

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

December 30, 2011

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #11-83
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #11-83 to the Title XIX (Medicaid) State Plan for non-institutional services, effective December 1, 2011 (Appendix I). A summary of the plan amendment is provided in Appendix II.

The State of New York is terminating the optional reimbursement of these services because counties utilizing these optional Comprehensive Medicaid Case Management (CMCM) services have Medicaid managed care, and/or patient centered homes, as well as an array of community based program that can serve these targeted populations. This action to discontinue payment of these targeted CMCM services is solely a result of a change in State Medicaid policy.

Copies of pertinent sections of proposed State statute are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on August 31, 2011, is also enclosed for your information (Appendix III). In addition, responses to the standard access questions are also enclosed (Appendix IV).

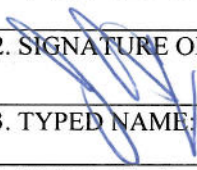
If you have any questions regarding this State Plan submission, please do not hesitate to contact John E. Ulberg Jr., Director, Division of Health Care Financing at (518) 474-6350.

Sincerely,



Jason A. Helgerson
Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #11-83	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 December 1, 2011	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(19) & 1915(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 10/01/11-09/30/12 (\$4,208,946)* b. FFY 10/01/12-09/30/13 (\$4,208,946)*	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A: Pages 1-A13, 1-E7, 1-F9 Attachment 4.19-B: Pages 10-2(a), 11-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Termination of Targeted Case Management Programs: TASA, CONNECT and NBA. (FMAP = 50%) *Savings Breakdown: TASA=(\$3,933,259); CONNECT=(\$152,499); NBA=(\$123,188)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: December 30, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2011 Title XIX State Plan
Fourth Quarter Amendment
Non-Institutional Services
Amended SPA Pages

**New York
10-2(a)**

**Attachment 4.19-B
(12/11)**

Effective December 1, 2011, the optional reimbursement of Medicaid case management services under the CONNECT program will not be covered.

TN#: 11-83 **Approval Date:** _____

Supersedes TN#: NEW **Effective Date:** _____

**New York
11-2**

**Attachment 4.19-B
(12/11)**

Effective December 1, 2011, the optional reimbursement of Medicaid case management services under the TASA and NBA programs will not be covered.

TN#: 11-83 **Approval Date:** _____

Supersedes TN#: NEW **Effective Date:** _____

Effective December 1, 2011, the optional reimbursement of Medicaid case management services under the TASA program will not be covered.

TN#: 11-83 **Approval Date:** _____

Supersedes TN#: NEW **Effective Date:** _____

Effective December 1, 2011, the optional reimbursement of Medicaid case management services under the CONNECT program will not be covered.

TN#: 11-83 **Approval Date:** _____

Supersedes TN#: NEW **Effective Date:** _____

Effective December 1, 2011, the optional reimbursement of Medicaid case management services under the NBA program will not be covered.

TN#: 11-83 **Approval Date:** _____

Supersedes TN#: NEW **Effective Date:** _____

Appendix II
2011 Title XIX State Plan
Fourth Quarter Amendment
Non-Institutional Services
Summary

Summary
SPA #11-83

The State Plan Amendment proposes to terminate the optional reimbursement of Medicaid case management services under the Target Group A-Teen Age Services Act (TASA), Target Group E-CONNECT and Target Group F-Neighborhood Based Alliance (NBA) programs, effective December 1, 2011.

Counties who are utilizing these optional case management services have Medicaid managed care, and/or patient centered medical homes, as well as an array of community based programs that can serve these target populations.

