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NY - Submission Package - NY2024MS00070 - (NY-24-0083) - Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 13, 2025

Amir Bassiri
Acting Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-24-0083

Dear Amir Bassiri,

On December 31, 2024, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-24-0083 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve New York State Plan Amendment (SPA) NY-24-0083 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Melvina Harrison at melvina.harrison@cms.hhs.gov

Sincerely,
James G. Scott
Director of Division of Program
Operations
Center for Medicaid & CHIP Services

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CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2024MS00070	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY-24-0083	Region	New York, NY
Version Number	1	Package Status	Approved
Submitted By	Michelle Levesque	Submission Date	12/31/2024
Package Disposition		Approval Date	1/13/2025 10:26 AM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

Package ID	NY2024MS00070	SPA ID	NY-24-0083
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

Package ID NY2024MS00070	SPA ID NY-24-0083
Submission Type Official	Initial Submission Date 12/31/2024
Approval Date 01/13/2025	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NY-24-0083

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	10/1/2024	new

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

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Package Header

Package ID	NY2024MS00070	SPA ID	NY-24-0083
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to submit mandatory core set reporting for the State of New York. This reporting includes quality measure data for certain Adult Behavioral Health measures and Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid, Child Health Plus, and Fee for Service members as appropriate.

Federal Budget Impact and Statute/Regulation Citation





Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
HCFA (24-0083)(CMS 12-31-24)	12/13/2024 10:57 AM EST	
Authorizing Provisions (24-0083) (CMS 12-31-24)	12/13/2024 10:57 AM EST	
Original Submission Letter (24-0083)(CMS 12-31-24)	12/13/2024 10:57 AM EST	
Summary (24-0083) (CMS 12-31-24)	12/13/2024 10:57 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

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Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Organization

General Administration

Reporting

Reviewable Unit Name	Included in Another Source Type Submission Package
Reporting	APPROVED

Eligibility

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
12/16/2024	paper mailing/electronic mail


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
12/16/2024	paper mailing/electronic mail

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Consultation (24-0083) (Summary) (12-16-24)	12/16/2024 3:25 PM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Administration

General Administration

Reporting

Package Header

Package ID	NY2024MS00070	SPA ID	NY-24-0083
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	10/1/2024
Superseded SPA ID	new		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

- All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

This view was generated on 1/13/2025 11:48 AM EST