DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19 — 0007

2. STATE: New York

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2019

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
a. FFY 01/01/19-09/30/19 $ 38,925.52
b. FFY 10/01/19-09/30/20 $ 43,976.35

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
MacPro Portal SPA

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
MacPro Portal SPA

10. SUBJECT OF AMENDMENT
Children's Health Home Transition
(FMAP=50%)

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
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED 12/31/18

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

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
2019 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

Records / Submission Packages

NY - Submission Package - NY2018MS0008O - (NY-19-0007) - Health Homes

Summary Reviewable Units News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2018MS0008O	**Submission Type**	Official
Program Name	NYS Health Home Program	**State**	NY
SPA ID	NY-19-0007	**Region**	New York, NY
Version Number	1	**Package Status**	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS0008O
SPA ID NY-19-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: New York
Medicaid Agency Name: Department of Health

Submission Component

(•) State Plan Amendment
(•) Medicaid
( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS0008O
SPA ID NY-19-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NY-19-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID

No items available

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	**SPA ID**	NY-19-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Effective January 1, 2019, the State will provide transitional health home payments to a transitioning provider who will be providing Health Home care management services to a child and who is currently providing Health Care Integration (HCI) or Individualized Care Coordination (ICC) under the current approved 1915c Waiver. Those providers will be entitled to bill the transition rate for up to 2 years. A transitional rate will only be allowed to be billed if there is a corresponding Health Home enrolled child with the appropriate documented Health Home required core service(s) provided to bill the Health Home acuity rate. During this period from January 1, 2019 through December 31, 2020, the provider would continue to bill for the Health Home rate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	$38926
Second	2020	$43976

Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
Fiscal Calculations (19-0007) (11-08-18)	11/8/2018 2:02 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	**SPA ID**	NY-19-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☐ Eligibility

☑ Benefits and Payments

☑ Health Homes Program

○ Create new Health Homes program

◉ Amend existing Health Homes program

○ Terminate existing Health Homes program

NYS Health Home Program

Health Homes SPA - Reviewable Units

*

	Reviewable Unit Name	Included in Another Submission Package	Source Type
☐	Health Homes Intro	○	APPROVED
☐	Health Homes Geographic Limitations	○	APPROVED
☐	Health Homes Population and Enrollment Criteria	○	APPROVED
☐	Health Homes Providers	○	APPROVED
☐	Health Homes Service Delivery Systems	○	APPROVED
☑	Health Homes Payment Methodologies	○	APPROVED
☐	Health Homes Services	○	APPROVED
☐	Health Homes Monitoring, Quality Measurement and Evaluation	○	APPROVED

1 – 8 of 8

Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS0008O
SPA ID NY-19-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

Name of Health Homes Program

NYS Health Home Program

Indicate whether public comment was solicited with respect to this submission.

- ○ Public notice was not federally required and comment was not solicited
- ○ Public notice was not federally required, but comment was solicited
- ◉ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☑ Publication in state's administrative record, in accordance with the administrative procedures requirements — **Date of Publication:** Nov 7, 2018
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
FPN (19-0007)(11-14-18 NYS Register)	11/26/2018 10:51 AM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
Standard Funding Questions (19-0007) (11-07-18)	12/31/2018 9:08 AM EST	

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS0008O
SPA ID NY-19-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

Name of Health Homes Program

NYS Health Home Program

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

(•) Yes
( ) No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

( ) Yes
(•) No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations Health Home Children transition

(•) Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

( ) The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

[x] All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
11/30/2018	paper mailing / electronic mail

[ ] All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

[x] All Indian Tribes

Date of consultation:	Method of consultation:
11/30/2018	paper mailing / electronic mail

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Consultation (19-0007) (Summary)	12/31/2018 9:12 AM EST	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID NY2018MS0008O
SPA ID NY-19-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

SAMHSA Consultation

Name of Health Homes Program

NYS Health Home Program

Date of consultation

11/20/2014

☑ The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	**SPA ID**	NY-19-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Payment Methodology

