NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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
New York, New York 10278

SEP 2 8 2018

RE: SPA #18-0058
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #18-0058 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2018 (Appendix I). This amendment is being submitted based on State regulation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

Copies of pertinent sections of State regulation are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on June 27, 2018 is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

[redacted]

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: **18-0058**	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 **July 1, 2018**	

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: **§1915(g) of the Social Security Act**	7. FEDERAL BUDGET IMPACT: **(in thousands)** **a. FFY 07/01/18-09/30/18 $ 0** **b. FFY 10/01/18-09/30/19 $ 0**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Supplement 1 to Attachment 3.1-A: – 1-B.1, 1-B.2, 1-B.3, 1-B.4, 1-B.5, 1-B.6, 1-B.7** **Supplement 1 to Attachment 3.1-A: Replacement Pages – 1-B.1, 1-B.2, 1-B.3, 1-B.4, 1-B.5, 1-B.6, 1-B.7** **Attachment 4.19-B – Page 3(h.15)**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Supplement 1 to Attachment 3.1-A: Old pages – 1-B.1, 1-B.2, 1-B.3, 1-B.4, 1-B.5, 1-B.6, 1-B.7** **Supplement 1 to Attachment 3.1-A: Replacement Pages – 1-B.1, 1-B.2, 1-B.3, 1-B.4, 1-B.5, 1-B.6, 1-B.7**

10. SUBJECT OF AMENDMENT:
OPWDD MSC
(FMAP = 50%)

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATU[redacted]L:	16. RETURN TO: **New York State Department of Health** **Division of Finance & Rate Setting** **99 Washington Ave – One Commerce Plaza** **Suite 1432** **Albany, NY 12210**
13. TYPED NAME: **Donna Frescatore**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: SEP 2 8 2018	

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:

Attachment 1 – FULL PAGES BEING REPLACED

Supplement 1 to Attachment 3.1-A – Pages:

1-B.1, 1-B.2, 1-B.3, 1-B.4, 1-B.5, 1-B.6, 1-B.7

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

Persons enrolled in Medical Assistance who:

(1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and

(2) Are in need of ongoing and comprehensive service coordination, which means that the person requires the assistance of Medicaid Service Coordination to assist in coordinating the Medicaid-funded Long Term Supports that the person receives or would benefit from receiving, and

(3) Have chosen to receive the services, and

(4) Reside in their own or family home, live in an OPWDD certified residence (Individualized Residential Alternative, Community Residence or Family Care Home). However, persons who receive MSC and are receiving institutional care reimbursed under the Medical Assistance Program may continue to receive Medicaid service coordination for up to 30 days when persons are temporarily institutionalized, and when the admission to the institution is initially expected to be 30 days or less.

___ **Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 0 (zero) consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)**

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

___ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).]

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include**
  - **Gathering pertinent individual and family history;**
  - **identifying the individual's needs and completing related documentation; and**
  - **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**

Assessment activities include taking the person's history, identifying needs of the individual, and completing related documentation. It also includes gathering information from other sources such as family members, medical providers, clinical assessments, educators, and other individuals/providers associated with the person, if necessary, to form a complete assessment (i.e., picture) of the person and his/her needs and goals. Re-assessment should occur when the Individualized Service Plan (ISP) is reviewed semi-annually or more frequently if necessary based on the changing needs of the person or his or her request for a reassessment.

- **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
  - **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
  - **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
  - **identifies a course of action to respond to the assessed needs of the eligible individual;**

- **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including]**

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[

- **activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**

❖ **Monitoring and follow-up activities:**

- **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
  - **services are being furnished in accordance with the individual's care plan;**
  - **services in the care plan are adequate; and**
  - **changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.**

This is the ongoing service provided by the service coordinator. It includes:

- Assessing the person's satisfaction with his or her supports and services as identified within the ISP, including the Service Coordination Agreement, and making adjustments as necessary;
- Supporting the person towards achievement of valued outcomes;
- Establishing and maintaining an effective communication network with service providers;
- Keeping up to date with changes, choices, temporary setbacks;
- Accomplishments relating to the persons supports and services as reflected in the ISP;
- Managing through difficulties or problems or crises as they occur;
- Assisting the person in assuring that his or her rights, protections and health and safety needs are met pursuant to state law and regulations;
- Keeping the ISP document including the Service Coordination Agreement, current by adapting it to change; and
- Reviewing the ISP at least semi-annually.]

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

OPWDD approval of MSC providers is based on the following factors:

- The applying agency is a non-profit or a government agency. Through December 31, 2014, governmental agencies eligible to provide MSC included the Office for People With Developmental Disabilities.
- Effective January 1, 2015, the Office for People With Developmental Disabilities ceased provision of Medicaid Service Coordination.
- The applying agency has experience serving persons with developmental disabilities.
- The applying agency is fiscally viable.
- The applying agency has a history of providing quality services and does not have ongoing program deficiencies.
- A need exists for MSC service providers.

