

Department of Health & Human Services
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100 North
New York, NY 10278



December 16, 2011

Jason A. Helgeson,
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgeson:

The New York State Plan Amendment (SPA) 11-73, received in our office on September 30, 2011 has been approved. This SPA implements the reimbursement to pharmacies for diabetes self-management training (DSMT) provided by a licensed pharmacist who is affiliated with a pharmacy that is accredited by a CMS approved national accreditation organization (NAO), such as the American Diabetes Association (ADA, American Association of Diabetes Educators (AADE), or the Indian Health Service (HIS).

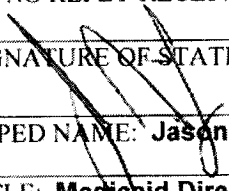
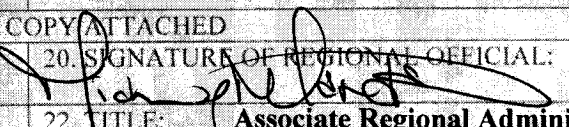
Please note the approval date of this SPA is December 16, 2011 and the effective date is July 1, 2011. The revised page of Attachment 4.19-B, 3.1-A and 3.1-B submitted to us on November 28, 2011 has replaced the corresponding pages that were included in the State's original SPA submission package. Enclosed please find copy of the approved pages for the 11-73 SPA, along with the signed CMS-179 form.

If you have any questions, please contact Ana J. Balbuena at (212) 616-2410.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Melendez". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: #11-73	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 7/1/11 – 9/30/11 \$ 65,280 b. FFY 10/1/11 – 9/30/12 \$274,176	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement Page 2(xiv)(a) Attachment 3.1-B Supplement Page 2(xiv)(a) Attachment 4.19-B Page 4(f)(1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement Page 2(xiv)(a) Attachment 3.1-B Supplement Page 2(xiv)(a) Attachment 4.19-B Page 4(f)(1)	
** SEE REMARKS			
10. SUBJECT OF AMENDMENT: Diabetes Self Management Training (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: September 30, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: December 16, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: **This State Plan Amendment reimburses pharmacies for diabetes self-management training (DSMT) provided by a licensed pharmacist who is affiliated with a pharmacy that is accredited by a CMS approved national accreditation organization (NAO), such as the American Diabetes Association (ADA, American Association of Diabetes Educators (AADE), or the Indian Health Services (HIS).			

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**Attachment 4.19-B
(07/11)**

Pharmacists as Immunizers

The [F]ee schedule is developed by the Department of Health and approved by the Division of Budget. State developed fee schedules are the same as the fee schedule established for Physicians. Pharmacies participating in the New York State Medicaid program are reimbursed a vaccine administration fee established at the same rate paid to physicians. The reimbursement to the pharmacy is on behalf of the employed pharmacist, who as the licensed practitioner is the vaccine administrator. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State pharmacy provider manual, which can be found at:

http://nyhealth.gov/health_care/medicaid/program/pharmacists_as_immunizers/fact_sheet_10-14-10.htm

The agency's fee schedule is effective for services provided on or after October 15, 2009.

Diabetes Self-Management Training by Pharmacists

The fee schedule is developed by the Department of Health and approved by the Division of Budget. State-developed fee schedules are the same as the fee schedule established for physicians. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State physician provider manual, which can be found at:

https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sect2.xls

The agency's fee schedule is effective for services provided on or after July 1, 2011.

Pharmacies participating in the New York State Medicaid program are reimbursed for Diabetes Self-Management Training (DSMT) at the same rate paid to physicians. The reimbursement to the pharmacy, which is accredited by a CMS approved national accreditation organization (NAO) such as the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE) or Indian Health Services (IHS) is on behalf of the employed pharmacist who, as the licensed practitioner, is the DSMT Educator.

TN #11-73

Approval Date DEC 16 2011

Supersedes TN #09-63

Effective Date JUL 01 2011

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**Attachment 3.1-A
Supplement
(07/11)**

6d. Other Practitioner Services (Continued)

Pharmacists as Immunizers

1. Reimbursement will be provided to pharmacies for vaccines and anaphylaxis agents administered by certified pharmacists within the scope of their practice.
2. Service setting.
Services will be provided by a certified pharmacist in a pharmacy or in other locations where mass immunization may take place, such as retail stores/outlets, assisted living centers, and health fairs.
3. Provider qualifications.
Pharmacists must be currently licensed, registered and certified by the NYS Department of Education Board of Pharmacy to administer immunizations.

Diabetes Self-Management Training by Pharmacists

1. Reimbursement will be provided to pharmacies for Diabetes Self-Management Training (DSMT) when provided by licensed pharmacists within the scope of their practice.
2. Service setting: Services will be provided by a licensed pharmacist in a pharmacy that is accredited by a CMS approved national accreditation organization (NAO), such as the American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), or Indian Health Services (IHS).
3. Provider qualifications: Pharmacists must be currently licensed and registered by the NYS Department of Education Board of Pharmacy. Pharmacies must be accredited by a CMS approved national accreditation organization.
4. Coverage parameters: A beneficiary with newly diagnosed diabetes or a beneficiary with diabetes who has a medically complex condition will be allowed up to 10 hours of Diabetes Self-Management Training (DSMT) during a continuous 6-month period. A beneficiary with diabetes who is medically stable may receive up to 1 hour of DSMT in a continuous 6-month period.

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6d. **Other Practitioner Services** (Continued)

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