

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **23-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 12, 2023

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza Rm. 1605  
Albany, NY 12237

Re: New York State Plan Amendment (SPA) 23-0005

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0005. This amendment proposes to transition the New York State Medicaid non-emergency medical transportation (NEMT) program from an administrative- services only model to a risk-based broker model authorized pursuant to Section 1902(a)(70) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 23-0005 was approved on December 12, 2023, with an effective date of August 1, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at [Melvina.Harrison@cms.hhs.gov](mailto:Melvina.Harrison@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

cc: Regina Deyette

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 0 5</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**August 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
~~§ 1905(a)(30) Other Medical Care~~ **1902(a)(4) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 08/01/23-09/30/23 \$ (4,250,000)  
b. FFY 10/01/23-09/30/24 \$ (17,000,000)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-D Pages: 1, 2, 3 ~~3~~, **4**  
Attachment 3.1-A Supplemental Page: 3(d)  
Attachment 3.1-B Supplemental Page: 3(d)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 3.1-D Pages: 1, 2, 3, **4**  
Attachment 3.1-A Supplemental Page: 3(d)  
Attachment 3.1-B Supplemental Page: 3(d)

9. SUBJECT OF AMENDMENT  
  
**Medicaid Transportation Broker Model**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Amir Bassiri**

13. TITLE  
**Medicaid Director**

14. DATE SUBMITTED **September 29, 2023**

15. 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 CMS USE ONLY**

16. DATE RECEIVED <b>09/29/2023</b>	17. DATE APPROVED <b>12/12/2023</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>08/01/2023</b>	19. SIGNATURE OF 
20. TYPED NAME OF APPROVING OFFICIAL <b>Ruth A. Hughes</b>	21. TITLE OF APPROVING OFFICIAL <b>Acting Director, Division of Program Operations</b>

22. REMARKS **The State authorizes the following pen and ink changes to the 179:**

**Box 5. Federal Statute/Regulation Citation: 1902(a)(4) of the Social Security Act**

**Box 7. Page Number of The Plan Section Or Attachment: Attachment 3.1-D Page: 1,2,3,4, Attachment 3.1-A Supplemental Page: 3(d), Attachment 3.1-B Supplemental Page: 3(d)**

**Box 8. Page Number of the Superseded Plan Section or Attachment (If applicable) Attachment 3.1-D Page: 1, 2,3,4, Attachment 3.1-A Supplemental Page: 3(d), Attachment 3.1-B Supplemental Page: 3(d)**

**New York  
3(d)**

**1902(a)(4) of the Social Security Act**

24a. Please refer to Attachment 3.1-D for information about how the Assurance of Transportation is provided as an administrative activity.

24d. Prior approval is required for skilled nursing facility services except when admitted directly from a hospital, another skilled nursing facility or from a health-related facility.

Medicaid payments will not be authorized for skilled nursing facilities which are not certified or have not applied for certification to participate in Medicare.

26. Personal Care Services means some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support functions. Prior approval is required for all personal care services. The authorization period and amount of personal care services authorized depends upon patient need, as indicated in the patient's assessment.

Electronic Visit Verification System: NY will comply with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021.

TN #23-0005

Supersedes TN #20-0041

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**New York  
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**New York**  
**1**  
**Provisions for Providing**  
**Medical Assistance Transportation**

**1902(a)(4) of the Social Security Act**

The following provisions set forth the Department's policy concerning transportation services provided to Medical Assistance (MA) recipients for the purpose of obtaining necessary medical care and services which can be paid for under the MA program.

The MA program covers all modes of transportation, including, but not limited to: emergency ambulance and non-emergency modes of transportation.

New York State Department of Health (NYSDOH), in accordance with Section 1902(a)(4) of the Social Security Act provides Non-Emergency Medical Transportation (NEMT) to Medicaid beneficiaries through a statewide, contracted transportation broker. This includes coverage for transportation and travel expenses necessary to secure medical examinations and treatment.

New York Medicaid covers medically necessary NEMT services provided via non-emergency ambulance, ambulette, taxi, livery, public transit, personal vehicle, commercial travel (airplane, bus, train) and other modes as needed by the enrollee.

The contracted NEMT Broker:

- Is selected through a competitive bidding process based on NYSDOH's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
- Provides oversight procedures to monitor beneficiary access and complaints and ensure that transport personnel are licensed, qualified, competent, and courteous;
- Does not provide transportation and does not have any financial relationship with any transportation provider

A. Prior Authorization

Prior authorization (PA) means a prior authorization official's determination that a request for a specific mode of non-emergency medical transportation (NEMT) is essential in order for an MA recipient to obtain necessary medical care and services at the least costly and most appropriate mode of NEMT. There are no limitations to the number of prior authorizations the PA official may distribute.

Prior authorization official means the Department, the transportation manager or the transportation broker, or such other entity under contract with, or specifically permitted by, the Department of Health, as applicable.

1. Prior authorization is required for the following:
  - a. all transportation to obtain medical care and services, except emergency ambulance transportation or Medicare approved transportation by ambulance service provided to an MA-eligible person who is also eligible for Medicare Part B.
  - b. transportation expenses of an attendant for the MA recipient.
  - c. ancillary expenses associated with transportation to Medicaid covered services.

New York  
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Reserved

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Approval Date 12/12/2023

Supersedes TN #13-0023

Effective Date August 1, 2023

**New York  
3**

Reserved

TN #23-0005

Approval Date 12/12/2023

Supersedes TN #13-0023

Effective Date August 1, 2023

**New York  
4**

Reserved

**TN #23-0005**

**Approval Date 12/12/2023**

**Supersedes TN #15-0052**

**Effective Date August 1, 2023**