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

**State Plan Amendment (SPA) #:**      **24-0084**

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- 3) Approved SPA Pages

# NY - Submission Package - NY2024MS00090 - (NY-24-0084) - Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

February 26, 2025

Amir Bassiri  
Medicaid Director  
New York State Department of Health  
One Commerce Plaza  
99 Washington Ave., Suite 1715  
Albany, NY 12211

Re: Approval of State Plan Amendment NY-24-0084 NYS CCO/HHS Serving Individuals with I/DD

Dear Amir Bassiri,

On December 31, 2024, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-24-0084 for NYS CCO/HHS Serving Individuals with I/DD to assure compliance to submit annual mandatory Health Home core set reporting for the State of New York. This reporting includes all quality measure data for the Health Home Core Set measures.

We approve New York State Plan Amendment (SPA) NY-24-0084 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Melvina Harrison at [melvina.harrison@cms.hhs.gov](mailto:melvina.harrison@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# NY - Submission Package - NY2024MS00090 - (NY-24-0084) - Health Homes

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## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00090 | NY-24-0084 | NYS CCO/HHs Serving Individuals with I/DD

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY-24-0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/31/2024
<b>Approval Date</b>	02/26/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

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### SPA ID and Effective Date

**SPA ID** NY-24-0084

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	12/31/2024	NY-17-0025

# NY - Submission Package - NY2024MS00090 - (NY-24-0084) - Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00090 | NY-24-0084 | NYS CCO/HHs Serving Individuals with I/DD

CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	NY-17-0025		
	System-Derived		

### Monitoring

**Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:**

The State will report on required New York State quality measures and CMS required quality measures in the same manner as required under the New York State Health Home Program. NYS will monitor cost savings from CCO/HHs through measures or preventable events, including potentially preventable readmissions (PPR), and potentially preventable emergency room visits (PPV). NYS will compare total costs of care for enrollees in health homes, including all services costs, health home costs and managed care capitation (where applicable) to similar cohorts that are not receiving Health Home services.

**Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).**

To facilitate the use of health information technology by CCO/HHs to improve service delivery and coordination across the care continuum. NY has developed initial and final HIT standards. Providers must meet the initial HIT standards to implement a CCO/HH. In addition, applicants must provide a plan to demonstrate how the final HIT standards will be achieved within no more than six months of the date the State designated CCO/HH is authorized to begin operations.

The initial standards require CCO/HHs to make use of available HIT for the following processes, as feasible:

1. Have a structured information systems, policies, procedures and practices to create, document, execute and update a plan or care for every individual
2. Have a systematic process to follow-up on tests, treatments, services and referrals which is incorporated into the individual's life plan :
3. Have a health record system which allows the individual health information and life plan to be accessible to the interdisciplinary team of providers and allow for population management and identification of gaps in care including preventive services: and
4. Make use of available HIT and access members' data through the RHIO or QE to conduct all processes

The final standards require CCO/HHs providers to use HIT for the following:

1. Have structured interoperable health information technology systems, policies, procedures and practices to support the creation, documentation, execution and ongoing management of a life plan for every individual;
2. Utilize an electronic health record system that qualifies under the Meaningful Use provisions or the HITECH Act that allows the individuals' health information and life plan to be accessible to the interdisciplinary team of providers. If the provider does not currently have such a system, they will have to provide a plan for when and how they will implement it. Health home providers will comply with all current and future versions of the Statewide Policy Guidance [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/shinny.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/shinny.htm) which includes common information policies, standards and technical approaches governing health information exchange;
3. Join regional health information networks or qualified health IT entities for data exchange and make a commitment to share information with all providers participating in a care plan. Regional Health Information Organization /Qualified Entities will be provided policy and technical services required for health information exchange through the Statewide Health Information Network of New York (SHIN-NY); and
4. Support the use of evidence based clinical decision- making tools, consensus guidelines and best practices to achieve optimal outcomes and cost avoidance. NY CCO/HHs will be encouraged to use wireless technology as available to improve coordination and management or care and enrollee individual adherence to recommendations made by their provider. This may include the use of cell phones, peripheral monitoring devices, and access individual care management records.

# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00090 | NY-24-0084 | NYS CCO/HHs Serving Individuals with I/DD

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## Quality Measurement and Evaluation

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Submission - Summary

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### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to submit mandatory Care Coordination Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Care Coordination Health Home Adult Behavioral Health measures and Care Coordination Health Home Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid and Fee for Service members as appropriate.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

#### Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">HCFA (24-0084)(CMS 12-31-24)</a>	12/13/2024 10:31 AM EST	
<a href="#">Authorizing Provisions (24-0084)(CMS 12-31-24)</a>	12/13/2024 10:34 AM EST	
<a href="#">Original Submission Letter (24-0084)(CMS 12-31-24)</a>	12/13/2024 10:34 AM EST	
<a href="#">Summary (24-0084)(CMS 12-31-24)</a>	12/13/2024 10:34 AM EST	

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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