



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Mr. Ray Halbritter  
Nation Representative  
Oneida Indian Nation  
528 Patrick Road  
Verona, NY 13478

Dear Mr. Halbritter:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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**JAMES V. McDONALD, M.D., M.P.H.**  
Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Sidney Hill  
Onondaga Nation Territory –  
Administration  
Hemlock Road, Box 319-B  
Nedrow, NY 13120

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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US Dept. of Health and Human Services

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**JAMES V. McDONALD, M.D., M.P.H.**  
Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Bryan Polite  
Council of Trustees Chairman  
Shinnecock Indian Nation Tribal Office  
P.O. Box 5006  
Southampton, NY 11969-5006

Dear Mr. Polite:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Office of Health Insurance Programs

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**JAMES V. McDONALD, M.D., M.P.H.**  
Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Roger Hill, Council Chairman  
Tonawanda Seneca Indian Nation  
Administration Office  
7027 Meadville Road  
Basom, NY 14013

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Tom Jonathan  
5226 Walmore Road  
Lewiston, NY 14092

Dear Chief Johnathan:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Medicaid Director  
Office of Health Insurance Programs

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Kenneth Patterson  
Tuscarora Indian Nation  
1967 Upper Mountain Road  
Lewiston, NY 14092

Dear Chief Patterson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Harry Wallace  
Unkechaug Indian Territory  
207 Poospatuck Lane  
Mastic, NY 11950

Dear Chief Wallace:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Medicaid Director  
Office of Health Insurance Programs

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Mr. Clint Halftown  
Nation Representative  
Cayuga Nation  
P.O. Box 803  
Seneca Falls, NY 13148

Dear Mr. Halftown:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Ronald Lafrance, Jr.  
Saint Regis Mohawk Tribe  
412 State Route 37  
Akwesasne, NY 13655

Dear Chief Lafrance:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
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**JAMES V. McDONALD, M.D., M.P.H.**  
Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Chief Beverly Cook  
St. Regis Mohawk Tribe  
412 State Route 37  
Akwesasne, NY 13655

Dear Chief Cook:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director  
Office of Health Insurance Programs

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US Dept. of Health and Human Services

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Latasha Austin  
Keeper of Records  
Unkechaug Indian Territory  
P.O. 86  
Mastic, NY 11950

Dear Ms. Austin:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Office of Health Insurance Programs

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Eugene E. Cuffee II  
Sachem  
Shinnecock Indian Nation Tribal Office  
P.O. Box 5006  
Southampton, NY 11969-5006

Dear Mr. Cuffee:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Tim Twoguns  
Nation Representative  
Cayuga Nation  
P.O. Box 803  
Seneca Falls, NY 13148

Dear Mr. Twoguns:

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**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Gary Wheeler  
Nation Representative  
Cayuga Nation  
P.O. Box 803  
Seneca Falls, NY 13148

Dear Mr. Wheeler:

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**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Maurice A. John Sr.  
President  
Seneca Nation of Indians  
P.O. Box 231  
Salamanca, NY 14779

Dear Mr. John Sr.:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

April 4, 2023

Melissa Oakes  
Executive Director  
American Indian Community House  
39 Eldridge Street, 4th Floor  
New York, NY 10002

Dear Ms. Oakes:

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NYSDOH American Indian Health Program



**SUMMARY**  
**SPA #20-0083**

This State Plan Amendment proposes to provide Supplemental Payments to the following providers to address the critical Direct Support Professional (DSP) shortage stemming from the COVID-19 emergency.

- Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)
- Intermediate Care Facilities for Individuals with Intellectual and/or Developmental Disabilities (ICF/IID)
- Day Services, including Day Treatment and Vocational Services, for Individuals Residing in an ICF/IID
- Rehabilitation Agencies (known as Article 16 Clinics under State Law)
- OPWDD-certified Specialty Hospital

DRAFT









State/Territory:     New York    

*Please list the applicable eligibility groups or populations.*

3.      The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

*Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.*

#### **Section D – Benefits**

*Benefits:*

1.      The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2.      The agency makes the following adjustments to benefits currently covered in the state plan:

3.      The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4.      Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a.      The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b.      Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

State/Territory:     New York    

*Telehealth:*

5.      The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

*Please describe.*

*Drug Benefit:*

6.      The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

*Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.*

7.      Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8.      The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

*Please describe the manner in which professional dispensing fees are adjusted.*

9.      The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

**Section E – Payments**

*Optional benefits described in Section D:*

1.      Newly added benefits described in Section D are paid using the following methodology:

- a.      Published fee schedules –

Effective date (enter date of change):                     

Location (list published location):                     

TN:     20-0083      
Supersedes TN:     NEW    

Approval Date:                       
Effective Date:     March 1, 2020

State/Territory:     New York    

b.      Other:

*Describe methodology here.*

*Increases to state plan payment methodologies:*

2.   X   The agency increases payment rates for the following services:

*Please list all that apply.*

Additional Supplemental Payments will be made to the following providers to address the critical workforce shortages stemming from the COVID-19 emergency.

- Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)
- Intermediate Care Facilities for Individuals with Intellectual and/or Developmental Disabilities (ICF/IID) and associated Day Services including vocational services for individuals residing in an ICF/IID
- Day Treatment
- Rehabilitation Agencies (known as Article 15 Clinics under State Law)
- OPWDD-certified Specialty Hospital
- Care Coordination Organizations (CCOs)

These payments are in addition to the amount billed by the provider for the underlying Medicaid services. OPWDD is implementing supplemental payments for eligible providers who are required to dedicate 100% of received payments to worker bonuses, and associated fringe, addressing the workforce shortage resulting from the Public Health Emergency.

a.      Payment increases are targeted based on the following criteria:

*Please describe criteria.*

b. Payments are increased through:

i.   X   A supplemental payment or add-on within applicable upper payment limits:

*Please describe Supplemental Payments for Workforce Stabilization – **Total Payments:***  
**\$193,540,169.42**

CSIDD		
Corp ID	Provider Name	Amount
20060	SCHUYLER COUNTY CHAPTER, NYSARC, INC	\$ 1,112.81
22090	Otsego County Chapter NYSARC Inc	\$ 1,103.53
22360	Services for the Underserved	\$ 3,382.24
40320	Family Residences & Essential Enterp	\$ 3,486.00
	<b>Total</b>	<b>\$9,084.58</b>

