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State/Territory Name: New York

State Plan Amendment (SPA) #: 23-0089

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

December 19, 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) 23-0089

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0089. This amendment proposes to cover the Chronic Disease Self-Management Program (CDSMP) for Arthritis for dates of service on or after October 1, 2023.

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 23-0089 was approved on December 18, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER  2. STATE  2. STATE  2. STATE  2. STATE  N. Y  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
§ 1905(a)(13) Other Diagnostic, Screening, Prev., and Rehab Svc	a FFY 10/01/23-09/30/24 \$ 675,630 b. FFY 10/01/24-09/30/25 \$ 675,630	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 3.1-A Supplement: Page 2(c.1.9) Attachment 3.1-B Supplement: Page 2(c.1.9)	OR ATTACHMENT (If Applicable) NEW	
Attachment 4.19-B: Page 20		
SUBJECT OF AMENDMENT     Chronic Disease Self-Management Program (CDSMP) for Arthritis		
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:	
N	5. RETURN TO  Iew York State Department of Health  Division of Finance and Rate Setting	
12. TYPED NAME	99 Washington Ave - One Commerce Plaza	
S	uite 1432 Ibany, NY 12210	
14. DATE SUBMITTED September 29, 2023		
FOR CMS US	EONLY	
16. DATE RECEIVED 09/29/2023	7. DATE APPROVED 12/18/2023	
PLAN APPROVED - ONL	E COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2023	9. SIG	
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL	
James G. Scott	Director, Division of Program Operations	
22. REMARKS		

# New York 2(c.1.9)

#### 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

#### **Chronic Disease Self-Management Program (CDSMP) for Arthritis**

New York State Medicaid covers the Chronic Disease Self-Management Program (CDSMP) as outlined by the Self-Management Resource Center (SMRC) for Medicaid members diagnosed with arthritis. CDSMP is an evidence-based, self-management interactive program for adults that focuses on disease management skills including decision-making, problem-solving, and action planning to prolong life and promote the health of the Medicaid member. CDSMP services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c) and must be ordered by a physician or other licensed practitioner acting within their scope of practice under state law.

The SMRC only grants programmatic recognition to organizational entities. Therefore, only organizations that have achieved SMRC recognition can be enrolled in Medicaid for the purpose of rendering CDSMP services to Medicaid members.

CDSMP services must be delivered by teams of two trained leaders. Leaders must have received formal training on an SMRC-approved curriculum, successfully completed four days of in-person leader training or 12 sessions of virtual training, and successfully facilitated a workshop within the initial 12 months after training. The SMRC-recognized organization will supervise the SMRC-trained providers providing CDSMP services on behalf of the organization.

Providers will work with Medicaid members to provide them with a practical understanding of the positive impacts of learning and practicing techniques to adapt to their condition, gain confidence and control over their lives, and build an arthritis self-management program specific to their needs by assisting members. Specific services include:

- Counseling to manage the physical and psychological effects of arthritis.
- Health coaching to promote an understanding of the disease, to teach beneficiaries how to identify and access services, to help beneficiaries understand the importance of diet and exercise; and to identify and adapt other strategies to prevent disease progression.

TN	#23-0089	Approval Date: <u>12/18/2023</u>
Superse	edes TN <u>#NEW</u>	Effective Date: October 1, 2023

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#### New York 20

### 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

#### **Chronic Disease Self-Management Program (CDSMP) for Arthritis**

Effective for services provided on or after October 1, 2023, payments for Chronic Disease Self-Management Program (CDSMP) for arthritis are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of Budget. The fee schedule, and any annual/periodic adjustments made, are published on the official eMedNY web page, titled "New York State Free Standing or Hospital Based Ordered Ambulatory Manual," available at:

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FOrderedAmbulatory%2FPDFS%2FOrderedAmbulatory\_Fee\_Schedule.xls&wdOrigin=BROWSELINK

TN	N <u>#23-0089</u>		Approval Date: <u>12/18/2023</u>	Approval Date: <u>12/18/2023</u>	
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