calculate and provide rates based on regional market rates based on Feeding American data analysis, U.S. Bureau of Labor Statistics, and local market dynamics.	<ul style="list-style-type: none"> <li>For the first year of implementation, ranges for food prescription boxes were based on July 2024 USDA weekly costs for Liberal-Cost Food Plans, and ranges accounted for higher costs of delivery in more rural regions</li> </ul>
<b>T2025; Modifier U5, U1 - Medically Tailored or Nutritionally Appropriate Food</b>	Weekly Medically tailored or nutritionally appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in form of nutrition vouchers for up to 6	Per week	Per Unit Rate (up to 6 months / 11 months for high risk pregnant individuals)	Each SCN will calculate and provide rates based on regional market rates based on Feeding American data analysis, U.S. Bureau of Labor	<ul style="list-style-type: none"> <li>For the first year of implementation, ranges for food prescription boxes were based on July 2024 USDA weekly costs for Liberal-Cost Food Plans</li> </ul>

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<b>Prescriptions - Voucher</b>	months (up to 11months for select populations).			Statistics, and local market dynamics.	
<b>T2025; Modifier U2, U6 - Fresh Produce and Non-Perishable Groceries (Pantry Stocking).</b>	Weekly Fresh produce and nonperishable groceries for up to 6 months (up to 11 months for select populations)	Per week	Per Unit Rate (up to 6 months / 11 months for high-risk pregnant individuals)	Each SCN will calculate and provide rates based on regional market rates based on Feeding American data analysis, U.S. Bureau of Labor Statistics, and local market dynamics.	<ul style="list-style-type: none"> <li>For the first year of implementation, ranges for pantry stocking were based on July 2024 USDA weekly costs for Low-Cost Food Plans, excluding costs of meat and dairy, and range reflects variance in delivery distances.</li> </ul>
<b>T2025; Transportation CAP</b>	Public or Private Transportation Service to Access HRSN or Care Management Related Activities/Services.	Cost-based, SCN-level cap	Up to 6 Months, up to capped amount	Actual cost reimbursement. Each SCN will manage against a region-level cap based on anticipated demand for service and regional variation in costs of private and public transportation. Expenditure in region will not exceed the region-level cap.	<ul style="list-style-type: none"> <li>SCNs will be provided with regional caps to support Transportation needs for Members in their region. SCNs will determine specific rates for their Member populations, and will be expected to manage within their respective budgets to cover the needs of their Members.</li> <li>For the first year of implementation, relative volumes of eligible members were established using Calendar Year 2023 county-level Medicaid MCO enrollment data pulled by NYS Medicaid. Upon establishing the clinical criteria of the Enhanced HRSN Services-eligible populations for transportation, NYS pulled the number of enrollees that meet the criteria for each Enhanced HRSN Services eligibility category, by county. NYS then used these county-level data to determine the share of the Enhanced HRSN Services-eligible population in each Social Care Network region and divided the CMS-established Transportation cap</li> </ul>

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					proportionally across the SCN regions. <ul style="list-style-type: none"> <li>Regional caps were calculated based on eligible Member volumes, split of public and private transportation use, and average trip lengths and costs by region.</li> </ul>

### **Sources:**

1. **Rent / Temporary Housing:** Fair Market Rent (FMR) thresholds are established by the U.S Department of Housing and Urban Development (HUD). 2024 Final FMR is here: [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024_code/select_Geography.odn)
2. **Medical respite:** Fringe rate data from June 2024 Bureau of Labor Statistics report: [Employer Costs for Employee Compensation - June 2024](#)
3. **Food pricing:** Based data published by [Feeding America](#) which reports the average cost of meal in each county across the United States. Where current data was not available, cost was adjusted for inflation using [BLS Inflation Calculator](#) developed by the U.S. Bureau of Labor Statistics.
4. **CHW Rates:** NYS Community Health Worker (CHW) SPA #23-002 can be found at the following link [app\\_2023-06-28\\_spa\\_23-02.pdf \(ny.gov\)](#) The CHW rate may be adjusted annually to reflect cost of living increases.
5. **Utilities:**
  - a. **Utilities assistance:** [The Public Service Commission](#) for utility provider about the amount necessary to alleviate 75 percent of customers' utility arrears across New York State.
  - b. **Utility costs per month and utility activation fees:** Average per region of utility costs and activation fees were determined by market research on major waste, gas, and phone (landline and cell phone) services
6. **Transportation:** A variety of transportation-related data sources were used to determine transportation program-level caps in New York, including [New York Worker Compensation Board mileage reimbursement rates](#), [Healthy Alliance transportation program case study](#), the [New York City Access-a-Ride program](#), [Lyft data](#) for New York City rides, [New York City Taxi and Limousine Commission](#) data, and monthly public transportation pass costs in [Buffalo](#), [Rochester](#), [Albany](#), and [New York City](#).

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