TN:     20-0083      
Supersedes TN:     NEW    

Approval Date:                       
Effective Date:   March 1, 2020



State/Territory:     New York    

ICF		
Corp ID	Provider Name	Amount
20520	Cardinal Hayes Home for Children	\$ 4,603,119.58
20920	AABR, Inc.	\$ 2,384,514.21
19210	OHEL CHILDREN'S HOME AND FAMILY SERV	\$ 2,005,388.80
20010	Able2 Enhancing Potential, Inc	\$ 1,052,926.70
20060	SCHUYLER COUNTY CHAPTER, NYSARC, INC	\$ 862,279.60
20100	PEOPLE INC	\$ 2,006,196.31
20260	Lifetime Assistance, Inc.	\$ 2,579,093.16
20490	Paul J. Cooper Center for Human Serv	\$ 952,270.37
20530	CATHOLIC CHARITIES OF BROOME COUNTY	\$ 365,602.45
20550	TOOMEY RESIDENTIAL & COMMUNITY CORP.	\$ 191,599.64
20600	HEARTSHARE HUMAN SERVICES	\$ 1,163,381.32
20720	COMMUNITY ACTION FOR HUMAN SERVICES,	\$ 651,357.29
20770	Community Resource Center/DD	\$ 1,059,336.14
21160	Birch Family Services, Inc.	\$ 4,232,988.38
21260	INDEPENDENT LIVING ASSOCIATION, INC.	\$ 999,119.45
21290	Jewish Board of Family and Children	\$ 4,042,619.49
21360	Little Flower Children & Family Serv	\$ 1,032,477.40
21490	Mercy Home for Children, Inc	\$ 1,574,627.55
21680	The Center for Developmental Disability	\$ 2,285,673.33
21820	P.L.U.S. Group Homes, Inc.	\$ 1,145,974.68
21860	Pathways, Inc.	\$ 1,198,793.61
21890	Pesach Tikvah Hope Dev., Inc.	\$ 403,321.89
21920	WELLLIFE NETWORK INC.	\$ 4,332,851.82
21930	Program Development Services, Inc	\$ 1,356,658.95
22270	SCO Family of Services	\$ 2,792,129.35
22360	Services for the Underserved	\$ 3,236,940.72
22460	Developmental Disabilities Institute	\$ 3,452,853.53
22480	Richmond Children's Center, Inc.	\$ 4,405,345.38
22530	The Salvation Army-GNY	\$ 325,199.74
22580	Cerebral Palsy Associations of NYS	\$ 8,946,405.90
22620	The Center for Discovery, Inc.	\$ 14,004,211.67
22630	UNITED CEREBRAL PALSY OF ULSTER COUNTY	\$ 1,102,903.34
22830	Women's League Community Residences	\$ 2,176,768.16
23060	UCP Bayville	\$ 92,797.73
23080	Block Institute, Inc	\$ 2,394,971.49
23820	IRI: Innovative Resources for Indep.	\$ 712,486.30
24080	NYSARC Inc., Ulster, Greene, Putnam	\$ 1,348,424.49
24170	Opengate, Inc.	\$ 1,207,814.54
24240	Cerebral Palsy of Westchester	\$ 1,398,045.15
24250	Westchester County Chapter NYSARC, Inc.	\$ 723,051.24
24270	Saratoga Bridges	\$ 777,438.42
24620	New Horizons Resources, Inc.	\$ 441,586.30
24650	Catholic Charities of Staten Island	\$ 568,500.98

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<b>ICF - Continued</b>		
<b>Corp ID</b>	<b>Provider Name</b>	<b>Amount</b>
26050	U.C.P.A. OF GREATER SUFFOLK, INC.	\$ 3,243,498.96
26070	Adults and Children with Learning an	\$ 2,334,703.92
26090	NYSARC, INC. - SUFFOLK CHAPTER	\$ 2,522,725.99
26130	United Cerebral Palsy of Nassau County	\$ 482,440.34
26150	INDEPENDENT GROUP HOME LIVING PROG.	\$ 5,454,639.65
28120	INSTITUTES OF APPLIED HUMAN DYNAMICS	\$ 2,081,571.71
28170	Guild for Exceptional Children, Inc.	\$ 405,052.81
28180	Young Adult Institute, Inc	\$ 485,845.17
28190	ADULT RESOURCES CENTER, INC.	\$ 418,946.75
28230	Eden II School For Autistic Children	\$ 477,662.77
28240	QSAC	\$ 982,493.45
28310	NYSARC, Inc., NYC Chapter	\$ 3,810,981.62
28340	Queens Centers for Progress	\$ 2,316,879.19
28350	United Cerebral Palsy of NYC, Inc.	\$ 6,931,271.21
40060	UCPA - Niagara County, Inc.	\$ 1,472,706.52
40210	COMMUNITY PRGRAMS OF WJCS	\$ 1,047,752.29
40320	Family Residences & Essential Enterp	\$ 1,067,406.41
40430	NYSARC, INC CATT. NIAGARA CO. CHAPTER	\$ 972,246.20
40560	NYSARC INC., CHAUTAUQUA COUNTY CHPTR	\$ 3,334,845.69
40640	Upstate Cerebral Palsy	\$ 4,967,287.99
40740	Lifespire, Inc	\$ 3,807,498.43
43850	Brookville Center for Children's Ser	\$ 1,304,784.89
46500	CITIZENS OPTIONS UNLIMITED, INC.	\$ 6,205,169.84
86050	Maryhaven Center of Hope	\$ 2,152,808.87
99003	New Hope Community, Inc.	\$ 3,989,961.38
24190	The Alternative Living Group, Inc.	\$ 36,644.27
26000	EPIC Long Island	\$ 182,083.22
40450	Puerto Rican Family Institute, Inc	\$ 772,662.53
10240	Catholic Charities Disabilities Serv	\$ 437,162.54
11440	DEVEREUX	\$ 1,345,985.38
18730	Abbott House	\$ 285,947.86
19340	INSTITUTE FOR COMMUNITY LIVING, INC.	\$ 493,189.07
20090	AID TO THE DEVELOPMENTALLY DISABLED	\$ 1,475,904.73
20740	Community Mainstreaming Associates	\$ 91,041.98
20940	Sheltering Arms Children and Family	\$ 1,030,395.22
21380	Living Resources Corporation	\$ 247,107.23
21620	Easter Seals New York, Inc	\$ 644,051.53
22250	New York Foundling Hospital	\$ 887,252.36
23730	GAN KAVOD	\$ 268,652.24
40410	CITIZEN ADVOCATES, INC.	\$ 238,394.37
22730	URBAN RESOURCE INSTITUTE	\$ 1,132,531.69
<b>Total</b>		<b>\$ 164,430,234.84</b>

