

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

January 14, 2025

Amir Bassiri
Medicaid Director, Deputy Commissioner
New York Department of Health
Empire State Plaza, Corning Tower, Room 1466
Albany, NY 12237

Dear Director Bassiri:

On January 9, 2024, the Centers for Medicare & Medicaid Services (CMS) approved a Designated State Health Programs (DSHP) List as an attachment to the Special Terms and Conditions (STCs) as part of the New York Health Equity and Substance Use Disorder amendment to the section 1115 demonstration project entitled, “Medicaid Redesign Team (MRT)” (Project No. 11-W-00114/2), effective through March 31, 2027. On May 22, 2024, New York submitted an updated, draft DSHP List. CMS is approving the programs from the state’s updated, draft Approved DSHP List. A copy of the approved, updated attachment is enclosed and will be incorporated into the STCs as a revised Attachment N.

This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project. In addition, as stipulated in the STCs, the state must continue conducting monitoring and evaluation of all DSHP-funded initiatives.

We look forward to our continued partnership on the MRT section 1115 demonstration. If you have any questions, please contact your CMS project officer, Jonathan Morancy, at Jonathan.Morancy@cms.hhs.gov.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Melvina Harrison, State Monitoring Lead, Medicaid and CHIP Operations Group

Attachment N

**Approved List of DSHPs
Updated on January 14, 2025**

Program	Description	DSHP-Eligible Expenditures
Area Health Education Centers (AHEC)	The New York State Area Health Education Center (NYS AHEC) System is a workforce development initiative whose mission is to increase the diversity of qualified healthcare professionals by recruiting and training individuals of all races and ethnicities, with a special emphasis on medically underserved areas in both rural and urban communities.	\$8,800,000
Doctors Across New York (DANY) Diversity in Medicine	The DANY Diversity In Medicine program provides financial assistance to help train a diverse medical workforce in New York state.	\$3,775,803
DANY Physician Loan Repayment and Practice Support	Doctors Across New York (DANY) provides financial assistance to help train and place physicians in underserved communities in a variety of settings and specialties to care for New York’s diverse population.	\$40,815,000
Health Care Workforce Bonus (HWB) Program	Front line health care and mental hygiene practitioners, technicians, assistants, and aides earning less than \$125,000 annually, who provide hands on health or care services to individuals.	\$353,300,000
Health Workforce Retraining (Increase Training Capacity)	Grant funding for eligible organizations that seek to train or retrain health industry workers for new or emerging positions in the health care delivery system.	\$73,100,000
Nurses Across New York (NANY)	The NANY initiative is designed to help train and place nurses (RNs and LPNs) in underserved communities, in a variety of settings and specialties, to care for New York’s diverse population.	\$34,500,000

Vital Access Providers Assurance Program (VAPAP)	The VAPAP program provides state-only support for facilities in severe financial distress to enable these facilities to maintain operations and provision of vital services while they implement longer-term solutions to achieve sustainable health care service delivery.	\$2,019,200,000
Alzheimer's Caregiver Support	Designed to support caregivers and people with dementia in the community using evidence-based strategies. Takes a two-pronged, systems approach to the investment—both focusing on community support while also equipping the medical system to provide early diagnoses, quality care management, and linkages to community services.	\$88,107,376
Cancer Services	The Cancer Services Program (CSP) provides breast, cervical and colorectal cancer screenings and diagnostic services at no cost to people who live in New York state, lack health insurance or have health insurance with a cost share that may prevent a person from obtaining screening and/or diagnostic services, and meet income eligibility/age requirements.	\$60,000,000
CSEA Buy-in	Grants to Civil Service Employee Association (CSEA) Local 1000, AFL-CIO to reduce the cost of providing health insurance, dental and vision benefits to covered child care providers.	\$11,063,965
Elderly Pharmaceutical Insurance Coverage (EPIC)	The Elderly Pharmaceutical Insurance Coverage Program provides secondary prescription drug coverage to Medicare-eligible individuals, assisting with drug costs after any Medicare Part D deductible is met and Part D premiums for low income individuals.	\$204,407,520

End of AIDS	Funding for Ending the Epidemic supports a range of activities, including but not limited to services delivered through contracts with providers, local health departments, community-based organizations, and a review agent; educational and awareness activities; enhanced surveillance; medications for uninsured persons; and expenses associated with linkage and retention collaboratives.	\$49,131,104
Expanded In-home Services for the Elderly (EISEP)	EISEP services include non-medical in-home services such as housekeeping, personal care, respite, case management, and related services (such as emergency response systems). EISEP services support and supplement informal care provided by clients' families. Clients are required to share the cost of services, based on income. These costs are determined by a sliding scale and range from no-cost to full-cost.	\$240,700,000
MLTC Ombudsman	ICAN (Independent Consumer Advocacy Network) is a group of nonprofit advocacy organizations, independent of the New York State Department of Health or any health insurance plan, which can: Answer Medicaid enrollee questions and give advice about MLTC plans for people who receive Medicaid or Medicare and long-term care; Solve problems between an enrollee's plan and providers (for example doctors, hospitals, and pharmacist); and Help enrollees file a complaint or appeal.	\$16,398,337