Appendix III
2011 Title XIX State Plan
Fourth Quarter Amendment
Non-Institutional Services
Public Notice

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX Medicaid State Plan to reflect the termination of the TASA (Teen Age Services Act), NBA (Neighborhood Based Alliance) and the CONNECT optional targeted Comprehensive Medicaid Case Management (CMCM) programs effective on or after October 1, 2011. TASA provides case management services for eligible pregnant, parenting and at-risk adolescents under the age of 21; NBA targets individuals residing in under-served and economically distressed areas, which currently operates in the Addison City School District, Steuben County and in the City of Fulton, Oswego County; and CONNECT targets women of child-bearing ages that are pregnant or parenting or infants under one year of age, which is currently operating in Onondaga County only.

The basis for termination of these programs is because counties utilizing these optional CMCM services have Medicaid managed care, and/or patient centered medical homes, as well as a vast array of community based programs that can serve these targeted populations.

The action to discontinue payment of these targeted CMCM services is solely a result of a change in Medicaid policy. This change in policy does not limit provision of services by the Local Departments of Social Services, nor does it limit Medicaid services; therefore, is not subject to a fair hearing.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative for state fiscal year 2011/2012 is (\$4.2) million.

Copies of the proposed state plan amendments will be available for public review on the Department's website at: http://www.health.ny.gov/regulations/state_plans/status

In addition, copies will be on file in each local (county) social services district.

For the New York City district, copies are available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

The public is invited to review and comment on this proposed State Plan amendment.

For further information or to review and comment on this proposed State Plan amendment, please contact or write: Ron Bass, Director, Bureau of Medicaid Policy and Coverage, Department of Health, Office of Health Insurance Programs, Division of Policy and Program Guidance, Empire State Plaza, Rm. 720, Corning Tower, Albany, NY 12237, (518) 473-2160, (518) 486-2495 (FAX)

12. Project Sponsor: Milton Regional Sewer Authority. Project Facility: Wastewater Treatment Plant, Milton Borough and West Chillisquaque Township, Northumberland County, Pa. Application for withdrawal of treated wastewater effluent of up to 0.864 mgd.

13. Project Sponsor and Facility: Pennsylvania General Energy Company, L.L.C. (West Branch Susquehanna River), Pine Creek Township, Clinton County, Pa. Application for surface water withdrawal of up to 0.400 mgd.

14. Project Sponsor and Facility: Seneca Resources Corporation (Marsh Creek), Delmar Township, Tioga County, Pa. Application for surface water withdrawal of up to 0.499 mgd.

15. Project Sponsor and Facility: Southwestern Energy Production Company, Herrick Township, Bradford County, Pa. Application for groundwater withdrawal of up to 0.101 mgd from the Fields Supply Well.

16. Project Sponsor and Facility: Stanley S. Karp Sr. (Tunkhannock Creek), Nicholson Borough, Wyoming County, Pa. Application for surface water withdrawal of up to 0.510 mgd.

17. Project Sponsor and Facility: Susquehanna Gas Field Services, LLC. (Meshoppen Creek), Meshoppen Borough, Wyoming County, Pa. Modification to project features and conditions of the surface water withdrawal approval (Docket No. 20090628).

18. Project Sponsor: Susquehanna Gas Field Services, LLC. Project Facility: Meshoppen Pizza Well, Meshoppen Borough, Wyoming County, Pa. Modification to project features and conditions of the groundwater withdrawal approval (Docket No. 20100612).

19. Project Sponsor and Facility: William C. Wingo (Wingo Ponds), Ulysses Township, Potter County, Pa. Application for surface water withdrawal of up to 0.099 mgd.

20. Project Sponsor and Facility: XTO Energy, Inc. (West Branch Susquehanna River), Chapman Township, Clinton County, Pa. Application for surface water withdrawal of up to 2.000 mgd.

Public Hearing - Projects Scheduled for Action Involving a Diversion:

1. Project Sponsor: Mayor and City Council of Baltimore. Project Facility: Maryland Water Supply System, Halls Cross Roads District, Harford County, Md. Modification to conditions of the diversion approval (Docket No. 20010801).

2. Project Sponsor: SWEPI, LP. Project Facility: Pennsylvania American Water Company - Warren District, Warren City, Warren County, Pa. Application for an into-basin diversion of up to 3.000 mgd from the Ohio River Basin.