The State's Health Homes payment methodology will contain the following features

☑ Fee for Service

- ☐ Individual Rates Per Service
- ☑ Per Member, Per Month Rates
- ☑ Fee for Service Rates based on
  - ☑ Severity of each individual's chronic conditions
  - ☐ Capabilities of the team of health care professionals, designated provider, or health team
  - ☑ Other

    Describe below

    see text box below regarding rates
- ☐ Comprehensive Methodology Included in the Plan
- ☐ Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below

☐ PCCM (description included in Service Delivery section)

☐ Risk Based Managed Care (description included in Service Delivery section)

☐ Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	**SPA ID**	NY-19-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Agency Rates

Describe the rates used

- (●) FFS Rates included in plan
- ( ) Comprehensive methodology included in plan
- ( ) The agency rates are set as of the following date and are effective for services provided on or after that date

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	**SPA ID**	NY-19-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
   - the frequency with which the state will review the rates, and
   - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description

Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy, and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Provider Type

NYS Medicaid providers eligible to become health homes include managed care plans; hospitals; medical, mental and chemical dependency treatment clinics; primary care practitioner practices; PCMHs; FQHCs; Targeted Case Management (TCM) providers; certified home health care agencies and any other Medicaid enrolled providers that meet health home provider standards.

Care Management Fee:

Health Homes meeting State and Federal standards will be paid a per member per month care management fee that is adjusted based on region and case mix method for adults, or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for children age 0 through 20). The total cost relating to a care manager (salary, fringe benefits, non-personal services, capital and administration costs) in conjunction with caseload assumptions were used to develop the Health Home rates. The state periodically reviews the Health Home payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services.

Effective May 1, 2018, the per member per month care management fee for adults will be based on region and case mix defined by populations as indicated below. Health Home rates for children will continue to be determined by an algorithm applied to the CANS-NY assessment. The risk adjusted payments will allow providers to receive a diverse population of patients and assign patients to various levels of care management intensity without having to meet preset standards for contact counts. Providers will be able to respond to and adjust the intensity and frequency of intervention based on patient's current condition and needs (from tracking to high touch). All rates will be published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Rates for Health Home services to children are effective October 1, 2016 and apply to services furnished on and after October 1, 2016.

For dates of service beginning June 1, 2018 through December 31, 2018 , the per member per month care management fee for Health Homes that are, as of June 1, 2018, designated to serve children only, or designated to serve children in 43 counties and adults and children in one county, shall be adjusted to provide $4 million in payments to supplement care management fees. The supplemental payments shall be paid no later than March 31, 2019 and will be allocated proportionately among such Health Homes based on services provided between June 1, 2018 and December 1, 2018. The supplement shall be a lump sum payments.

Rates for Health Home services furnished to other populations are effective as noted below and apply to services furnished on and after such dates.

State Health Home Rates and Rate Codes Effective October 1, 2017 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_effective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective May 1, 2018 can be found at:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_effective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective October 1, 2018 can be found at:
https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018.xlsx

Population Case Mix Definitions for Health Home Adult Rates

Health Home Plus/Care Management Rates include adults with active AOT order or expired AOT order within last year; adults stepping down from State PC and ACT; Health and Recovery Plan (HARP) members that meet high risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home High Risk/Need Care Management Rates, include adults that are HARP enrolled members not included in the Health Home Plus/Care Management; any adult member meeting high risk criteria based on the high, medium and low, Clinical and Functional Assessment; and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home Care Management Rates, include all other adults not meeting criteria for Health Home Services Adult Home Transition Rates, Health Home Plus/Care Management or High Risk /High Need Care Management Rates.

Health Home Services Adult Home Transition Rates apply to individuals, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, that are Adult Home Residents with serious mental illness (SMI) that are required to transition from Adult Homes located in New York City to the community.