<p>Newborn Screening</p>	<p>Newborn screening refers to medical tests, the majority of which are genetic, performed to identify babies with certain disorders, which without intervention, may permanently impact newborns and their families. Early recognition and treatment of most of these disorders leads to a better outcome for the newborn. The Newborn Screening Program’s goal is to help affected babies live as long and normal of a life as possible. The Newborn Screening Program effectively identifies babies with certain disorders and is required for all newborns born in New York state unless the parents confirm, in writing, that they have a religious objection.</p>	<p>\$20,549,336</p>
<p>NY Connects</p>	<p>NY Connects is a locally based No Wrong Door (NWD) system that provides one stop access to free, objective, comprehensive information and assistance on long term services and supports for people of all ages or with any type of disability. The NY Connects NWD System is administered through a collaboration between the Area Agencies on Aging (AAAs), Local Departments of Social Services (LDSS), and six regionally contracted Independent Living Centers (ILCs).</p>	<p>\$104,928,237</p>
<p>Obesity - Diabetes Prevention Programs</p>	<p>The Department of Health works with many partners and contractors to develop and implement a range of obesity prevention programs in community, child care, school and health care settings.</p>	<p>\$7,760,976</p>
<p>Supportive Housing Initiative</p>	<p>The Supportive Housing Initiative seeks to ensure that Medicaid members have proper housing that promotes a healthy environment and lifestyle as a social determinant of</p>	<p>\$197,222,030</p>

	health. These resources utilize innovative housing program models to provide support services.	
Tobacco Control	The Department through the Bureau of Tobacco Control administers the state’s comprehensive Tobacco Control Program to reduce illness, disability, and death related to commercial tobacco use and secondhand smoke exposure, and to alleviate social and economic inequities caused by tobacco use. The program uses an evidence-based, policy-driven, and population-level approach to tobacco control and prevention with a commitment to promote health equity among populations disproportionately impacted by tobacco marketing and use. The Tobacco Control Program’s efforts and actions have contributed to record-low youth and adult smoking rates in New York state.	\$100,856,548
Wellness in Nutrition	The Wellness in Nutrition (WIN) Program provides nutritious meals and related services to the frail elderly at high nutritional risk. WIN expands the state’s capacity to serve the frail elderly in their homes. It is a key component of a package of home and community services necessary to meet the needs of New Yorkers.	\$115,700,000
Nourish NY	The Nourish New York Initiative helps people who are food insecure to access the nourishment that they need. The funding allows New York's emergency food providers to obtain food products and provide them to food-insecure/ low-income individuals.	\$200,000,000

<p>Community Services for the Elderly (CSE)</p>	<p>The Community Services for the Elderly program provides community-based, supportive services to frail, low-income older adults who need assistance to maintain their independence at home. This county-administered program provides in-home services for the functionally impaired low income elderly to allow them to remain in the community, thus avoiding the need for institutional care.</p>	<p>\$122,500,000</p>
<p>Rural Health</p>	<p>Rural Health consists of two programs: 1) The Rural Health Network Development Program and the 2) Rural Health Care Access Development Program. The Rural Health Network Development Program provides funding to develop formal networks of health and human service providers in various rural communities. Each rural network identifies strategies to strengthen local healthcare and public health systems. The Rural Health Care Access Development Program provides funds to assist rural hospitals with costs incurred of providing hospital services in remote or sparsely populated areas. The hospitals use the funding to plan and implement projects that diversify hospital services; integrate services with other hospitals; and integrate services with community-based providers.</p>	<p>\$30,283,930</p>
<p>Caregiver Flexibility</p>	<p>The Caregiver Flexibility Initiative creates a model for training “universal” long-term care workers who can move across caregiving roles, ensuring that long-term care providers experiencing workforce shortages can identify and deploy trained workers in a timely and efficient manner. The Initiative</p>	<p>\$28,200,000</p>

	consists of 2 programs: 1) Direct Caregiver Training Centers; and 2) Direct Caregiver Support Hubs.	
The Healthcare Education and Life-Skills Program (HELP)	HELP funds regional programs that prepare and support healthcare students/trainees for successful completion of a healthcare education or training.	\$39,900,000
The Healthcare Workers Are Our Future Scholarship Program	The Healthcare Workers Are Our Future Scholarship Program provides a two-year scholarship to approximately 500 selected recipients in an approved program of study including: Registered Nurse, Respiratory Therapist, Clinical Laboratory Technologist, Radiologic Technology, and Surgical Technology.	\$30,600,000
Opioid Overdose Prevention	The Opioid Overdose Prevention Program aims to reduce opioid overdose deaths by providing training to community members (lay responders), other paraprofessionals, professionals, clients or patients and their families on how to recognize and respond to overdoses and administer Naloxone.	\$7,785,000
HIV, STD, and Hep C Prevention	Programs with services aimed at preventing the spread of HIV, Hepatitis C, and other STDs.	\$30,221,358
Supplemental Support to Ryan White Programs	This program provides funding for health care and other support services to individuals with HIV who are low-income or under-insured, helping to improve health outcomes for individuals and reduce the spread of HIV.	\$72,992,020
Total Allowable DSHP-Eligible Expenditures		\$4,312,798,540
Total DSHP Cap. The state must not claim more than \$3,981,442,500 of DSHP.		\$3,981,442,500