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# NY - Submission Package - NY2023MS00030 - (NY-23-0062) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, IL 60601



## Center for Medicaid & CHIP Services

September 12, 2023

Amir Bassiri  
Medicaid Director  
Department of Health  
99 Washington Ave.  
Albany, NY 12210

Re: Approval of State Plan Amendment NY-23-0062 NYS CCO/HHs Serving Individuals with I/DD

Dear Director Bassiri,

On June 30, 2023, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-23-0062 to reflect a four percent (4.0%) cost of living adjustment for Care Coordination Organization/Health Homes rates for individuals with intellectual and developmental disabilities.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 01, 2023.

If you have any additional questions or need further assistance, please contact Robert Bromwell at [robert.bromwell@cms.hhs.gov](mailto:robert.bromwell@cms.hhs.gov)

Sincerely,  
Todd McMillion  
Director, Division of Reimbursement  
Review  
Center for Medicaid & CHIP Services


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# NY - Submission Package - NY2023MS00030 - (NY-23-0062) - Health Homes

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2023MS00030	<b>Submission Type</b>	Official
<b>Program Name</b>	NYS CCO/HHs Serving Individuals with I/DD	<b>State</b>	NY
<b>SPA ID</b>	NY-23-0062	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Approved
<b>Submitted By</b>	Michelle Levesque	<b>Submission Date</b>	6/30/2023
<b>Package Disposition</b>		<b>Approval Date</b>	9/12/2023 12:40 PM EDT

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

### Package Header

<b>Package ID</b>	NY2023MS00030	<b>SPA ID</b>	NY-23-0062
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2023
<b>Approval Date</b>	09/12/2023	<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Superseded SPA ID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

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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<b>Approval Date</b>	09/12/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** NY-23-0062

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	4/1/2023	NY-22-0073
Health Homes Payment Methodologies	4/1/2023	NY-22-0073

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to adjust rates statewide to reflect a 4.0% Cost Of Living Adjustment for Care Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$4753464
Second	2024	\$9506927

#### Federal Statute / Regulation Citation

Part DD of Chapter 57 of the Laws of 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Fiscal Calculations (23-0062) CCO-HH 4% COLA - 5-12-23</a>	5/12/2023 4:12 PM EDT	

## Submission - Summary

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

CMS-10434 OMB 0938-1188

**The submission includes the following:**

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

**Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.**

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

NYS CCO/HHs Serving Individuals with I/DD

## Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

\*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Source Type Submission Package
<input type="checkbox"/>	Health Homes Intro	( APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	( APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	( APPROVED
<input type="checkbox"/>	Health Homes Providers	( APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	( APPROVED
<input type="checkbox"/>	Health Homes Payment Methodologies	( APPROVED
<input type="checkbox"/>	Health Homes Services	( APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	( APPROVED

**1 - 8 of 8**

1945A Health Home Program

# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

## Package Header



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### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">FPN-NYS Register (3-29-23)</a>	5/11/2023 2:12 PM EDT	
<a href="#">FPN Clarification 2023-2024 Federal Budget (06-27-23) (DOS)</a>	6/27/2023 9:46 PM EDT	



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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<b>Superseded SPA ID</b>	N/A		

**Name of Health Homes Program:**

NYS CCO/HHs Serving Individuals with I/DD

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
6/14/2023	paper mailing/electronic mail


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
6/14/2023	paper mailing/electronic mail

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
Tribal Consultation (23-0062) (Summary) (6-14-23)	6/14/2023 1:34 PM EDT	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits

Service delivery

Other issue

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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<b>Superseded SPA ID</b>	N/A		

## SAMHSA Consultation

### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

<b>Date of consultation</b>
4/1/2022

# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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<b>Superseded SPA ID</b>	NY-22-0073		
	User-Entered		

## Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

## Executive Summary

### Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

This State Plan Amendment proposes to adjust rates statewide to reflect a 4% Cost of Living Adjustment for Care Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities per Part DD of Chapter 57 of the Laws of 2023.