The care management fee will be paid in two increments based on whether a patient was in 1) the case finding group or 2) the active care management group. Effective October 1, 2017, the case finding group will receive a PMPM for two consecutive months after a patient has been assigned or referred to the health home. The consecutive second month must be documented by a face-to-face contact. Two additional months of the case finding PMPM may be billed with a rolling 12 month period. Effective October 1, 2018, the PMPM will be reduced as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above. This PMPM is intended to cover the cost of outreach and engagement.

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month health home providers must, at a minimum, provide one of the core health home services per month. The monthly payment will be paid via the case finding and active care management PMPM. To bill the active case management fee, the patient must have: consented to receive services, been assigned to a care manager and be enrolled in the health home program. Care managers must document all services provided to the member in the member's care plan.

Managed Care Considerations:

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract has been modified to include language similar to that outlined below which addresses any duplication of payment between the MCO capitation payments and health home payments. The delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care.

- The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks to include additional State designated health home providers to ensure appropriate access.
- Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes.

- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its' network.

The State has a health home advisory committee of providers and managed care plans through which any issues with payment would be raised and addressed. Directions have been given to health plans to match health home payment to providers based on relative health home care management effort. Further information on specific construction on health home rates includes specific administration compensation to guide rate differential construct.

Targeted Case Management (TCM) Conversion Considerations:

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

Health Home care management services may be provided to children that are eligible and enrolled in both the Early Intervention Program and Health Home, and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the Early Intervention Program.

All payments will be made under the health home payment detailed above in the care management fee section if they convert to or become part of a health home. Effective October 1, 2017, the case finding PMPM will be paid under the provisions described in the care management fee section.

Children's Transitional Rates

Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915c B2H waivers, who shall provide Health Home Care Management services in accordance with this section effective on January 1, 2019, shall be eligible for a transition rate add-on for two years to enable providers to transition to Health Home rates. Health Home Care Management Services eligible for the transition rate add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the Health Home rate without the add-on. The transition methodology is set forth in the transitional rate chart.

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019

Health Home	Add-On			Transitional Rate				
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	7926: SED (L)	$948.00	$992.00	SED (L)	$1,173.00	$1,232.00
1870: Medium	$450.00	$479.00	7925: SED (M)	$723.00	$753.00	SED (M)	$1,173.00	$1,232.00
1871: High	$750.00	$799.00	7924: SED (H)	$423.00	$433.00	SED (H)	$1,173.00	$1,232.00

July 1, 2019 through December 31, 2019

Health Home	Add-On			Transitional Rate				
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	7926: SED (L)	$711.00	$744.00	SED (L)	$936.00	$984.00
1870: Medium	$450.00	$479.00	7925: SED (M)	$542.00	$565.00	SED (M)	$992.00	$1,044.00
1871: High	$750.00	$799.00	7924: SED (H)	$317.00	$325.00	SED (H)	$1,067.00	$1,124.00

January 1, 2020 through June 30, 2020

Health Home	Add-On			Transitional Rate				
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	7926: SED (L)	$474.00	$496.00	SED (L)	$699.00	$736.00
1870: Medium	$450.00	$479.00	7925: SED (M)	$362.00	$377.00	SED (M)	$812.00	$856.00
1871: High	$750.00	$799.00	7924: SED (H)	$212.00	$217.00	SED (H)	$962.00	$1,016.00

July 1, 2020 through December 31, 2020

Health Home	Add-On			Transitional Rate				
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	7926: SED (L)	$237.00	$248.00	SED (L)	$462.00	$488.00

1870: Medium	$450.00	$479.00	7925: SED (M)	$181.00	$188.00	SED (M)	$631.00	$667.00
1871: High	$750.00	$799.00	7924: SED (H)	$106.00	$108.00	SED (H)	$856.00	$907.00

January 1, 2019 through June 30, 2019

Health Home			Add-On			Transitional Rate		
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	8002: B2H (L)	$925.00	$960.00	B2H (L)	$1,150.00	$1,200.00
1870: Medium	$450.00	$479.00	8001: B2H (M)	$700.00	$721.00	B2H (M)	$1,150.00	$1,200.00
1872: High	$750.00	$799.00	8000: B2H (H)	$400.00	$401.00	B2H (H)	$1,150.00	$1,200.00