3. Project Sponsor: EQT Production Company. Project Facility: Franco Freshwater Impoundment, Washington Township, Jefferson County, Pa. Application for an into-basin diversion of up to 0.482 mgd from the Ohio River Basin.

Opportunity to Appear and Comment:

Interested parties may appear at the above hearing to offer written or oral comments to the Commission on any matter on the hearing agenda, or at the business meeting to offer written or oral comments on other matters scheduled for consideration at the business meeting. The chair of the Commission reserves the right to limit oral statements in the interest of time and to otherwise control the course of the hearing and business meeting. Written comments may also be mailed to the Susquehanna River Basin Commission, 1721 North Front Street, Harrisburg, Pennsylvania 17102-2391, or submitted electronically to Richard A. Cairo, General Counsel, e-mail: rcairo@srbc.net or Stephanie L. Richardson, Secretary to the Commission, e-mail: srichardson@srbc.net. Comments mailed or electronically submitted must be received prior to September 9, 2011, to be considered.

AUTHORITY: Public Law 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: August 12, 2011.

Thomas W. Beauduy

Deputy Executive Director.

**Appendix IV
2011 Title XIX State Plan
Fourth Quarter Amendment
Non-Institutional Services
Responses to Standard Access Questions**

**NON-INSTITUTIONAL SERVICES
State Plan Amendment #11-83**

CMS Standard Access Questions

The following questions have been asked by CMS and are answered by the State in relation to all payments made to all providers under Attachment 4.19-B of the state plan.

- 1. Specifically, how did the State determine that the Medicaid provider payments that will result from the change in this amendment are sufficient to comply with the requirements of 1902(a)(30)?**

Response: No payments will result from this amendment change. The State is amending the State Plan to terminate optional payments for case management services that are available through Medicaid Managed Care Plans, Patient Centered Medical Homes and a variety of community based public health programs.

- 2. How does the State intend to monitor the impact of the new rates and implement a remedy should rates be insufficient to guarantee required access levels?**

Response: There are no new rates to be impacted. This question does not apply.

- 3. How were providers, advocates and beneficiaries engaged in the discussion around rate modifications? What were their concerns and how did the State address these concerns?**

Response: The State is not modifying any rate. Rather, the State is eliminating optional payments for case management services and transitioning recipients to other Medicaid and Public Health Programs that provide similar services. Providers, advocates, other State agencies, local Departments of Social Services and beneficiaries were notified by letters and when appropriate, by conference call, of this change in Medicaid policy. An extensive list of community based programs, by county, was distributed to local social service district offices and to case management provider agencies. Concerns were voiced by advocates and case management providers regarding decreased access to case management services. The State addressed these concerns by response letters, reiterating the availability of case management services through a managed care plan, a Patient Centered Medical Home, or through one of the community based programs listed by the Department of Health's Office of Public Health.

4. **What action(s) does the State plan to implement after the rate change takes place to counter any decrease to access if the rate decrease is found to prevent sufficient access to care?**

Response: See response to Question #3. The State Medicaid program will continue its collaboration with the Department's Office of Public Health to ensure that Medicaid recipients are transitioned to other Medicaid and public health programs that meet their needs. In addition, if there is a decrease in access to care, the State will work with the local districts to ensure that alternative case management options that have been identified are communicated to enrollees.

5. **Is the State modifying anything else in the State Plan which will counterbalance any impact on access that may be caused by the decrease in rates (e.g. increasing scope of services that other provider types may provide or providing care in other settings)?**

Response: The State is not modifying anything else in the State Plan in regard to this amendment. However, Medicaid Managed Care Plans and Patient Centered Medical Homes both encompass a case management component. Moreover, NY DOH Office of Public Health has produced a comprehensive list of community based programs, by geographic region, for recipient referral. This list has been disseminated to all local Departments of Social Services in the State.