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State/Territory Name: New York

State Plan Amendment (SPA) # 17-0058

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: VH: SPA NY- 17-0058

November 2, 2017

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP- 1211)
Albany, New York 12237

Dear Mr. Helgerson:

We have completed our review of the submission of New York's State Plan Amendment (SPA) 17-0058. CMS has approved SPA 17---58 for incorporation into the Medicaid State Plan with an effective date of July 1, 2017. This SPA proposes to provide coverage of a set of services to ensure improved outcomes of women who are in the process of ovulation enhancing drugs, limited to the provision of such treatment, office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing; services shall be limited to those necessary to minor such treatment.

Enclosed are copies of the approved SPA # 17-0058. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

Sincerely,

[redacted]

Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Cc: R. Weaver
F. Crystal
P. La Venia
M. Kinnicutt
E. Misa
R. Bass
M. Levesque

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **17-0058**

2. STATE: **New York**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2017

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
§1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT: **(in thousands)**
a. **FFY 07/01/17-09/30/17 $ 11,250**
b. **FFY 10/01/17-09/30/18 $ 45,000**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A: Pages 2, 2(e); Attachment 3.1-B: Pages 2, 2(e);

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A: Pages 2, 2(e); Attachment 3.1-B: Pages 2, 2(e);

10. SUBJECT OF AMENDMENT:
Women's Health Initiative
(FMAP = 90%)

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director**
Department of Health

15. DATE SUBMITTED: SEP 26 2017

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
NOVEMBER 02, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JULY 01, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
MICHAEL MELENDEZ

22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR**
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

FORM HCFA-179 (07-92)

New York
2

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)

4.c.i. Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.
☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

4.c.ii. Family planning-related services provided under the above State Eligibility Option.
☒ Provided: ☒ No limitations ☐ With limitations*

4.c.iii. Fertility services for women ages 21 through 44
☒ Provided: ☐ No limitations ☒ With limitations*
*Limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs.

4.d.1. **Face-to-Face Counseling Services provided:**
☒ (i) By or under supervision of a physician;
☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**
☒ Provided: ☒ No limitations ☐ With limitations*
*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.
All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services without any limitation as stated above.

Please describe any limitations: ☐

* Description provided on attachment.

New York
2(c)

6. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

7. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

☒ **The following excluded drugs are covered:**

- ☐ (a) agents when used for anorexia, weight loss, weight gain
- ☒ (b) agents when used to promote fertility: Some – bromocriptine, clomiphene citrate, letrozole, and tamoxifen only.
- ☒ (c) agents when used for the symptomatic relief cough and colds: Some - benzonatate only
- ☒ (d) 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
- ☒ (e) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products, minerals and vitamin combinations
- ☐ (f) 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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.
☑ Provided: ☐ No limitations ☑ With limitations*

2. a. Outpatient hospital services.
☑ Provided: ☐ No limitations ☑ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
☑ Provided: ☐ No limitations ☑ With limitations* ☐ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
☑ Provided: ☐ No limitations ☑ With limitations*

d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Acct to a pregnant woman or individual under 18 years of age.
☑ Provided: ☐ No limitations ☑ With limitations*

3. Other laboratory and x-ray services.
☑ Provided: ☐ No limitations ☑ With limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
☑ Provided: ☐ No limitations ☑ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)
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c.i. Family planning services and supplies for individuals of childbearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.
☑ Provided: ☑ No limitations ☐ With limitations*

c.ii. Family planning-related services provided under the above State Eligibility Option.
☑ Provided: ☑ No limitations ☐ With limitations*

*Description provided on attachment.

c.iii. Fertility services for women ages 21 through 44
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New York
2(c)

6. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

7. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit–Part D.

☒ **The following excluded drugs are covered:**

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- ☐ (f) 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