July 1, 2019 through December 31, 2019

Health Home			Add-On			Transitional Rate		
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	8002: B2H (L)	$694.00	$720.00	B2H (L)	$919.00	$960.00
1870: Medium	$450.00	$479.00	8001: B2H (M)	$525.00	$541.00	B2H (M)	$975.00	$1,020.00
1871: High	$750.00	$799.00	8000: B2H (H)	$300.00	$301.00	B2H (H)	$1,050.00	$1,100.00

January 1, 2020 through June 30, 2020

Health Home			Add-On			Transitional Rate		
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	8002: B2H (L)	$463.00	$480.00	B2H (L)	$688.00	$720.00
1870: Medium	$450.00	$479.00	8001: B2H (M)	$350.00	$361.00	B2H (M)	$800.00	$840.00
1871: High	$750.00	$799.00	8000: B2H (H)	$200.00	$201.00	B2H (H)	$950.00	$1,000.00

July 1, 2020 through December 31, 2020

Health Home			Add-On			Transitional Rate		
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	$225.00	$240.00	8002: B2H (L)	$231.00	$240.00	B2H (L)	$456.00	$480.00
1870: Medium	$450.00	$479.00	8001: B2H (M)	$175.00	$180.00	B2H (M)	$625.00	$659.00
1871: High	$750.00	$799.00	8000: B2H (H)	$100.00	$100.00	B2H (H)	$850.00	$899.00

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2018MS0008O | NY-19-0007 | NYS Health Home Program

Package Header

Package ID	NY2018MS0008O	**SPA ID**	NY-19-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	1/1/2019
Superseded SPA ID	NY-18-0051		
	System-Derived		

Assurances

☑ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services. http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm.

☑ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

☑ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

☑ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
Standard Funding Questions (19-0007) (11-07-18)	11/26/2018 11:01 AM EST	

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Appendix II
2019 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #19-0007

This State Plan Amendment proposes to provide transitional Health Home payments to a transitioning provider who will be providing Health Home care management services to a child and who is currently providing Health Care Integration (HCI) or Individualized Care Coordination (ICC) under the current approved 1915c Waiver. Those providers will be entitled to bill the transition rate for up to 2 years. A transitional rate will only be allowed to be billed if there is a corresponding Health Home enrolled child with the appropriate documented Health Home required core service(s) provided to bill the Health Home acuity rate. During this period from January 1, 2019 through December 31, 2020, the provider would continue to bill for the Health Home rate.

Appendix III
2019 Title XIX State Plan
First Quarter Amendment
Authorizing Provisions

As of 06/28/2017 12:32PM , the Laws database is current through 2017 Chapters 1-48, 55-59

Social Services

§ 365-l. Health homes. 1. Notwithstanding any law, rule or regulation to the contrary, the commissioner of health is authorized, in consultation with the commissioners of the office of mental health, office of alcoholism and substance abuse services, and office for people with developmental disabilities, to (a) establish, in accordance with applicable federal law and regulations, standards for the provision of health home services to Medicaid enrollees with chronic conditions, (b) establish payment methodologies for health home services based on factors including but not limited to the complexity of the conditions providers will be managing, the anticipated amount of patient contact needed to manage such conditions, and the health care cost savings realized by provision of health home services, (c) establish the criteria under which a Medicaid enrollee will be designated as being an eligible individual with chronic conditions for purposes of this program, (d) assign any Medicaid enrollee designated as an eligible individual with chronic conditions to a provider of health home services.

2. In addition to payments made for health home services pursuant to subdivision one of this section, the commissioner is authorized to pay additional amounts to providers of health home services that meet process or outcome standards specified by the commissioner. Such additional amounts may be paid with state funds only if federal financial participation for such payments is unavailable.

2-a. Up to fifteen million dollars in state funding may be used to fund health home infrastructure development. Such funds shall be used to develop enhanced systems to support Health Home operations including assignments, workflow, and transmission of data. Funding will also be disbursed pursuant to a formula established by the commissioner to be designated health homes. Such formula may consider prior access to similar funding opportunities, geographic and demographic factors, including the population served, and prevalence of qualifying conditions, connectivity to providers, and other criteria as established by the commissioner.

