

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 14-0030**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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DMCHO: JH:SPA-NY-14-0030-Approval

April 12, 2017

Jason Helgerson  
State Medicaid Director  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP 1211)  
Empire State Plaza  
Albany, New York 12237

Dear Mr. Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #14-0030 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2014. This State Plan Amendment proposes to eliminate the two percent (2%) Across-the-Board reduction for payments made under the State's non-institutional State Plan. However, this SPA does not eliminate the 2% Across-the-Board reduction for services provided by freestanding clinic providers.

Enclosed are copies of SPA #14-0030 and the HCFA-179 form, as approved.

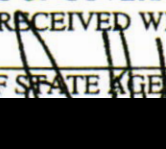
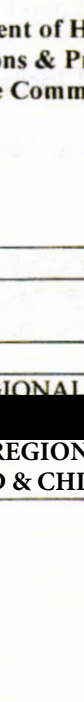
If you have any questions or wish to discuss this SPA further, please contact Joanne Hounsell at (212) 616-2446.

Sincerely,

  
Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form  
State Plan Pages

cc: J. Ulberg  
R. Deyette  
M. Levesque  
P. LaVenía  
S. Bass  
C. Wilson  
R. Weaver  
N. McKnight  
M. Varon  
S. Jew  
J. Hounsell  
M. Lopez  
J. Guhl  
R. Holligan

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>14-0030</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2014</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/14-09/30/14 <b>\$26,808.64</b> b. FFY 10/01/14-09/30/15 <b>\$53,617.27</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B: Page A(7.2), A(7.3), A(7.4)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 4.19-B: Page A(7.2), A(7.3), A(7.4)</b>	
10. SUBJECT OF AMENDMENT: <b>2% ATB Reduction (all other) (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health Bureau of Federal Relations &amp; Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>June 23, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>APRIL 12, 2017 -</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>APRIL 01, 2014</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			



**New York  
A (7.2)**

**2% Across the Board Payment Reduction- Effective 4/1/2013-3/31/[2015]2014**

- (1) For dates of service on and after April 1, 2013 and ending on March 31, [2015]2014, payments for services as specified in paragraph (2) of this Attachment will be reduced by 2%.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:
- a) Physician Services, except for those physician services provided in an office based setting. Page 1
  - b) Statewide Patient Centered Medical Home and the Adirondack Medical Home Multipayor Program for physicians, hospital based clinics and freestanding clinics. Pages 1(A)-1(A)(iii);  
1(c)(i)(A) -1(c)(i)(H)
  - c) E-prescription financial incentive payments to physicians, dentists, podiatrists, optometrists, nurse midwives, and nurse practitioners. Pages [1(A)(iii)-  
1(A)(viii)]  
1(a)(iv)-1(a)(viii)
  - d) Reimbursement for dental services, podiatrists, optometrists, chiropractic services, nurse midwives, nurse practitioners, and clinical psychologists; except for those services provided in an office based setting. Page 1(a)
  - [e] Methadone Maintenance Treatment Program (MMTP) services. Page 1(b)]
  - [f] e) Outpatient reimbursement for Acute Care Children's Hospitals. Pages 1(b)(i)-  
1(b)(iii)
  - [g] f) Ordered Ambulatory Services. Pages 1(c)-1(c)(i)
  - [h] Methadone maintenance Treatment Program (MMTP) services and day health care services rendered to patients with HIV/AIDS which are provided in Freestanding Clinics certified under Article 28 of the State Public Health Law. Page 1(c)-1(c)(i);  
1(c)(ii)-1(d)]

Note: For the services described on this page, the early termination of the 2% reduction effective March 31, 2014 does not apply to freestanding clinic providers. The termination of the 2% reduction for freestanding clinic providers will be effective March 31, 2015.

TN #14-0030  
Supersedes TN #13-0022

Approval Date APRIL 12, 2017 -  
Effective Date APRIL 01, 2014 -

**New York  
A (7.3)**

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|---|---|
| g) <u>Methadone Maintenance Treatment Program (MMTP) services.</u>  | Page 1(b)   |
| h) <u>Methadone Maintenance Treatment Program (MMTP) services and day health care services rendered to patients with HIV/AIDS which are provided in Freestanding Clinics certified under Article 28 of the State Public Health Law.</u>           | Pages 1(c)(ii)-1(d)   |
| i) Ambulatory Patient Group (APG) reimbursement for hospital outpatient departments, emergency departments, and ambulatory surgery services.  | Pages 1(e)(1)-1(p)  |
| j) Ordered Ambulatory Services performed by a freestanding clinic on an ambulatory basis.   | Pages 2-2(a)(ii)  |
| k) Services to AIDS/HIV positive patients provided in Hospital Outpatient Departments and Freestanding clinics.   | Pages 2(b)-2(b.1)   |
| l) Laboratory services.   | Page 4  |
| m) Home health services provided by Certified Home Health Agencies (CHHAs), including services to patients diagnosed with AIDS.   | Pages [4-4(a)(i)(2);<br>4(a)(ii)-4(b)] <u>4(1)-<br/>4(9); 4(a), 4(a)(i),<br/>4(a)(i)(A); 4(a)(1)-<br/>4(a)(2)</u> |
| n) Personal Emergency Response Services (PERS).   | Page 4(a)(i)(3)   |
| o) Services provided to Medically Fragile Children.   | Page 4(a)(i)(3)   |
| p) Home Telehealth Services provided by CH[A]HAs including those that provide AIDS home care services.  | Pages 4(a)(i)(4) –<br>4(a)(i)(5)  |
| q) Private Duty Nursing; including nursing services provided to medically fragile children and services provided to eligible residents of an adult home or enriched housing program that is issued a limited license by the Department of Health. | Pages 5-5(a)(i)   |
| r) Physical Therapy, except for those services provided in an office based setting.   | Page 5(a)(i)  |
| s) Occupational Therapy, except for those services provided in an office based setting.   | Page 5(a)(i)  |
| t) Eyeglasses and Other Visual Services.  | Page 5(b)   |
| u) Hearing Aid Supplies and Services.   | Page 5(b)   |
| v) Prosthetic and Orthotic Appliances.  | Page 5(b)   |
| w) Durable Medical Equipment.   | Page 6  |

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New York  
A (7.4)

- x) Medical/Surgical Supplies. Pages 5(b)(1)- 6
- y) Enteral Formula. Page 6
- z) Transportation. Page 6
- aa) Out of State Services for fee-based providers. Page 6(a)
- bb) Personal Care Services. Page[s] 6(a)(1)[-  
6(a)(iv)]
- cc) Case Management Services to Target Group F; Target Group A and E;  
Target Group C; and Target Group M. Pages 10(4)-  
10(5)(a); 11-11(C);  
11(g)
- dd) Preferred Physician and Children's Program. Pages 12(2)-  
12(3)
- ee) Medicaid Obstetrical and Maternal Services (MOMS). Page 12(4)
- ff) Child Teen Health Program. Page 12(5)
- gg) Emergency services for illegal aliens. Page 13
- hh) Primary Care Case Management. Page 16
- ii) Program of All-Inclusive Care for the Elderly (PACE). Page 17
- jj) Early and Periodic Screening, Diagnostic and Treatment Services  
(EPSDT). Pages 17(e)-17(i)

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