

**NEW YORK**  
state department of  
**HEALTH**

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

Sue Kelly  
Executive Deputy Commissioner

March 20, 2012

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 #12-05

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #12-05 to the Title XIX (Medicaid) State Plan effective January 1, 2012.

The proposed amendment is being submitted to include Onondaga County as an additional geographic area in which targeted case management services will be provided through the First-time Mothers/Newborn program.

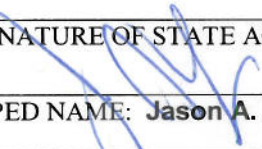
In keeping with our continued agreement, this amendment is being sent to you prior to the end of the first quarter.

If you or your staff have any questions or need any assistance, please contact Karla Knuth of my staff, at (518) 474-1673.

Sincerely,

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>12-05</b>	2. STATE  <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2012</b>	
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: <b>42 CFR 440.169</b>		7. FEDERAL BUDGET IMPACT: a. FFY 01/01/12 – 9/30/12 \$0 b. FFY 10/01/12 – 9/30/13 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 1 to Att 3.1-A: Pages 1-M1, 1-M5</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Supplement 1 to Att 3.1-A: Pages 1-M1, 1-M5</b>	
10. SUBJECT OF AMENDMENT: <b>Case Management Services Target Group M – First-time Mothers/Newborn (FMAP = 50%)</b>			
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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>March 20, 2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**Appendix I**  
**2012 Title XIX State Plan**  
**First Quarter Amendment**  
**Non-Institutional Services**  
**Amended SPA Pages**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State/Territory: New York**

**TARGETED CASE MANAGEMENT SERVICES  
For First-time Mothers and Newborns**

**Target Group: M – First-time Mothers and their Newborn**

The primary target group consists of low-income, pregnant women who will be first-time mothers and their newborn children up to each child’s second birthday. A woman must be enrolled in the targeted case management program during pregnancy, as early as possible, but no later than twenty-eight weeks gestation.

The goals of this program are to improve pregnancy outcomes by providing comprehensive case management services including: 1) assessment of each woman’s need for medical, educational, social and other services; 2) development of a care plan for each woman with goals and activities to help the woman engage in good preventive health practices; and 3) referral, follow-up and assistance in gaining access to needed services including obtaining prenatal care, improving diets, reducing use of cigarettes, alcohol and illegal substances, improving each child’s health and development and reducing quickly recurring and unintended pregnancies.

**Areas of State in which services will be provided (§1915(g)(1) of the Act):**

Entire State.

**Only in the following geographic areas (authority of section 1915(g)(1) of the-Act is invoked to provide services less than Statewide:**

New York City, [and] Monroe and Onondaga Count[y]ies

**TN #** 12-05 **Approval Date** \_\_\_\_\_

**Supersedes TN #** 09-57 **Effective Date** \_\_\_\_\_

Case management services may be provided by agencies, facilities, persons and other groups possessing the capability to provide services that are approved by the Commissioner of the New York State Department of Health (DOH), the single state Medicaid agency, based upon an approved proposal submitted to the New York State DOH. Providers may include:

- a) facilities licensed or certified under New York State law or regulation as Licensed Home Care Services Agencies (LHCSA) or Certified Home Health Agencies (CHHA);
- b) a county health department, including the health department of the City of New York;

2. Case Managers

Case managers must have the education, experience, training and/or knowledge in the areas necessary to conduct case management services including: assess the needs and capabilities of the pregnant or parenting woman and her child; develop a care plan based on the assessment; assist the first-time mother/child in obtaining access to medical, social, educational and other services; make referrals to medical, social, educational and other providers; and monitor activities to ensure that the care plan is effectively implemented and addresses the assessed needs. Case managers under this program are required to be registered nurses with BSN degrees; and be licensed as professional nurses with the New York State Department of Education. In limited circumstances, an RN who does not have a BSN degree but has a specific language competency may be hired in the First-time Mothers/Newborn program to provide care to an under-served population with specific language needs. There are specific criteria for this exception:

- The RN must have a specific language competency (Spanish, Chinese etc.) which would benefit an identified under- served community;
- The RN must be enrolled in a Bachelor’s degree program in nursing, and
- The RN must sign a memorandum of understanding with the implementing agency which stipulates the expected completion timeframe for attaining the BSN degree.

Certification by a nationally-recognized organization, with an evidence-based program in nurse home visits and case management for high risk, first-time mothers and their newborn is preferred.

Case managers in this targeted case management program will meet or exceed the standards set by the single State Medicaid Agency. The case manager must have two years experience in a substantial number of case management activities. Voluntary or part-time experience which can be verified will be accepted on a pro-rata basis.