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<b>Article 16 Clinics - Continued</b>		
<b>Corp ID</b>	<b>Provider Name</b>	<b>Amount</b>
40110	Community, Work and Independence, In	\$ 92,294.39
40130	ARC SULLIVAN ORANGE COUNTIES	\$ 187,279.41
40340	Jawonio, Inc	\$ 1,140.49
40520	Madison Cortland Chapter NYSARC Inc.	\$ 188,464.45
40560	NYSARC INC., CHAUTAUQUA COUNTY CHPTR	\$ 18,148.34
40580	NYSARC Fulton County Chapter & Lexin	\$ 79,870.13
40640	Upstate Cerebral Palsy	\$ 22,832.73
40740	Lifespire, Inc	\$ 63,592.01
40880	Seneca Cayuga County Chapters NYSARC	\$ 194,315.68
44150	Harmony Services, Inc.	\$ 17,427.85
45720	RICHMOND UNIVERSITY MEDICAL CENTER	\$ 616.10
46070	Community Assistance Resources and E	\$ 29,990.67
46130	Kelberman Center, Inc.	\$ 149,958.87
47000	HeartShare Wellness Ltd	\$ 71,020.32
47010	Hasc Diagnostic & Treatment Center I	\$ 41,413.08
47030	Premier Healthcare, Inc.	\$ 230,329.85
49490	Long Island Select Healthcare, Inc	\$ 18,677.47
<b>Total</b>		<b>\$ 4,614,871.93</b>

  

<b>Specialty Hospital</b>		
<b>Corp ID</b>	<b>Provider Name</b>	<b>Amount</b>
22510	Terrance Cardinal Cook	\$1,102,453.22
<b>Total</b>		<b>\$ 1,102,453.22</b>

  

<b>CCO</b>		
<b>Corp ID</b>	<b>Provider Name</b>	<b>Amount</b>
50010	LIFEPlan CCO NY LLC	\$ 4,201,318.83
50020	Care Design NY LLC	\$ 7,502,313.94
50030	Prime Care Coordination	\$ 2,905,760.98
50050	PERSON CENTERED SERVICES CARE COORDI	\$ 5,338,707.89
50060	Advance Care Alliance of New York, I	\$ 2,788,683.48
50110	Southern Tier Connect	\$ 397,675.18
<b>Total</b>		<b>\$ 23,134,460.30</b>

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*Please describe.*

**Section F – Post-Eligibility Treatment of Income**

1.  The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
  - a.  The individual's total income
  - b.  300 percent of the SSI federal benefit rate
  - c.  Other reasonable amount: \_\_\_\_\_
  
2.  The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

*Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.*

**Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information**

\_\_\_\_\_

**PRA Disclosure Statement**

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 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports

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**SUMMARY**  
**SPA #21-0075**

This State Plan Amendment is a temporary amendment in response to COVID-19 Emergency Relief.

