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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0066

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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 23, 2020

Donna Frescatore
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

RE: Approval of New York State Plan Amendment Transmittal Number 20-0066

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) Transmittal Number 20-0066 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2020. This SPA removes service limitations for physical therapy, occupational therapy, and speech-language therapy services in order to provide increased access to nonpharmacologic treatment alternatives for pain management.

Enclosed are copies of the approved SPA # 20-0066.

If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov. Ms. Tabakov may be reached at (212) 616-2503.

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 0 — 0 0 6 6

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

§1902(a) of the Social Security Act, and ~~42 CFR 447~~
42 CFR 440.110

7. FEDERAL BUDGET IMPACT

a. FFY 10/01/20-09/30/21 \$ 544.83

b. FFY 10/01/21-09/30/22 \$ ~~0.00~~ \$544.83

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment:

3.1-A Supp Page(s) 6, 7

3.1-B Supp Page(s) 6, 7

3.1-A Page 4

3.1-B Page 4

4.19-B Page 5(a)(i)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment:

3.1-A Supp Page(s) 6, 7

3.1-B Supp Page(s) 6, 7

3.1-A Page 4

3.1-B Page 4

4.19-B Page 5(a)(i)

10. SUBJECT OF AMENDMENT

Addressing Barriers To Opioid Care
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

September 29, 2020

16. 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 REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

09/29/2020

18. DATE APPROVED

12/16/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director,
Division of Program Operations

23. REMARKS

Pen and ink changes were made to boxes 6, 7, 8 and 9 as authorized by New York State on December 3, 2020

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

9. Clinic services.

[X] Provided: [] No limitations [X] With limitations *
[] Not provided.

10. Dental services.

[X] Provided: [] No limitations [X] With limitations *
[] Not provided.

11. Physical therapy and related services.

a. Physical Therapy

[X] Provided: [X] No limitations [[X]] With limitations
* [] Not provided.

b. Occupational Therapy

[X] Provided: [X] No limitations [[X]] With limitations
* [] Not provided.

**c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or audiologist).**

[X] Provided: [X] No limitations [[X]] With limitations
* [] Not provided.

* Description provided on attachment.

New York
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State/Territory: New York

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP (S): _____

8. Private duty nursing services.

Provided: No limitations With limitations *

9. Clinical services.

Provided: No limitations With limitations *

10. Dental services.

Provided: No limitations With limitations *

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations *

b. Occupational therapy.

Provided: No limitations With limitations *

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist

Provided: No limitations With limitations *

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations *

b. Dentures.

Provided: No limitations With limitations *

*Description provided on attachment.

TN #20-0066

Approval Date 12/16/2020

Supersedes TN #91-52

Effective Date October 1, 2020

**New York
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9. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

[Physical Therapy Services

- 11a. Effective on or after July 1, 2018 services are limited to coverage of forty visits per year, however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.

Occupational Therapy Services

- 11b. Effective on or after October 1, 2011 services are limited to coverage of twenty visits per year, however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.]

TN #20-0066

Supersedes TN #18-0021

Approval Date 12/16/2020

Effective Date October 1, 2020

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[Speech-Language Therapy Services

- 11c. Effective on or after October 1, 2011 are limited to coverage of twenty visits per year however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities. Or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency. or to nursing home inpatients receiving therapy in skilled nursing facilities in which they- reside. The benefit limit is not subject to review or exception.]
- 12a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Pharmacy Provider Manual. Such threshold requirements are applicable to specific provider service types including pharmacy for prescription items and their refills, over the counter medications, and medical/surgical supplies dispensed by a community or outpatient pharmacy. The requirements mandate that providers obtain prior authorization for the provision of services based on medical necessity in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

TN #20-0066

Approval Date 12/16/2020

Supersedes TN #11-0037

Effective Date October 1, 2020

New York
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9. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

[Physical Therapy Services

- 11a. Effective on or after July 1, 2018, services are limited to coverage of twenty visits per year; however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.

Occupational Therapy Services

- 11b. Effective on or after October 1, 2011 services are limited to coverage of twenty visits per year, however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.]

TN #20-0066

Approval Date 12/16/2020

Supersedes TN #18-0021

Effective Date 10/1/2020

New York
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[Speech-Language Therapy Services

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- 12a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Pharmacy Provider Manual. Such threshold requirements are applicable to specific provider service types including pharmacy for prescription items and their refills, over the counter medications, and medical/surgical supplies dispensed by a community or outpatient pharmacy. The requirements mandate that providers obtain prior authorization for the provision of services based on medical necessity in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

TN #20-0066

Approval Date 12/16/2020

Supersedes TN #11-0037

Effective Date 10/1/2020

New York
5(a)(i)

personal care and nursing services to residents of the adult home or enriched housing program governed by the terms of the limited license. The nursing services for which reimbursement shall be provided are: the administration of subcutaneous and/or Intramuscular injections and application of sterile dressings by a registered professional nurse, including associated nursing tasks, provided however, that the services provided are not services that must otherwise be provided to residents of adult home or enriched housing programs. Regional quarter hour rates are established utilizing average fees established for private duty nursing services for the respective regions.

Physical Therapy

Fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physical therapy services. The agency's fee rate schedule is effective for services provided on or after 10/1/2020. All rates are published online at https://www.emedny.org/ProviderManuals/RehabilitationSrvcs/PDFS/Rehabilitation_Fee_Schedule.pdf

Occupational Therapy

Fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of occupational therapy services. The agency's fee rate schedule is effective for services provided on or after 10/1/2020. All rates are published online at https://www.emedny.org/ProviderManuals/RehabilitationSrvcs/PDFS/Rehabilitation_Fee_Schedule.pdf

Speech Therapy

Fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of speech therapy services. The agency's fee rate schedule is effective for services provided on or after 10/1/2020. All rates are published online at https://www.emedny.org/ProviderManuals/RehabilitationSrvcs/PDFS/Rehabilitation_Fee_Schedule.pdf

TN #20-0066

Approval Date 12/16/2020

Supersedes TN #07-0001

Effective Date October 1, 2020