



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

SEP 15 2015

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 #15-0052  
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #15-0052 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2015 (Appendix I). This amendment is being submitted based on State legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

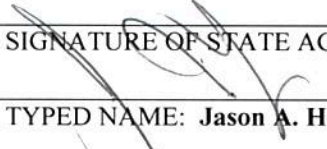
Copies of pertinent sections of proposed State statute are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on June 24, 2015, is also enclosed for your information (Appendix IV). In addition, responses to the five standard access questions are also enclosed (Appendix VI).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,

Jason A. Helgerson  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-0052</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</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>July 1, 2015</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>§ 1902(a) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: ( <i>in thousands</i> ) <b>a. FFY 07/01/15-09/30/15 \$ 316.95</b> <b>b. FFY 10/01/15-09/30/16 \$ 1,848.75</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-D: Page 4</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 3.1-D: Page 4</b>	
10. SUBJECT OF AMENDMENT: <b>Medicaid Transportation Management (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 Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>SEP 15 2015</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  
2015 Title XIX State Plan  
Third Quarter Amendment  
Amended SPA Pages**

**New York**  
**4**

<b>Managed by Local Department of Social Services</b>	<b>Managed by Department of Health Under Contract</b>		
	Albany	Hamilton	Rensselaer
	Allegany	Herkimer	Richmond
	Bronx	Jefferson	Rockland
	Broome	Kings	Saratoga
	Cattaraugus	Lewis	Schenectady
[Nassau]	Cayuga	Livingston	Schoharie
	Chautauqua	Madison	Schuyler
[Suffolk]	Chemung	Monroe	Seneca
	Chenango	Montgomery	Suffolk
	Clinton	Nassau	Steuben
	Columbia	New York	St. Lawrence
	Cortland	Niagara	Sullivan
	Delaware	Oneida	Tioga
	Dutchess	Onondaga	Tompkins
	Erie	Ontario	Ulster
	Essex	Orange	Warren
	Franklin	Orleans	Washington
	Fulton	Oswego	Wayne
	Genesee	Otsego	Westchester
	Greene	Putnam	Wyoming
		Queens	Yates

TN#:                   #15-0052                  

Approval Date: \_\_\_\_\_

Supersedes TN#:           #14-0037          

Effective Date: \_\_\_\_\_

**Appendix II**  
**2015 Title XIX State Plan**  
**Third Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #15-0052**

This State Plan Amendment proposes to add two Long Island New York counties to the State Medicaid Transportation Management Initiative.

**Appendix III**  
**2015 Title XIX State Plan**  
**Third Quarter Amendment**  
**Authorizing Provisions**

Part C. Chapter 57 of the Laws of 2015

§ 23. Subdivision (a) of section 40 of part B of chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, is amended to read as follows:

(a) sections two, three, three-a, three-b, three-c, three-d, three-e and twenty-one of this act shall take effect July 1, 2010; sections fifteen, sixteen, seventeen, eighteen and nineteen of this act shall take effect January 1, 2011; and provided further that section twenty of this act shall be deemed repealed ~~[four]~~ six years after the date the contract entered into pursuant to section 365-h of the social services law, as amended by section twenty of this act, is executed; provided that the commissioner of health shall notify the legislative bill drafting commission upon the execution of the contract entered into pursuant to section 367-h of the social services law in order that the commission may maintain an accurate and timely effective data base of the official text of the laws of the state of New York in furtherance of effectuating the provisions of section 44 of the legislative law and section 70-b of the public officers law;

§ 24. Subdivision 4 of section 365-h of the social services law, as added by section 20 of part B of chapter 109 of the laws of 2010, is amended to read as follows:

