

## **Table of Contents**

**State/Territory Name:** New York

**State Plan Amendment (SPA) #:** 24-0085

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

# NY - Submission Package - NY2024MS0008O - (NY-24-0085) - 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-24-0085 NYS Health Home Program

Dear Amir Bassiri,

On December 31, 2024, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-24-0085 for NYS Health Home Program to assure compliance with annual mandatory Health Home core set reporting for the State of New York. This reporting includes all quality measure data for measures on the Health Home Core Set.

We approve New York State Plan Amendment (SPA) NY-24-0085 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 - NY2024MS0008O - (NY-24-0085) - Health Homes

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0008O | NY-24-0085 | NYS Health Home Program

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	New York	Medicaid Agency Name:	Department of Health
-----------------------	----------	-----------------------	----------------------

### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0008O | NY-24-0085 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0008O	<b>SPA ID</b>	NY-24-0085
<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		

## SPA ID and Effective Date

**SPA ID** NY-24-0085

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	12/31/2024	NY-16-0034

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0008O | NY-24-0085 | NYS Health Home Program

## Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to submit mandatory Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Health Home Adult Behavioral Health measures and 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 (24-0085)(CMS 12-31-24)</a>	12/13/2024 10:36 AM EST	
<a href="#">Authorizing Provisions (24-0085)(CMS 12-31-24)</a>	12/13/2024 10:36 AM EST	
<a href="#">Original Submission Letter (24-0085)(CMS 12-31-24)</a>	12/13/2024 10:36 AM EST	
<a href="#">Summary (24-0085)(CMS 12-31-24)</a>	12/13/2024 10:36 AM EST	

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0008O | NY-24-0085 | NYS Health Home Program

## Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

## 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.

*This view was generated on 3/31/2025 10:31 AM EDT*

# NY - Submission Package - NY2024MS0008O - (NY-24-0085) - Health Homes

## Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0008O | NY-24-0085 | NYS Health Home Program

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	02/26/2025	Effective Date	12/31/2024
Superseded SPA ID	NY-16-0034		
	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:**

NYS will monitor cost savings from health homes through measures of preventable events, including PPRs, potentially preventable hospital admissions and potentially avoidable ER visits. These metrics are the same metrics for evaluation in section IX. Measures of preventable hospitalizations and avoidable ER will be calculated for the entire Medicaid program. Similar to Section VII, A, NYS will use health home rosters to calculate potential cost savings for enrollees in health homes.

NYS will also compare total costs of care for enrollees in health homes, including all services costs, health home costs and managed care capitation 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 health homes to improve service delivery and coordination across the care continuum, NY has developed initial and final HIT standards. Providers must meet the initial HIT standard to implement a health home. In addition, provider applicant must provide a plan in to achieve the final standards within eighteen months of program initiation in order to be approved as a health home provider.

The initial standards require health home providers 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 of care for every patient;
2. Have a systematic process to follow-up on tests, treatments, services and, and referrals which is incorporated into the patient's plan of care;
3. Have a health record system which allows the patient health information and plan of care 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. Is required to make use of available HIT and access members' data through the RHIO or QE to conduct all processes, as feasible.

The final standards require health home provider 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 plan of care for every patient;
2. Utilize an electronic health record system that qualifies under the Meaningful Use provisions of the HITECH Act that allows the patient's health information and plan of care 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 ([http://health.ny.gov/technology/statewide\\_policy\\_guidance.htm](http://health.ny.gov/technology/statewide_policy_guidance.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. For example, in New York the Office of Mental Health has a web and evidence based practices system, known as Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), which utilizes informatics to improve the quality of care, accountability, and cost-effectiveness of mental health prescribing practices in psychiatric centers.

NY health home providers will be encouraged to use wireless technology as available to improve coordination and management of care and patient adherence to recommendations made by their provider. This may include the use of cell phones, peripheral monitoring devices, and access patient care management records, as feasible.

To facilitate state reporting requirements to CMS, NY is working toward the development of a single portal to be used by health homes for submission of functional assessment and quality measure reporting to the State. Consideration is being given to also include a care management record, also accessed via the portal as an option for health home providers who currently do not have an electronic care management record system.

Significant investment has been made in New York's Health Information Infrastructure to ensure that medical information is in the hands of clinicians and New Yorkers to guide medical decisions and supports the delivery of coordinated, preventive, patient-centered and high quality care. Ongoing statewide evaluation designed to evaluate the impact of HIT on quality and outcomes of care is underway by the Office of Health Information Technology and Transformation.



# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0008O | NY-24-0085 | NYS Health Home Program

## Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	02/26/2025	Effective Date	12/31/2024
Superseded SPA ID	NY-16-0034		
System-Derived			

## 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.

*This view was generated on 3/31/2025 10:31 AM EDT*