Service Coordinators must possess the following minimum education:

- An associate's degree in a health or human services field from an accredited college or university or a degree in nursing as a Registered Nurse (RN).
- An individual with credits toward a bachelor's degree may meet this educational requirement by providing a letter from his or her college verifying that he/she has completed course work equivalent to an associate's degree both in the total number of credits received and the number of credits earned in a health or human services field. An associate's degree is usually equal to 60 credits.
- An individual with an associate's degree or a bachelor's degree or who has a minimum of 60 credits toward a bachelor's degree in a field other than health or human services may meet this educational requirement if a minimum of 20 of his/her college credits are in health and human services. The vendor agency should review the individual's college transcript to verify that the educational requirements have been met and retain this documentation.]

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[Service Coordinators who serve Willowbrook Class members must be Qualified Intellectual Disabilities Professionals (QIDP).

At a minimum, Service Coordinators must possess the following experience:
- One year experience working with people with developmental disabilities, or
- One year experience as a Service Coordinator/Case Manager with any population.

The minimum experiential level does not have to be met if the person has a master's degree in a health or human services field.

An exception to the education requirement is allowed for Service Coordinators with experience as a Service Coordinator beginning prior to March 1, 2000. MSC was implemented on March 1, 2000 and consolidated and replaced two earlier OPWDD service coordination programs, Comprehensive Medicaid Case Management (CMCM) and Home and Community Based Services Waiver Service Coordination. As of March 1, 2000, Service Coordinators who were qualified to provide services under one of these earlier programs were automatically eligible to provide MSC.

Freedom of choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. **Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.**
2. **Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**

Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt]

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[

- **of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

Payment (42 CFR 441.18(a)(4)):
Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
__X__ Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Entities eligible for enrollment as a provider of Medicaid Service Coordination are non-profit or a government agency. This limitation is based upon the need for Medicaid Service Coordination providers to have experience in New York State coordinating services for individuals with Intellectual and Developmental Disabilities.]

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

[Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

While the activities of Medicaid Service Coordination secure access to an individual's needed services, the activities of service coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.]

Appendix I
2018 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

Persons enrolled in Medical Assistance who:

(1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and

(2) Are in need of the support of Care Manager to assist in coordinating the Medicaid-funded Long Term Supports that the person receives or would benefit from receiving, and

(3) Have chosen to receive the services and not to receive comprehensive Health Home Care Management through the Health Home model, and

(4) Reside in their own or family home, live in an OPWDD certified residence (Individualized Residential Alternative, Community Residence or Family Care Home). However, persons who receive Basic Home and Community-Based Services (HCBS) Plan Support and are receiving institutional care reimbursed under the Medical Assistance Program may continue to receive Basic HCBS Plan Support for up to 30 days when persons are temporarily institutionalized, and when the admission to the institution is initially expected to be 30 days or less.

___ **Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 0 (zero) consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)**

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

___ Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include**
  - **Gathering pertinent individual and family history;**
  - **identifying the individual's needs and completing related documentation; and**
  - **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**

Assessment activities include taking the person's history, identifying needs of the individual, and completing related documentation. It also includes gathering information from other sources such as family members, medical providers, clinical assessments, educators, and other individuals/providers associated with the person, if necessary, to form a complete assessment (i.e., picture) of the person and his/her needs and goals. Re-assessment should occur when the care plan (known as an Individualized Service Plan (ISP) or Life Plan) is reviewed semi-annually or more frequently if necessary based on the changing needs of the person or his or her request for a reassessment. The Care Manager may recommend an individual seek more comprehensive services through the Health Home model if the needs of the individual require more frequent reviews and re-assessments than is available under this option. Basic HCBS Plan Support provides care management and does not provide the comprehensive, core services available through the Health Home model. The individual may choose to enroll in the Health Home service at any time. A request to change from between Basic HCBS Plan Support and Health Home Care Management may be submitted to the OPWDD Development Disabilities Regional Office (DDRO) which can authorize the new service for the first date of the following month.

