



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 31, 2024

James G. Scott, Director  
Division of Program Operations  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106

RE: SPA #24-0084

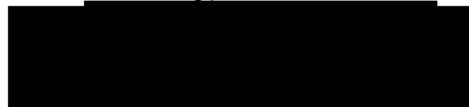
Dear Mr. Scott:

The State requests approval of the enclosed amendment #24-0083 to the Title XIX (Medicaid) State Plan effective December 1, 2024.

This amendment proposes to revise the State Plan to submit mandatory Care Coordination Health Home core set reporting for the State of New York.

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,



Michael Ogborn  
Deputy Medicaid Director  
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 8 4</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**December 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**§ Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 12/01/24-9/30/25 \$ 0  
b. FFY 10/01/25-9/30/26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**MACPro SPA**

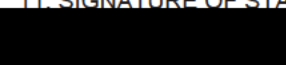
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**MACPro SPA**

9. SUBJECT OF AMENDMENT  
**Care Coordination/Health Home Core Measure Set Reporting Attestation**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Michael Ogborn**

13. TITLE  
**Deputy Medicaid Director**

14. DATE SUBMITTED  
**December 31, 2024**

15. RETURN TO  
New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, NY 12210

**FOR CMS USE ONLY**

16. DATE RECEIVED	17. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

**Appendix II**  
**2024 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**

[Records](#) / [Submission Packages](#) [Your State](#)

# NY - Submission Package - NY2024MS00090 - (NY-24-0084) - Administration

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2024MS00090	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>SPA ID</b>	NY-24-0084	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Submitted
<b>Submitted By</b>	Michelle Levesque	<b>Submission Date</b>	12/31/2024
		<b>Regulatory Clock</b>	90 days remain
		<b>Review Status</b>	Review 1

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY 24 0084

## Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY-24-0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/31/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

## 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 | NY2024MS00090 | NY 24 0084

#### Package Header

**Package ID** NY2024MS00090

**SPA ID** NY 24 0084

**Submission Type** Official

**Initial Submission Date** 12/31/2024

**Approval Date** N/A

**Effective Date** N/A

**Superseded SPA ID** N/A

**Reviewable Unit Instructions**

#### SPA ID and Effective Date

**SPA ID** NY 24 0084

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	New

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

### Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY 24 0084

#### Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY 24 0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/31/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		
<b>Reviewable Unit Instructions</b>			

#### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to submit mandatory Care Coordination Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Care Coordination Health Home Adult Behavioral Health measures and Care Coordination Health Home Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid 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 (24-0084)(CMS 12-31-24)	12/13/2024 10:31 AM EST	
Authorizing Provisions (24-0084)(CMS 12-31-24)	12/13/2024 10:34 AM EST	
Original Submission Letter (24-0084)(CMS 12-31-24)	12/13/2024 10:34 AM EST	
Summary (24-0084)(CMS 12-31-24)	12/13/2024 10:34 AM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY 24 0084

### Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY 24 0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/31/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Reviewable Unit Instructions

### Governor's Office Review

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

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY 24 0084

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	NEW

Eligibility

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY 24 0084

## Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY-24-0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/31/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Reviewable Unit Instructions

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 | NY2024MS00090 | NY 24 0084

## Package Header

<b>Package ID</b> NY2024MS00090	<b>SPA ID</b> NY-24-0084
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/31/2024
<b>Approval Date</b> N/A	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### Reviewable Unit Instructions

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 0084) (Summary) (12 16 24)	12/16/2024 3:30 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

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY 24 0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/31/2024
<b>Approval Date</b>	N/A	<b>Effective Date</b>	12/1/2024
<b>Superseded SPA ID</b>	New		
	User-Entered		

#### Reviewable Unit Instructions

### 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:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. 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 12/31/2024 8:26 AM EST*

**Appendix II**  
**2024 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #24-0084**

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

**Appendix III**  
**2024 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Authorizing Provisions**

**SPA 24-0084**

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

**Sec. 1139A.** [42 U.S.C. 1320b-9a] (a) Development of an Initial Core Set of Health Care Quality Measures for Children Enrolled in Medicaid or C.—

(4) [151] ENCOURAGE VOLUNTARY AND STANDARDIZED REPORTING AND MANDATORY REPORTING.—

(B) MANDATORY REPORTING.—Beginning with the annual State report on fiscal year 2024 required under subsection (c)(1), the Secretary shall require States to use the initial core measurement set and any updates or changes to that set to report information regarding the quality of pediatric health care under titles XIX and XXI using the standardized format for reporting information and procedures developed under subparagraph (A).

**SEC. 1139B.** [42 U.S.C. 1320b-9b] (a) DEVELOPMENT OF CORE SET OF HEALTH CARE QUALITY MEASURES FOR ADULTS ELIGIBLE FOR BENEFITS UNDER MEDICAID.

(5) ESTABLISHMENT OF MEDICAID QUALITY MEASUREMENT PROGRAM.—

(C) [160] BEHAVIORAL HEALTH MEASURES.—Beginning with respect to State reports required under subsection (d)(1) for 2024, the core set of adult health quality measures maintained under this paragraph (and any updates or changes to such measures) shall include behavioral health measures.

(d) ANNUAL STATE REPORTS REGARDING STATE-SPECIFIC QUALITY OF CARE MEASURES APPLIED UNDER MEDICAID.—

(1) ANNUAL STATE REPORTS.—Each State with a State plan or waiver approved under title XIX shall annually report (separately or as part of the annual report required under section 1139A(c)), to the Secretary on the—

(A) State-specific adult health quality measures applied by the State under such plan, including measures described in subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3)); [161] and

(B) State-specific information on the quality of health care furnished to Medicaid eligible adults under such plan, including information collected through external quality reviews of managed care organizations under section 1932 and benchmark plans under section 1937.

**SEC. 1902.** [42 U.S.C. 1396a] (a) A State plan for medical assistance must

(6) provide that the State agency will make such reports, in such form and containing such information, as the Secretary may from

time to time require, and comply with such provisions as the Secretary may from time to time find necessary to assure the correctness and verification of such reports;