2-b. The commissioner is authorized to make lump sum payments or adjust rates of payment to providers up to a gross amount of five million dollars, to establish coordination between the health homes and the criminal justice system and for the integration of information of health homes with state and local correctional facilities, to the extent permitted by law. Such rate adjustments may be made to health homes participating in a criminal justice pilot program with the purpose of enrolling incarcerated individuals with serious mental illness, two or more chronic conditions, including substance abuse disorders, or HIV/AIDS, into such health home. Health homes receiving funds under this subdivision shall be required to document and demonstrate the effective use of funds distributed herein.

2-c. The commissioner is authorized to make grants up to a gross amount of one million dollars for certified application counselors and assistors to facilitate the enrollment of persons in high risk populations, including but not limited to persons with mental health and/or substance abuse conditions that have been recently discharged or are pending release from state and local correctional facilities. Funds allocated for certified application counselors and assistors shall be expended through a request for proposal process.

offered an option of at least two providers of health home services, to the extent practicable.

4. Payments authorized pursuant to this section will be made with state funds only, to the extent that such funds are appropriated therefore, until such time as federal financial participation in the costs of such services is available.

5. The commissioner is authorized to submit amendments to the state plan for medical assistance and/or submit one or more applications for waivers of the federal social security act, to obtain federal financial participation in the costs of health home services provided pursuant to this section, and as provided in subdivision three of this section.

6. Notwithstanding any limitations imposed by section three hundred sixty-four-l of this title on entities participating in demonstration projects established pursuant to such section, the commissioner is authorized to allow such entities which meet the requirements of this section to provide health home services.

7. Notwithstanding any law, rule, or regulation to the contrary, the commissioners of the department of health, the office of mental health, the office for people with developmental disabilities, and the office of alcoholism and substance abuse services are authorized to jointly establish a single set of operating and reporting requirements and a single set of construction and survey requirements for entities that:

(a) can demonstrate experience in the delivery of health, and mental health and/or alcohol and substance abuse services and/or services to persons with developmental disabilities, and the capacity to offer integrated delivery of such services in each location approved by the commissioner; and

(b) meet the standards established pursuant to subdivision one of this section for providing and receiving payment for health home services; provided, however, that an entity meeting the standards established pursuant to subdivision one of this section shall not be required to be an integrated service provider pursuant to this subdivision.

In establishing a single set of operating and reporting requirements and a single set of construction and survey requirements for entities described in this subdivision, the commissioners of the department of health, the office of mental health, the office for people with developmental disabilities, and the office of alcoholism and substance abuse services are authorized to waive any regulatory requirements as are necessary to avoid duplication of requirements and to allow the integrated delivery of services in a rational and efficient manner.

8. (a) The commissioner of health is authorized to contract with one or more entities to assist the state in implementing the provisions of this section. Such entity or entities shall be the same entity or entities chosen to assist in the implementation of the multipayor patient centered medical home program pursuant to section twenty-nine hundred fifty-nine-a of the public health law. Responsibilities of the contractor shall include but not be limited to: developing recommendations with respect to program policy, reimbursement, system requirements, reporting requirements, evaluation protocols, and provider and patient enrollment; providing technical assistance to potential medical home and health home providers; data collection; data sharing; program evaluation, and preparation of reports.