4. The commissioner of health is authorized to assume responsibility from a local social services official for the provision and reimbursement of transportation costs under this section. If the commissioner elects to assume such responsibility, the commissioner shall notify the local social services official in writing as to the election, the date upon which the election shall be effective and such information as to transition of responsibilities as the commissioner deems prudent. The commissioner is authorized to contract with a transportation manager or managers to manage transportation services in any local social services district. Any transportation manager or managers selected by the commissioner to manage transportation services shall have proven experience in coordinating transportation services in a geographic and demographic area similar to the area in New York state within which the contractor would manage the provision of services under this section. Such a contract or contracts may include responsibility for: review, approval and processing of transportation orders; management of the appropriate level of transportation based on documented patient medical need; and development of new technologies leading to efficient transportation services. If the commissioner elects to assume such responsibility from a local social services district, the commissioner shall examine and, if appropriate, adopt quality assurance measures that may include, but are not limited to, global positioning tracking system reporting requirements and service verification mechanisms. Any and all reimbursement rates developed by transportation managers under this subdivision shall be subject to the review and approval of the commissioner. ~~[Notwithstanding any inconsistent provision of sections one hundred twelve and one hundred sixty-three of the state finance law, or section one hundred forty-two of the economic development law, or any other law, the commissioner is authorized to enter into a contract or contracts under this subdivision without a competitive bid or request for proposal process, provided, however, that:~~

~~(a) the department shall post on its website, for a period of no less~~



than thirty days:

(i) a description of the proposed services to be provided pursuant to the contract or contracts;

(ii) the criteria for selection of a contractor or contractors;

(iii) the period of time during which a prospective contractor may seek selection, which shall be no less than thirty days after such information is first posted on the website; and

(iv) the manner by which a prospective contractor may seek such selection, which may include submission by electronic means;

(b) all reasonable and responsive submissions that are received from prospective contractors in timely fashion shall be reviewed by the commissioner; and

(c) the commissioner shall select such contractor or contractors that, in his or her discretion, are best suited to serve the purposes of this section.]

## Social Services

\* § 365-h. Provision and reimbursement of transportation costs.

1. The local social services official and, subject to the provisions of subdivision four of this section, the commissioner of health shall have responsibility for prior authorizing transportation of eligible persons and for limiting the provision of such transportation to those recipients and circumstances where such transportation is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title.

2. In exercising this responsibility, the local social services official and, as appropriate, the commissioner of health shall:

(a) make appropriate and economical use of transportation resources available in the district in meeting the anticipated demand for transportation within the district, including, but not limited to: transportation generally available free-of-charge to the general public or specific segments of the general public, public transportation, promotion of group rides, county vehicles, coordinated transportation, and direct purchase of services; and

(b) maintain quality assurance mechanisms in order to ensure that (i) only such transportation as is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title is provided; (ii) no expenditures for taxi or livery transportation are made when public transportation or lower cost transportation is reasonably available to eligible persons; and (iii) transportation services are provided in a safe, timely, and reliable manner by providers that comply with state and local regulatory requirements and meet consumer satisfaction criteria approved by the commissioner of health.

3. In the event that coordination or other such cost savings measures are implemented, the commissioner shall assure compliance with applicable standards governing the safety and quality of transportation of the population served.

4. The commissioner of health is authorized to assume responsibility from a local social services official for the provision and reimbursement of transportation costs under this section. If the commissioner elects to assume such responsibility, the commissioner shall notify the local social services official in writing as to the election, the date upon which the election shall be effective and such information as to transition of responsibilities as the commissioner deems prudent. The commissioner is authorized to contract with a transportation manager or managers to manage transportation services in any local social services district, other than transportation services provided or arranged for enrollees of managed long term care plans issued certificates of authority under section forty-four hundred three-f of the public health law. Any transportation manager or managers selected by the commissioner to manage transportation services shall have proven experience in coordinating transportation services in a geographic and demographic area similar to the area in New York state within which the contractor would manage the provision of services under this section. Such a contract or contracts may include responsibility for: review, approval and processing of transportation orders; management of the appropriate level of transportation based on

documented patient medical need; and development of new technologies leading to efficient transportation services. If the commissioner elects to assume such responsibility from a local social services district, the commissioner shall examine and, if appropriate, adopt quality assurance measures that may include, but are not limited to, global positioning tracking system reporting requirements and service verification mechanisms. Any and all reimbursement rates developed by transportation managers under this subdivision shall be subject to the review and approval of the commissioner.