The New York State Department of Health (DOH), in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD), is seeking a new Health Home State Plan, effective July 1, 2018, to create and authorize Health Home care management for individuals with intellectual and/or developmental disabilities (I/DD). The goal of establishing Health Homes to serve the I/DD population is to provide a strong, stable, person-centered approach to holistic service planning and coordination required to ensure the delivery of quality care that is integrated and supports the needs of individuals with I/DD chronic conditions. The Health Home program authorized under this State Plan shall be known as the NYS Care Coordination Organizations/Health Homes (CCO/HHs) Serving Individuals with Intellectual and Developmental Disabilities (I/DD) Program (NYS CCO/HHs Serving I/DD) and Health Homes authorized under this State Plan shall be known as Care Coordination Organizations/Health Homes (CCO/HHs). As described in more detail, this SPA will establish requirements for the NYS CCO/HHs Serving I/DD Program, including establishing eligible I/DD Health Home chronic conditions; transitioning Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to Health Homes; establishing per member per month rates for Health Homes designated to serve members with I/DD; defining CCO/HHs core requirements, including Health Information Technology (HIT) requirements; establishing the processes for referring Medicaid members to CCO/HHs; and defining the requirements for providers to be eligible to be designated as CCO/HHs. The State Plan authorizes the statewide enrollment of individuals with eligible Developmental Disability conditions in designated CCO/HHs.

## General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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	User-Entered		

## Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Fee for Service Rates based on
    - Severity of each individual's chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other

**Describe below**  
see text box below regarding rates.

- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** see text below

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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	User-Entered		

### Agency Rates

#### Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

#### Effective Date

4/1/2023

#### Website where rates are displayed

[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/)

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

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	User-Entered		

### Rate Development

#### Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

**Comprehensive Description** Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care within your description please explain the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies  
Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

#### Care Management Fee

CCO/HH providers that meet State and federal standards will be paid a per member per month care management fee that is based on region, assessment data, residential status and other functional indicators. A unit of service will be defined as a billable unit per service month. To be reimbursed for a billable unit of service per month, CCO/HH providers must, at a minimum, provide active care management by providing at least one of the core health home services per month. Once an individual has been assigned a care manager and is enrolled in the CCO/HHs program, the active care management per member per month (PMPM) may be billed. Care managers must maintain the CCO/HHs consent forms and document all services provided to the member in the member's life plan. Upon enrollment in the program, Care Managers will attest in the State system the individual's consent to enroll in Health Homes. The CCO will maintain the consent form electronically within the individual's record in the Care Coordination system.

As described in the attachment CCO/HH Rate Setting Methodology, the care management PMPM will include four rate tiers. The rate tier of an individual is determined by region, the intensity of care coordination required to serve the individual and the residential/living setting of the individual. For enrollees who are new to the OPWDD service delivery system, there will be a separate tiered CCO/HH care management PMPM that may be billed for the first month of enrollment in CCO/HH for individuals who have never received a Medicaid-funded long-term service. The separate tiered rate includes costs related to preparing an initial life plan; an initial Medicaid application, if needed; and gathering documentation and records to support the I/DD diagnosis, that such I/DD condition results in substantial handicap and the individual's ability to function normally in society and level of care determination. The PMPM rate tiers are calculated based on total costs relating to the care manager (salary, fringe benefits, non-personal services, capital and administration costs) and, for each tier, caseload assumptions. The State will periodically review the CCO/HH payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services. In addition, based on operating experience, the State will make adjustments, as appropriate, to the PMPM.

#### Medicaid Service Coordinators (MSC) and Plan of Care Support Services (PCSS)

CCO/HH MSC and PCSS agencies that provide care management to individuals with developmental disabilities under the State Plan that convert to a CCO/HH or become part of a CCO/HHs will be paid the care management PMPMs described above.

All payment policies have been developed to assure that there is no duplication of payment for CCO/HH services.

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD






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	User-Entered		

## Assurances

- The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.
  - Describe below how non-duplication of payment will be achieved** All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.
- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

Name	Date Created	
2023 NI Rate SFQs (23-0062) (5-31-23)	6/14/2023 1:37 PM EDT	
Part DD 2023-24 Budget	6/22/2023 9:31 AM EDT	
Summary (23-0062)	6/22/2023 10:09 AM EDT	
HCFA (23-0062)(CMS 6-30-23)	6/30/2023 11:10 AM EDT	
Original Submission Letter (23-0062)(CMS 6-30-23)	6/30/2023 11:10 AM EDT	
		1 - 5 of 5



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 9/12/2023 12:48 PM EDT*