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



March 15, 2013

Jason A. Helgerson New York State department of Health Bureau of HCRA Oper & Financial Analysis 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210

Dear Mr. Helgerson:

We received a copy of Larry Reed's letter to you, in which he notified you of the approval of New York's State Plan Amendment (SPA) 12-35. This amendment proposed to remove coverage of benzodiazepines, as well as barbiturates, used in the treatment of epilepsy, cancer, or a chronic mental health disorder for dually eligible beneficiaries effective January 1, 2013. Since the coverage of barbiturates under Part D is limited to the treatment of epilepsy, cancer, or a chronic mental health disorder, NYS proposes to continue to cover barbiturates for conditions other than the three covered by Part D. The coverage of benzodiazepines under part D is inclusive of all indications, so NYS proposes to provide coverage for only non-dually eligible beneficiaries.

Mr. Reed advised you that the New York Regional Office would forward you the signed CMS-179 form as well as copies of the approved pages, these documents are enclosed. The revised pages of supplement attachment 3.1-A and supplement attachment 3.1-B submitted to our office on January 28, 2013 have replaced the corresponding pages that were originally into the New York state plan. Please note the approval date of the SPA is March 15, 2013 and the effective date is January 1, 2013.

If you have any questions, please contact Ivelisse M. Salce at (212) 616-2411.

Sincerely

Michael Melendez

Associate Regional Administrator

Division of Medicaid and Children's Health

Cc. Delaine Deardorff-Beck, CMS Division of Pharmacy Ilene E. Matthews, New York State Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE							
STATE PLAN MATERIAL	12-35	2. STATE							
	12-55								
FOR: HEALTH CARE FINANCING ADMINISTRATION	2 550005	New York							
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE								
	SOCIAL SECURITY ACT (MEDI	CAID)							
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE								
HEALTH CARE FINANCING ADMINISTRATION	1								
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2013								
5. TYPE OF PLAN MATERIAL (Check One):									
the check one,									
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	IDEDED ACCOUNTS								
	IDERED AS NEW PLAN	AMENDMENT							
6. FEDERAL STATUTE/REGULATION CITATION:	MENT (Separate Transmittal for each an	iendment)							
or respirate or violety (CONCINCIN).	7. FEDERAL BUDGET IMPACT:								
1860D-2(e)(2)(A) of the Social Security Act, amended by section 175	a. FFY 01/01/13-09/30/13 (\$ 1,487	.898)							
of the Medicare Improvement for Patients and Providers Act of	b. FFY 10/01/13-09/30/14 (\$ 1,983	.864)							
2008 (MIPPA)		,,,,,,							
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN								
	SECTION OR ATTACHMENT (If Applicable):								
Attachment 3.1-A Supplement: Page 2c	19,100	areaore).							
Attachment 3.1-B Supplement: Page 2c	Attachment 3.1-A Supplement: Page								
_	Attachment 3.1-M Supplement: Page 2c								
*****	Strachment 3.1-b Supplement: Page 2c								
**SEE REMARKS BELOW									
10. SUBJECT OF AMENDMENT:									
Coverage of Renzodiaranias and Ballian									
Coverage of Benzodiazepines and Barbiturates as a Part D Drug (FMAP = 50%)									
4									
11. GOVERNOR'S REVIEW (Check One):									
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT									
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	COMMENTS OF GOVERNOR'S OFFICE PRICE PRICE OFFICE PRICE OF TO THE COMMENTS OF GOVERNOR'S OFFICE PRICE OF TO THE COMMENTS OF GOVERNOR'S OFFICE PRICE OF TO THE COMMENTS OF GOVERNOR'S OFFICE PRICE OF TO THE COMMENTS OF THE COM								
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
<b>5</b> 7		,							
12. SIGNATURE OF STATE AGENCY OFFICIAL:									
THE HOLINE NO ENCY OFFICIAL.	16. RETURN TO:								
	New York State Department of Health	1							
13. TYPED WAME: Jasan A. Helgerson	Bureau of HCRA Oper & Financial Analysis								
	99 Washington Ave - One Commerce Plaza								
14. TITLE: Medicaid Director	Suite 810								
Department of Health	Albany, NY 12210								
15. DATE SUBMITTED: January 28, 2013									
FOR REGIONAL OFFIC	FUSEONLY								
17. DATE RECEIVED:	18. DATE APPROVED:								
PLAN APPROVED - ONE CO	DPV ATTACHED March	15, 2013							
19. EFFECTIVE DATE OF APPROVED MATERIAL:  January 01, 2013	20 SIGNATURED PROGRAMME								
January 01, 2013	20. SIGNATURE OF REGIONAL OFF	ICIAL:							
21. TYPED NAME:	Michael March	>							
	22. TITLE: Associate Regional Adm	inistrator							
23. REMARKS: Michael Melendez	Division of Medicaid and S	ste Operations							
		MIDS APERATIONS							
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6.	Effective individual	January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible is who are entitled to receive Medicare benefits under Part A or Part B.									
7.	drugs or Medicare	caid agency provides coverage for the following excluded or otherwise restricted drugs or classes of their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Prescription Drug Benefit –Part D.  following excluded drugs are covered:  (a) agents when used for anorexia, weight loss, weight gain  (b) agents when used to promote fertility  (c) agents when used for cosmetic purposes or hair growth  (d) agents when used for the symptomatic relief cough and colds: Some - benzonatate only  (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - select  B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D  (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine  (f) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products; smoking cessation products, minerals and vitamin combinations  (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee  (h) barbiturates: All (Except for dual eligible individuals, effective January 1, 2013, when used in the treatment of epilepsy, cancer or a chronic mental health disorder, as Part D will cover those indications.)  (i) benzodiazepines: All (Except for dual eligible individuals, effective January 1, 2013, as Part D will cover all indications.)									
12b.	Prior app	roval is required for all dentures.									
12c.	Prior app Departme	roval is required for prosthetic and orthotic devices over a dollar amount established by the State ent of Health and identified for providers in the MMIS DME Provider Manual.									
	Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual.										
	Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prapproval.										
12d.	Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.										
13a.	Diagnostic Services (see 13.d Rehabilitative Services - Early Intervention).										
13b.	Screening Services (see 13.d Rehabilitative Services - Early Intervention).										
13c.	Preventive Services (see 13.d Rehabilitative Services – Early Intervention).										
13d.	Rehabilitative Services										
	the client fatal dise	dy Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon it is risk of non adherence to a medication regimen necessary to cure an active, infectious, potentially asse process and to prevent the development and spread of an infectious, potentially fatal disease y not respond to conventional therapies.									
TN#:		12-35 Approval Date: MAR 1 5 2013									
Super	sedes TN	#: <u>06-12</u> Effective Date: JAN 0 1 2013									



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13c.	Preventive Services (see 13.d Rehabilitative Services - Early Intervention).																			
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