TN#: #12-05

Approval Date:

Supersedes TN#: 09-57

Effective Date:

**Appendix II**  
**2012 Title XIX State Plan**  
**First Quarter Amendment**  
**Non-Institutional Services**  
**Summary**

**SUMMARY**  
**SPA #12-05**

This state plan amendment proposes to include Onondaga County as an additional geographic area in which targeted case management services will be provided through the First-time Mothers/Newborn program. The program is an evidence-based home visiting program which focuses on a target group of low-income, high risk pregnant women who are first time mothers and their newborn up to the child's second birthday. In addition, this plan amendment proposes to include as case managers, in limited circumstances, RN's without BSN degrees, but with second language skills.

**Appendix III  
2012 Title XIX State Plan  
First Quarter Amendment  
Non-Institutional Services  
Public Notice**



**PUBLIC NOTICE**

## Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan with respect to the provision of targeted case management services in accordance with the Deficit Reduction Act of 2005 and regulations promulgated by the Centers for Medicare and Medicaid Services (CMS). The following changes are proposed:

**Non-Institutional Services**

- Case management services include assessment, development of a care plan, referral to needed services and monitoring. The proposed amendment will ensure that targeted case management services are provided in accordance with the statutory definition of case management adopted in the Deficit Reduction Act of 2005.
- The proposed amendment adds the county of Onondaga to the First-time Mothers/Newborns targeted case management program.
- The proposed amendment clarifies the requirement that all RNs are required to possess a Bachelor of Science in Nursing (BSN) degree for employment in the First-time Mothers/Newborns program, but adds that in limited circumstances, an RN who does not have a BSN but has a specific language competency may be hired to provide care to an under-served population with specific language needs. Specific criteria for this exception are described in this amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this proposed initiative for State fiscal year 2011/2012 is \$6 million.

The public is invited to review and comment on this proposed state plan amendment. Copies of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](http://www.health.ny.gov/regulations/state_plans/status).

Copies of the proposed state plan amendment will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be 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 and to review and comment, please contact: Department of Health, Bureau of HCRA Operations & Financial Analysis, Corning Tower Building, Rm. 984, Empire State Plaza, Albany, NY 12237, (518) 474-1673, (518) 473-8825 (fax), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

**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 for long-term care services to comply with enacted statutory provisions. The following provides clarification to provisions previously noticed on April 27, 2011, and notification of new significant changes:

**Long-Term Care Services**

- The statewide pricing methodology for inpatient services provided by non-specialty residential health care facilities will be effective on January 1, 2012.
- The statewide pricing methodology for the non-capital component of the rates of payment for inpatient services provided by non-specialty residential health care facilities shall reflect a direct statewide price, an indirect statewide price and a facility-specific non-comparable component, determined as follows:
  - A direct statewide price component, which shall consist of a blended price, to be determined as follows:
    - o 50% of the direct price component that is based upon 2007 allowable costs for all non-specialty facilities; and
    - o either 50% of a direct price component that is based upon 2007 allowable costs for hospital-based facilities and facilities with 300 or more beds, or 50% of a direct price component that is based upon 2007 allowable costs for all non-specialty facilities, excluding hospital-based facilities and facilities with 300 or more beds, as applicable.
    - o The direct statewide price shall be adjusted by a wage equalization factor which shall be a blend of 50% of a facility-specific wage equalization factor and 50% of regional wage equalization factor as determined by the Commissioner by regulation. As defined by regulation, there shall be 16 regions used to determine the regional wage equalization factor, and the facility-specific and regional wage equalization factor adjustments shall use data reported for 2009.
    - o The direct statewide price shall also be adjusted by a Medicaid-only case mix. The prices effective January 1, 2012 shall utilize case mix data for January 1, 2011. Thereafter, the direct statewide price shall be updated for a Medicaid-only case mix in July and January of each year, using the case mix data applicable to the previous period (e.g., July 2012 case mix adjustment shall use the January 1, 2012 case mix data, the January 1, 2013 case mix shall use the July 2012 case mix data, etc.).
  - An indirect statewide price component, which shall consist of a blended price, to be determined as follows:
    - o 50% of the indirect price component that is based upon 2007 allowable costs for all non-specialty facilities; and
    - o either 50% of an indirect price component that is based upon 2007 allowable costs for hospital-based facilities and facilities with 300 or more beds or 50% of an indirect price component that is based upon 2007 allowable costs for non-specialty facilities, excluding hospital-based facilities and facilities with 300 or more beds, as applicable.
    - o The indirect statewide price shall be adjusted by a wage equalization factor which shall be a blend of 50% of a facility-specific wage equalization factor and 50% of regional wage equalization factor as determined by the Commissioner by regulation. As defined by regulation, there shall be 16 regions used to determine the regional wage equalization factor, and the facility-specific and regional wage equalization factor adjustments shall use data reported for 2009.
- The rate shall be adjusted to reflect per diem add-ons for dementia, bariatric, and traumatic brain injury patients, as defined by regulation, of \$8 per day, \$17 per day, and \$36 per day, respectively. Such adjustments will be made using case mix data and will be made at the same time that the direct component of the rate is adjusted for case mix as described above.
- The non-comparable component of the rate shall be based upon facility-specific 2007 allowable costs as determined by regulation.