5. Notwithstanding any contrary provision of law, and subject to federal financial participation, the commissioner of health shall make adjustments to payments under this section, for the purposes of providing increased access to Medicaid non-emergency transportation in rural communities. Up to two million dollars shall be available for such purposes.

\* NB Repealed 6 years after the contract entered into pursuant to this section 365-h is executed

\* § 365-h. Provision and reimbursement of transportation costs.

1. The local social services official shall have responsibility for prior authorizing transportation of eligible persons and for limiting the provision of such transportation to those recipients and circumstances where such transportation is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title.

2. In exercising this responsibility, the local social services official shall:

- (a) make appropriate and economical use of transportation resources available in the district in meeting the anticipated demand for transportation within the district, including, but not limited to: transportation generally available free-of-charge to the general public or specific segments of the general public, public transportation, promotion of group rides, county vehicles, coordinated transportation, and direct purchase of services; and

- (b) maintain quality assurance mechanisms in order to ensure that (i) only such transportation as is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title is provided and (ii) no expenditures for taxi or livery transportation are made when public transportation or lower cost transportation is reasonably available to eligible persons.

3. In the event that coordination or other such cost savings measures are implemented, the commissioner shall assure compliance with applicable standards governing the safety and quality of transportation of the population served.

\* NB Effective 6 years after the contract entered into pursuant to this section 365-h has been executed

**Appendix IV  
2015 Title XIX State Plan  
Third Quarter Amendment  
Public Notice**

objective of the GSRF is to meet or exceed the Morgan Stanley Capital International World Index. The Plan may construct the Global Socially Responsible Fund investment option using a global equity strategy or from the combination of US and non-US equity strategies. To be considered, vendors must submit their product information to Mercer Investment Consulting. Vendors should input or update their product information, as applicable, on Mercer's Global Investment Management Database (GIMD). The address for the website is: [www.mercergimd.com](http://www.mercergimd.com). Vendors not already registered, please call (866) 657-6487 for a user I.D. and password to access the database. There is no fee for entering product information on the database. Please complete the submission of product information in the Mercer database no later than 4:30 P.M. Eastern Time on July 1, 2015.

### PUBLIC NOTICE

#### New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide third party foreign exchange services for certain investment options of the Plan. To be considered, qualified vendors must contact Mercer Investment Consulting to obtain and complete a Third Party Foreign Exchange Provider Questionnaire. There is no fee for requesting or completing the Third Party Foreign Exchange Provider Questionnaire. Please complete and submit the Questionnaire to Mercer Investment Consulting no later than 4:30 P.M. Eastern Time on July 1, 2015. The Plan also recommends that vendors interested in this procurement visit the Plan's website at [www.nyc.gov/olr](http://www.nyc.gov/olr) and download and review the applicable documents.

To request Mercer Investment Consulting's Third Party Foreign Exchange Provider Questionnaire or if you have any questions regarding the Questionnaire, please contact Mercer Investment Consulting. The primary contacts at Mercer Investment Consulting are: Paul G. Sachs (215) 982-4264 and Greg Cran (312) 917-0789.

The Third Party Foreign Exchange Provider Questionnaire should be submitted to Mercer via email at [paul.sachs@mercer.com](mailto:paul.sachs@mercer.com) and [greg.cran@mercer.com](mailto:greg.cran@mercer.com).

### PUBLIC NOTICE

#### Department of Health

On July 15, 1997, New York State's Medicaid demonstration program, The Partnership Plan, was approved by the Federal government under Section 1115 of the Social Security Act. This waiver has been extended and amended to reflect programmatic needs. Under the waiver, the State is required to seek Federal approval of any amendments.

The New York State Department of Health (NYSDOH) is seeking approval from the federal Centers for Medicare & Medicaid Services (CMS) for the following changes:

- to extend the Clinic Uncompensated Care Funding which expired on December 31, 2014. The proposed amendment would extend the federal funding agreement through March 31, 2017.

The Clinic Uncompensated Care program provides funding to qualifying clinic providers including mental health clinics to assist in covering the uncompensated costs of services provided to the uninsured population. In order to receive these funds, each provider must:

- provide a comprehensive range of health care or mental health services;
- have at least five percent of their annual visits providing services to uninsured individuals; and
- have a process in place to collect payments from third party payers.