(b) 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 of health is authorized to enter into a contract or contracts under paragraph (a) of this subdivision without a competitive bid or request for proposal process, provided, however, that:

3. Until such time as the commissioner obtains necessary waivers and/or approvals of the federal social security act, Medicaid enrollees assigned to providers of health home services will be allowed to opt out of such services. In addition, upon enrollment, an enrollee shall be

Appendix IV
2019 Title XIX State Plan
First Quarter Amendment
Public Notice

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

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. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, the State will provide transitional health home payments to a transitioning provider who will be providing Health Home care management services to a child and who is currently providing Health Care Integration (HCI) or Individualized Care Coordination (ICC) under the current approved 1915c Waiver. Those providers will be entitled to bill the transition rate for up to 2 years. A transitional rate will only be allowed to be billed if there is a corresponding Health Home enrolled child with the appropriate documented Health Home required core service(s) provided to bill the Health Home acuity rate. During this period from January 1, 2019 through December 31, 2020, the provider would continue to bill for the Health Home rate.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendments.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees' Retirement System hereby gives public notice of the following:

The persons whose names and last known addresses are set forth below appear from records of the above named Retirement System to be entitled to accumulated contributions held by said retirement system whose membership terminated pursuant to Section 517-a of the Retirement and Social Security Law on or before September 30, 2018. This notice is published pursuant to Section 109 of the Retirement and Social Law of the State of New York.

A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at the 110 State St., in the City of Albany, New York. At the expiration of six months from the date of the publication of this notice. The accumulated contributions of the persons so listed shall be deemed abandoned and shall be placed in the pension accumulation fund to be used for the purpose of said fund. Any accumulated contributions so deemed abandoned and transferred to the pension accumulation fund may be claimed by the persons who made such accumulated contributions or, in the event of his death, by his estate or such person as he shall have nominated to receive such accumulated contributions, by filing a claim with the State Comptroller in such form and in such a manner as may be prescribed by him, seeking the return of such abandoned contributions. In the event such claim is properly made the State Comptroller shall pay over to the person or persons or estate making the claim such amount of such accumulated contributions without interest.

Buono, Joseph A - New Hampton, NY
Cruz, Noemi - Jamaica, NY
De La Cruz, Raymond A - Utica, NY
Gorski, Amanda L - Buffalo, NY
James, Nichole I - Bronx, NY

Smith, Brandon - Wilson, NY

Talma, Peter E - Sauquoit, NY

For further information contact: Kimberly Zeto, New York State Retirement Systems, 110 State St., Albany, NY 12244, (518) 474-3502

PUBLIC NOTICE

New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees' Retirement System hereby gives public notice of the following:

The persons whose names and last known addresses are set forth below appear from records of the above named Retirement System to be entitled to accumulated contributions held by said retirement system whose membership terminated pursuant to Section 613 of the Retirement and Social Security Law on or before September 30, 2018. This notice is published pursuant to Section 109 of the Retirement and Social Security Law of the State of New York. A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at the 110 State St., in the City of Albany, New York. At the expiration of six months from the date of the publication of this notice. The accumulated contributions of the persons so listed shall be deemed abandoned and shall be placed in the pension accumulation fund to be used for the purpose of said fund. Any accumulated contributions so deemed abandoned and transferred to the pension accumulation fund may be claimed by the persons who made such accumulated contributions or, in the event of his death, by his estate or such person as he shall have nominated to receive such accumulated contributions, by filing a claim with the State Comptroller in such form and in such a manner as may be prescribed by him, seeking the return of such abandoned contributions. In the event such claim is properly made the State Comptroller shall pay over to the person or persons or estate making the claim such amount of such accumulated contributions without interest.