DRAFT



State/Territory:     New York    

## Section 7 – General Provisions

### 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

#### Request for Waivers under Section 1135

  XX   The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a.   XX   SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b.   XX   Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

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- c.  Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in the New York Medicaid state plan, as described below:

New York requests waiving all of the above requirements.

**Section A – Eligibility**

- 1.  The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*

- 2.  The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a.  All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: \_\_\_\_\_

-or-

- b.  Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: \_\_\_\_\_

- 3.  The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

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4.      The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5.      The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6.      The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

**Section B – Enrollment**

1.      The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

*Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.*

2.      The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

*Please describe any limitations related to the populations included or the number of allowable PE periods.*

3.      The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in

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accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

*Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.*

4.      The agency adopts a total of      months (not to exceed 12 months) continuous eligibility for children under age enter age      (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5.      The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every      months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6.      The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
  - a.      The agency uses a simplified paper application.
  - b.      The agency uses a simplified online application.
  - c.      The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

**Section C – Premiums and Cost Sharing**

1.      The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

*Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).*

2.      The agency suspends enrollment fees, premiums and similar charges for:
  - a.      All beneficiaries
  - b.      The following eligibility groups or categorical populations:

*Please list the applicable eligibility groups or populations.*

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3.      The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

*Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.*

**Section D – Benefits**

*Benefits:*

1.      The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2.   XX   The agency makes the following adjustments to benefits currently covered in the state plan:

**Preventive Services:**  
Effective 9/27/2021, the NYS Medicaid Program proposes to cover Medicaid-enrolled ambulance service providers for the administration of the influenza vaccine, performed by Emergency Medical Technicians (EMT) / Paramedics, employed by the ambulance service providers. This proposal is intended to increase access to the flu vaccine by increasing the network of providers available to the Medicaid population.

**Provider Qualifications:**  
EMT's / Paramedics are required to be certified by the New York State Department of Health to administer medications by intramuscular injections and are authorized to administer influenza vaccines when recommended by a physician or other licensed practitioner of the healing arts.

3.   XX   The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4.   XX   Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
- a.   XX   The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b.      Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

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*Please describe.*

*Telehealth:*

5.      The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

*Please describe.*

*Drug Benefit:*

6.   x   The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

The state is requesting to waive any signature requirements for the dispensing of drugs during the Public Health Emergency, effective March 1, 2020.

7.      Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8.      The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

*Please describe the manner in which professional dispensing fees are adjusted.*

9.      The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

**Section E – Payments**

*Optional benefits described in Section D:*

1.   xx   Newly added benefits described in Section D are paid using the following methodology:
- a.   xx   Published fee schedules –

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Effective date (enter date of change):   9/27/2021  

Location (list published location):

<https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx>

b.      Other:

*Increases to state plan payment methodologies:*

2.      The agency increases payment rates for the following services:

*Please list all that apply.*

a.      Payment increases are targeted based on the following criteria:

*Please describe criteria.*

b. Payments are increased through:

i.      A supplemental payment or add-on within applicable upper payment limits:

*Please describe.*

ii.      An increase to rates as described below.

Rates are increased:

     Uniformly by the following percentage:                     

     Through a modification to published fee schedules –

Effective date (enter date of change):                     

Location (list published location):                     

     Up to the Medicare payments for equivalent services.

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         By the following factors:

*Please describe.*

*Payment for services delivered via telehealth:*

3.          For the duration of the emergency, the state authorizes payments for telehealth services that:

- a.          Are not otherwise paid under the Medicaid state plan;
- b.          Differ from payments for the same services when provided face to face;
- c.          Differ from current state plan provisions governing reimbursement for telehealth;

*Describe telehealth payment variation.*

- d.          Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
  - i.          Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
  - ii.          Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

*Other:*

4.          Other payment changes:

*Please describe.*

**Section F – Post-Eligibility Treatment of Income**

- 1.          The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
  - a.          The individual’s total income
  - b.          300 percent of the SSI federal benefit rate
  - c.          Other reasonable amount:

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