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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **21-0032**

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

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 12, 2023

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) 21-0032

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-21-0032. This amendment proposes to revise the State Plan to expand coverage of store and forward services for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 21-0032 was approved on December 12, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina.Harrison@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Regina Deyette

Pen and Ink changes for HCFA 179
NY SPA 21-0032

Box 4 Proposed Effective Date: April 1, 2023

Box 6 Federal Statute/Regulation Citation: §1905(a)(5)(A) Physicians Services'

Box 7: Federal Budget Impact

- a. FFY 04/01/23-09/30/23: \$0.00
- b. FFY 10/01/23-09/30/24: \$0.00

Box 8: Page Number of the Plan Section or Attachment:

Attachment 3.1-A Supp Page 2(a)(ii)(c)
Attachment 3.1-B Supp Page 2(a)(ii)(c)
Attachment 4.19-B: Page 4(a)(i)(6)

Box 9: Page Number of the Superseded Plan Section or Attachment (if applicable)

Attachment 3.1-A Supp Page 2(a)(ii)(c)
Attachment 3.1-B Supp Page 2(a)(ii)(c)
Attachment 4.19-B: Page 4(a)(i)(6)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 3 2

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

~~April 1, 2021~~ April 1, 2023

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

~~Public Health Law § 2999-cc(6) and Social Services Law § 367-u(2)~~ §1905(a)(5)(A) Physicians Services'

7. FEDERAL BUDGET IMPACT

a. FFY ~~04/01/21-09/30/21-23~~ ²³ \$ ~~(6,517.50)-~~ 0.00

b. FFY ~~10/01/21-09/30/22~~ ²⁴ \$ ~~-(16,087.50)~~ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 3.1-A Supp Page 2(a)(ii)(d)(c)
3.1-B Supp Page 2(a)(ii)(d) (c)
4.19-B Page 4(a)(i)(6)

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

Attachment: 3.1-A Supp Page 2(a)(ii)(d)(c)
3.1-B Supp Page 2(a)(ii)(d) (c)
4.19-B Page 4(a)(i)(6)

10. SUBJECT OF AMENDMENT

Telehealth Expansion of Store and Forward Coverage (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

June 29, 2021

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

06/29/2021

18. DATE APPROVED

12/12/2023

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2023

20. SIGNATURE

21. TYPED NAME

Ruth A. Hughes

22. TITLE

Acting Director, Division of Program Operations

23. REMARKS

Box 4 Proposed Effective Date: April 1, 2023

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Attachment 4.19-B: Page 4(a)(i)(6)

New York
2(a)(ii)(c)

Telehealth Services – Store and Forward

1905(a)(5)(A) Physicians Services'

Telehealth store and forward technology is the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images, including medical records and/or pre-recorded videos from a provider at an originating site to a consulting provider at a distant site.

Reimbursement for telehealth store and forward services is to be provided for Medicaid patients with conditions or clinical circumstances where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

Effective on or after April 1, 2023, store and forward technology will include interprofessional consultations. The purpose of providing interprofessional consultations via telehealth is to assist the originating site provider in the management of patients whose medical needs are outside of the originating provider's expertise and/or scope of practice.

All services delivered via telehealth store and forward technology must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by store and forward technology, including the actual transmission of health care data and any other electronic information/records.

TN #21-0032

Approval Date 12/12/2023

Supersedes TN #18-0043

Effective Date April 1, 2023

New York
2(a)(ii)(c)

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