Additional information concerning the Partnership Plan and any amendment requests can be obtained by writing to:

Department of Health, Office of Health Insurance Programs, Corning Tower (OCP Suite 720), Attention: Waiver Management Unit, Albany, NY 12237 or by e-mail: [1115waivers@health.state.ny.us](mailto:1115waivers@health.state.ny.us)

Written comments concerning the amendment will be accepted at the above address for a period of thirty (30) days from the date of this notice.

Partnership Plan information is also available to the public on-line at [http://www.health.ny.gov/health\\_care/medicaid/redesign/medicaid\\_waiver\\_1115.htm](http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm)

### 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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed for Medicaid transportation services:

#### Non-Institutional Services

Effective July 1, 2015, the Commissioner of Health is adding two Long Island New York counties to the management of Medicaid transportation services, to complete the State's assumption of the Medicaid transportation management in all New York counties. The assumption of Medicaid transportation management in New York is a Medicaid Redesign Team's quality assurance and cost savings initiative.

The estimated cost of the contract for managing Medicaid transportation in these two counties for the State fiscal year 2015-16 is \$2 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 Amendments 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

*For further information and to review and comment, please contact:* Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1460, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

### PUBLIC NOTICE

#### Town of Liberty

The Town of Liberty is soliciting proposals from administrative service agencies relating to trust service, and administration and/or funding of a Deferred Compensation Plan for the employees of the Town of Liberty. They must meet the requirements of section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

**Appendix VI**  
**2015 Title XIX State Plan**  
**Third Quarter Amendment**  
**Responses to Standard Access Questions**

**APPENDIX VI  
NON-INSTITUTIONAL SERVICES  
State Plan Amendment #15-0052**

**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:** Under SPA #15-0052, there is no change to the Department's method of determining Medicaid provider payments. The Commissioner of Health is authorized to assume the responsibility of managing transportation services from any county local department of social services and, in such case, may choose to contract with a transportation manager or managers to oversee transportation services in any county local department of social services.

This authority was provided to the Commissioner of Health by Article VII language, Chapter 109 of the Laws of 2010, amending Section 365-h of the Social Service Law. The resulting State Medicaid transportation management initiatives, including the Long Island region, are Medicaid Redesign Team proposals.

The Commissioner's authority to contract for professional management of Medicaid transportation is being used to improve the delivery of this crucial service, and better align the State's fiscal and program accountability. This authority is exercised in close collaboration and consultation with local social services and county officials in a manner that ensures compliance with both State and local regulations, and consumer satisfaction standards. Furthermore, the assumption of transportation management by the State represents significant mandate relief for localities by shifting the responsibility for administering Medicaid transportation to a contractor operating under the direction of the Department of Health.

Contractors hired by the Department through the use of the Commissioner's authority manage the fee-for-service Medicaid transportation and do not contract with transportation providers. Also, there is no resulting change to the Department's transportation provider reimbursement methodology or the fee approval process.

- 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:** This SPA does not propose new rates or fees and therefore has no impact on rates or fees. This SPA adds the 2 Long Island New York Counties to the State Medicaid Transportation Management Initiative

- 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:** There were no rate modifications resulting from this SPA. The decision for State Transportation Management was a Medicaid Redesign Team (MRT) Initiative with broad stakeholder representation.

- 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:** Since this SPA does not change any rates or fees for transportation providers, no access issues are anticipated in the Long Island New York Region. With each county assumption by New York, the State's Medicaid Transportation Manager transitions the network of transportation providers. In these counties, management of Medicaid Transportation and access has only improved.

- 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:** There are no anticipated access issues as a result of this SPA. The transportation provider network in the Long Island New York Region remains intact. The fee schedule and the requirements for prior authorization remain the same as prior to this SPA being enacted.

The State's contracted Transportation manager for the Long Island region is also the contracted manager for the NYC area. The manager has increased fiscal oversight and program accountability within the Medicaid Transportation Program.