- **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
  - **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
  - **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
  - **identifies a course of action to respond to the assessed needs of the eligible individual;**

- **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- **Monitoring and follow-up activities:**
  - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
    - **services in the care plan are adequate; and**
    - **changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.**

  This is the service provided by the Care Manager. It includes direct contacts on a bi-annual or up to a quarterly basis:
  - Assessing the person's satisfaction with his or her supports and services as identified within the care plan, known as an ISP or Life Plan, and making adjustments as necessary;
  - Supporting the person towards achievement of valued outcomes;
  - Establishing and maintaining an effective communication network with service providers;
  - Keeping up to date with changes, choices, temporary setbacks;
  - Accomplishments relating to the persons supports and services as reflected in the ISP or Life Plan;
  - Managing through difficulties or problems or crises as they occur;
  - Assisting the person in assuring that his or her rights, protections and health and safety needs are met pursuant to state law and regulations;
  - Keeping the ISP or Life Plan document current by adapting it to change; and
  - Reviewing the ISP or Life Plan at least semi-annually.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Effective 07/01/2018, provider organizations will be known as CCO/HH. The following are the general provider qualifications under the Health Home model:

- CCO/HH providers must be enrolled (or be eligible for enrollment) in the NYS Medicaid program and agree to comply with all Medicaid program requirements and CCO/HH standards, requirements and guidance issued by the State.
- CCO/HH providers eligible to deliver Basic HCBS Plan Support must also be designated by NYSDOH and the OPWDD to deliver Health Home Care Management Services and Basic HCBS plan support.
- CCO/HH providers must also have:
    - the capacity to conduct IT-enabled planning services for the I/DD population; and
    - a Regional Network for referrals to developmental disability, health and behavioral health services.

Effective 07/01/2018, Care Managers will be regulated by the Health Home model. The following are the educational and experience qualifications a Care Manager employed by the CCO/HH.

1) A Bachelor's degree with two (2) years of relevant experience, OR

2) A License as a Registered Nurse with two (2) years or relevant experience, which can include any employment experience and is not limited to case management/service coordination duties OR

3) A Master's degree with one (1) year of relevant experience.

To support the transition to CCO/HH and Basic HCBS Plan Support services, the following special allowance is made for Care Managers who served as a MSC Service Coordinator and do not meet the above educational requirements.

1) Care Managers who served as an MSC Service Coordinators prior to July 1, 2018 are "grandfathered" to facilitate continuity for the individual receiving coordination. Documentation of the employee's prior status as an MSC Service Coordinator may include a resume or other record created by the MSC Agency or the CCO/HH demonstrating that the person was employed as an MSC Service Coordinator prior to July 1, 2018.
2) CCO/HHs will be required to provide the CCO/HH core services training for current MSC Service Coordinators transitioning to CCO/HH Care Management and who do not meet the minimum education and experience requirements. Such training shall be provided by the CCO/HH within one (1) year of contracting with an MSC Service

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Coordinator. The CCO/HH will adjust training activities for Care Managers serving individuals enrolled in Basic HCBS Plan Support, but all Care Managers must be able to deliver both the Health Home Care Management service and Basic HCBS Plan Support.

Care Managers who serve Willowbrook Class members must be Qualified Intellectual Disabilities Professionals (QIDP).

Freedom of choice (42 CFR 441.18(a)(1):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. **Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.**
2. **Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):
The State assures the following:

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**
- **Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

Payment (42 CFR 441.18(a)(4)):
Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
X Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

A CCO/HH is a Health Home that is tailored to meet the needs of individuals with intellectual and/or developmental disabilities (I/DD). CCO/HHs will be designated by the NYSDOH in collaboration with the NYS OPWDD. CCO/HHs and Care Managers provide person-centered care management, planning and coordination services that are tailored specifically to help people with I/DD and their families coordinate all services.

Effective 07/01/2018, entities must demonstrate they are controlled (at least 51 percent) by one or more non-profit organizations with a history of providing or coordinating developmental disability, health, and long-term care services to persons with II/DD, including MSC and/or I/DD long term supports and services (LTSS). New York State's expectation is that the governance structure and leadership of the I/DD Health Home (board members and officers) will have extensive experience coordinating care for individuals with I/DD in New York State; prior experience in overseeing and operating entities that have delivered MSC or I/DD HCBS waiver services to individuals with I/DD, and are in good standing with the State.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §44[1]0.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §44[1]0.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

While the activities of Care Managers secure access to an individual's needed services, the activities of care coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

New York
Page 3(h.15)

Effective July 1, 2018 the following fees will be in effect for the Targeted Case Management Service. One unit of Basic HCBS Plan Support may be billed per quarter (up to four units per year).

Rate Code	Rate Code Definition	Locator Code	Fee
5210	Basic HCBS Plan Support- initial	03	$729.73
5210	Basic HCBS Plan Support-on-going	04	$243.24

Appendix II
2018 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #18-0058

This State Plan Amendment implements changes to sunset provisions of SPA 12-0030 pertaining to the Medicaid Service Coordinator Program, and put into place the Basic HCBS Plan Support as a replacement for those persons electing NOT to enroll in a Health Home. Also prescribes provider qualifications for provision of the Basic HCBS Plan Support benefit.

