

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 26, 2012

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #12-08
Non-Institutional Services

Dear Mr. Melendez:

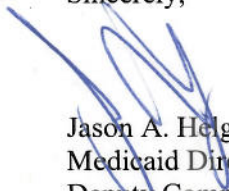
The State requests approval of the enclosed amendment #12-08 to the Title XIX (Medicaid) State Plan for non-institutional services, effective April 2, 2012 (Appendix I). A summary of the plan amendment is provided in Appendix II.

The State of New York is terminating the reimbursement of Medication Therapy Management (MTM) services under the New York State Medicaid MTM fee-for-service Pilot Program due to very little enrollment into the program. In addition, the State's overall strategy to move fee-for-service members to managed care runs counter to any additional program development and/or expansion.

A copy of the public notice of this plan amendment, which was given in the New York State Register on February 22, 2012, is also enclosed for your information (Appendix III).

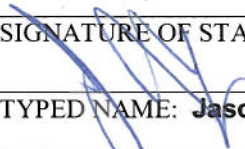
If you have any questions regarding this State Plan submission, please do not hesitate to contact John E. Ulberg Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting at (518) 474-6350.

Sincerely,



Jason A. Helgerson
Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-08	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 2, 2012	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: NYS Social Svcs Law §367-a(9)(h) & §1915(b) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/12-09/30/12 \$0 b. FFY 10/01/12-09/30/13 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-C: Page 11 Attachment 4.19-B: Page 4(f)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-C: Page 11 Attachment 4.19-B: Page 4(f)	
10. SUBJECT OF AMENDMENT: Termination of Medication Therapy Management (MTM) Services (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: March 26, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2012 Title XIX State Plan
First Quarter Amendment
Non-Institutional Services
Amended SPA Pages

Type of Service: Pharmacy Medication Therapy

Method of Reimbursement:

Fee schedule developed by the Department of Health and approved by the Division of Budget. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers of medication therapy management services. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State pharmacy provider manual available and is also available at http://nyhealth.gov/health_care/medicaid/program/mtm/index.htm. The agency's fee schedule was set as of December 29, 2008 and is effective for services provided on or after January 6, 2010.

Effective April 2, 2012 the Medicaid Medication Therapy Management (MTM) Pilot Program will cease and fee-for-service reimbursement for MTM services will end.

TN # 12-08 Approval Date _____

Supersedes TN # 09-08 Effective Date _____

5. Assurances

The State assures EPSDT services will be provided to individuals under 21 years old who are covered under the State Plan under section 1902(a)(10)(A).

Through Benchmark only

As an Additional benefit under section 1937 of the Act

The State assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).

The State assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.

The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.

All modes of transportation are available to Medicaid enrollees, when necessary to access care and service covered under the Medicaid Program. Medicaid transportation is an optional item of medical assistance, per New York **Social Services Law** at § 365-a. Implementation of this law is found at **Title 18 New York Code of Rules and Regulation** at section 505.10 and is on file in New York's State Plan.

6. Economy and Efficiency of Plans

The State assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

7. Compliance with the Law

The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.

8. Implementation Date _____

The State will implement this State Plan amendment on | **January 6, 2010** | (*date*).

Effective April 2, 2012 the Medicaid Medication Therapy Management (MTM) Pilot Program will cease and fee-for-service reimbursement for MTM services will end.

TN#: #12-08
Supersedes TN#: #09-08

Approval Date: _____
Effective Date: _____

Appendix II
2012 Title XIX State Plan
First Quarter Amendment
Non-Institutional Services
Summary

SUMMARY
SPA 12-08

The State Plan Amendment proposes to terminate the reimbursement of Medication Therapy Management (MTM) services under the New York State Medicaid MTM fee-for-service Pilot Program, effective April 2, 2012.

There has been very little enrollment into the program, and the State's overall strategy to move fee-for-service members into managed care runs counter to any additional program development and/or expansion.

**Appendix III
2012 Title XIX State Plan
First Quarter Amendment
Non-Institutional Services
Public Notice**

Albany, NY 12203, Schellie.tedesco@dcjs.state.nys.us, (518) 457-3670, Fax: (518) 485-0909

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan, effective on or after April 1, 2012 through December 31, 2012 and for annual periods beginning January 1 thereafter, to authorize the Commissioner of Health to seek federal approval to make disproportionate share hospital (DSH) payments to voluntary non-profit general hospitals for services in mental health and alcoholism and substance abuse service programs. The general hospital(s) shall provide the documentation and supporting data as the Commissioner deems necessary. The federal matching funds received for approved DSH shall be remitted to the voluntary hospitals.

Effective April 1, 2012 and for all calendar year periods thereafter, payments shall be made based on data from the cost reports filed with the NYS Department of Health for the period two years prior to the fiscal period. The medical assistance payments are based on costs incurred in excess of revenues by general hospitals in providing services in eligible programs to uninsured patients and patients eligible for medical assistance. Such payments shall be determined based on the percentage of visits provided to Medicaid and uninsured individuals to total visits in eligible programs multiplied by the amount of cost in excess of revenues for such programs, except that such payments shall not exceed current payments to said programs.

There is no estimated annual net aggregate increase or decrease in gross Medicaid expenditures attributable to this proposed initiative for State fiscal year 2011/2012.

Copies of the proposed state plan amendment will be available for public review on the Department's website at: http://www.health.ny.gov/regulations/state_plans/status

In addition, copies will be on file in each local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

The public is invited to review and comment on this proposed state plan amendment.

For further information and to review and comment, please contact: Bureau Director, Department of Health, Bureau of HCRA Operations & Financial Analysis, Corning Tower Bldg., Rm. 984, Empire State Plaza, Albany, NY 12237, (518) 474-1673, (518) 473-8825 (FAX), spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services as follows:

Effective April 2, 2012, the Medicaid Medication Therapy Management (MTM) Pilot Program will cease and fee-for-service provider reimbursement for MTM services, pending federal approval, will end.

It is anticipated there will be no estimated increase or decrease to gross Medicaid expenditures as a result of the proposed amendment.

Copies of the proposed state plan amendment will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

Copies of the proposed state plan amendments will be available for public review on the Department's website at: http://www.health.ny.gov/regulations/state_plans/status

In addition, copies will be on file in each local (county) social services district.

For further information and to review and comment, please contact: Patricia A. Keller, Rph., Department of Health, Office of Health Insurance Programs, Division of Policy and Program Guidance, Empire State Plaza, Rm. 720, Corning Tower, Albany, NY 12237, (518) 474-9219, (518) 473-5508 (FAX), PAK04@health.state.ny.us

PUBLIC NOTICE

Department of State Routine Program Change

STATEWIDE - Pursuant to 15 CFR 923.84(b)(4), the New York State Department of State (DOS) hereby gives notice that the federal Office of Ocean and Coastal Resource Management (OCRM) concurred on December 6, 2011 on the incorporation of an amendment to the Village of Lewiston Local Waterfront Revitalization Program (LWRP) into the State's Coastal Management Program (CMP) as a Routine Program Change. DOS requested OCRM's concurrence on this action in a letter dated November 2, 2011, and in a previous notice in the New York State Register, which further described the content of the action.

The Village prepared its LWRP amendment in partnership with the New York State Department of State, and in accordance with the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act and the New York State Coastal Management Program. The Village of Lewiston LWRP amendment did not propose any changes to the State coastal area boundary, which incorporates the