Appendix III
2018 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 18-0058

MHL 13.07(a)
The office for people with developmental disabilities shall assure the development of comprehensive plans, programs, and services in the areas of research, prevention, and care, treatment, habilitation, rehabilitation, vocational and other education, and training of individuals with developmental disabilities. Such plans, programs, and services shall be developed by the cooperation of the office, other offices of the department where appropriate, other state departments and agencies, local governments, community organizations and agencies providing services to individuals with developmental disabilities, their families and representatives. It shall provide appropriate facilities, programs, supports and services and encourage the provision of facilities, programs, supports and services by local government and community organizations and agencies.

MHL 13.09(b)
The commissioner shall adopt rules and regulations necessary and proper to implement any matter under his jurisdiction. In promulgating rules and regulations, the commissioner shall comply with the requirements of subdivision (e) of section 13.05 of this article.

MHL 16.00
This article sets forth provisions enabling the commissioner of the office for people with developmental disabilities to regulate and assure the consistent high quality of services provided within the state to its citizens with developmental disabilities. The commissioner may adopt and promulgate any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by this article. This article shall govern the operation of programs, provision of services and the facilities hereinafter described and the commissioner's powers and authority with respect thereto, and shall supersede, as to such matters, sections of article thirty-one that are inconsistent with the provisions of this chapter.

Appendix IV
2018 Title XIX State Plan
Third Quarter Amendment
Public Notice

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 to reflect changes in its non-institutional Targeted Case Management program for Individuals with Intellectual and/or Developmental Disabilities. This amendment will allow federal financial participation for the Basic Home and Community Based (HCB) Plan Support Care Management program that will be provided by Care Coordination Organizations (CCOs).

Non-Institutional Services

The basis for this program change is to ensure that individuals who have an intellectual and/or developmental disability have the choice to receive an alternative to Health Home Care Management services provided by regional Care Coordination Organizations (CCOs) effective on or after July 1, 2018.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the proposed amendment.

The public is invited to review and comment on this proposed State Plan amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any 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

Copies will also be available at the following places:

Finger Lakes DDRO
620 Westfall Rd., Suite 108
Rochester, NY 14620

Western NY DDRO
1200 East and West Rd.
West Seneca, NY 14224

Broome DDRO
229-231 State St., 2nd Floor
Binghamton, NY 13901

Central NY DDRO
187 Northern Concourse
North Syracuse, NY 13212

Sunmount DDRO
2445 State Route 30
Tupper Lake, NY 12986

Capital District DDRO
500 Balltown Rd.
Schenectady, NY 12304

Hudson Valley DDRO
9 Wilbur Rd.
Thiells, NY 10984

Taconic DDRO
38 Firemens Way
Poughkeepsie, NY 12603

Bernard Fineson DDRO
PO Box 280507
Queens Village, NY 11428-0507

Metro NY DDRO/Bronx
2400 Halsey St.
Bronx, NY 10461

Brooklyn DDRO
888 Fountain Ave., Bldg. 1, 2nd Fl.
Brooklyn, NY 11239

Metro NY DDRO/Manhattan
25 Beaver St., 4th Floor
New York, NY 10004

Staten Island DDRO
1150 Forest Hill Rd., Bldg. 12, Suite A
Staten Island, NY 10314-6316

Long Island DDRO
415-A Oser Ave.
Hauppauge, NY 11788

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov and Office for People With Developmental Disabilities, Division of Person Centered Services, 44 Holland Ave., Albany, NY 12229

PUBLIC NOTICE
New York City Deferred Compensation Plan & NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide unbundled recordkeeping services for the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Thursday, June 7, 2018. Responses are due no later than 4:30 p.m. Eastern Time on Tuesday, July 17, 2018. To obtain a copy of the RFP, please visit www1.nyc.gov/site/olr/about/about-rfp.page and download the RFP along with the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, proposals from New York City certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with New York City certified minority-owned and/or women-owned firms are

Appendix V
2018 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #18-0058

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. **Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

   Response: The State retains the total Medicaid payments for OPWDD provided MSC services.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in**

accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- **(i) a complete list of the names of entities transferring or certifying funds;**
- **(ii) the operational nature of the entity (state, county, city, other);**
- **(iii) the total amounts transferred or certified by each entity;**
- **(iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
- **(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

Response: State tax revenues are the source of funds for the state share for MSC services delivered by OPWDD. The non-federal share is appropriated to the DOH and paid to OPWDD along with the federal share.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

   Response: There are no supplemental payments associated with this amendment.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**

   Response: This state plan amendment does not apply to outpatient hospital or clinic services.

5. **Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

   Response: The rate paid to MSC providers will not exceed the reasonable cost of providing services.

ACA Assurances:

1. **Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect**

any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

MOE Period.

- **Begins on: March 10, 2010, and**
- **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. **Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

   Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

   Response: This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. **Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

   Response: The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes

or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

a) **Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**

b) **Please include information about the frequency inclusiveness and process for seeking such advice.**

c) **Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.