Abraham,Arun B - Floral Park, NY
Aceto,Antonio P - Herkimer, NY
Adkison,Waheedah Z - Syracuse, NY
Aguila,Anne G - Fords, NJ
Albee,Ann M - Pine City, NY
Allen,Brandy S - Port Byron, NY
Allen,Noah S - Jamestown, NY
Alli,Bebi R - Queens Vlg, NY
Allport,Tara M - New York, NY
Almeida,Michelle E - Rochester, NY
Alvarado Chang,Elizabeth - Mahopac, NY
Anastasi,Louis M - N Tonawanda, NY
Anderson,Jocelyn J - Buffalo, NY
Anderson,Kelsey S - Penfield, NY
Andrews,Megan C - Horseheads, NY
Anfossi,John A - Long Beach, NY
Antos,Timothy A - Marcellus, NY
Arlotta,Mary Lynn - North Tonawanda, NY
Armida,Jaime L - Stony Point, NY
Auguste,Marie C - Spring Valley, NY
Avery,Nicholas P - Ronkonkoma, NY
Azadi,Michelle - Selden, NY
Baideme,Talena M - Westfield, NY
Bailey,Brittney P - Hempstead, NY
Bailie,Eric M - Rensselaer, NY
Baranava,Valiantsina A - Astoria, NY
Barclay,Deborah L - Buffalo, NY
Barrett,Cailie A - Delmar, NY
Bassett,Amanda J - Menands, NY
Bast,Andrew - Carmel, NY
Bates,Timothy - Massapequa, NY
Batt,Barbara A - Bolton Lndg, NY
Battaglia,Joseph A - Youngstown, NY
Bauer,Cathryn J - Honolulu,HI
Baynes,Thea E - Delmar, NY
Bazoge,Allie C - Medford, NY
Bean,Kevin L - Kings Park, NY
Beckman,Aiesha L - Buffalo, NY
Bennett,Mackenzie R - Fort Johnson, NY
Benvenuto,Michael P - Brewster, NY
Berezney,Kayley A - Portland,OR
Berryann,Audra L - Dorchester,MA
Besner,Beverly S - Cayuga, NY
Bessette,Scott J - Ticonderoga, NY
Bifulco,Danielle D - Sorrento,FL
Bird,Robert J - Latham, NY
Bishop,Marc D - Lisbon, NY
Bitterman,Samantha M - Lancaster, NY
Blaustein,Spencer A - East Hills, NY
Bliss,Amanda C - Marcellus, NY
Bocchino,Brittany M - Centereach, NY
Boeltz,Megan E - Greene, NY
Bongiorno,John T - New City, NY
Botting,Eric M - Oswego, NY
Boyzuck,Heather E - Mexico, NY
Bracey,Karla C - Mt Vernon, NY
Bradley,Jessica L - Pavilion, NY
Brass,Ruth A - Buffalo, NY
Brassard,Michael A - Oswego, NY
Brockway,Luke A - Stamford, NY
Brody,Kyle E - Brentwood,TN
Bronson,Kayla B - Herkimer, NY
Brooks,Daniel A - Seminole,FL
Brown,George E - White Plains, NY
Browning,Melanie I - Floral Park, NY
Brunick,Kaytlynn M - Wynantskill, NY
Brunson,Debra R - Bronx, NY
Bryant,Jodie L - Elmira, NY
Bucchino,John P - Floral Park, NY
Buckleystein,Rebecca A - Bakersfield,CA
Bunce,Wesley T - Herkimer, NY
Bunzey,Linda E - Vestal, NY
Burdick,Shawn L - Coxsackie, NY
Burns,Stephen E - Baiting Hollow, NY
Burris,Levonne A - Syracuse, NY
Burt,Ethan J - Almond, NY
Burton,Keisha N - Rochester, NY
Butski,Alexis A - Lewiston, NY
Byrne,Devin W - Northport, NY
Caldwell,Cassandra L - Frankfort, NY
Cameron,Jodi L - Ctr Moriches, NY
Campbell,Caitlin E - Brooklyn, NY
Campbell,Jacob E - Fremont,OH
Capellan,Anthony - New York, NY
Cappellano,Michele S - Rye, NY
Card,Russell L - Chenango Forks, NY
Carlson,Samuel A - Altamont, NY
Carr,Katelyn A - Cheektowaga, NY

Appendix V
2019 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #19-0007

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. **Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

   Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental,**

enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- **(i) a complete list of the names of entities transferring or certifying funds;**
- **(ii) the operational nature of the entity (state, county, city, other);**
- **(iii) the total amounts transferred or certified by each entity;**
- **(iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
- **(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

Response: Payments made to service providers under the provisions of this SPA are funded through a budget appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriation is the Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources. There have been no new provider taxes and no existing taxes have been modified.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

Response: The payments authorized for this provision are not supplemental or enhanced payments.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**

Response: Health Home payments are not subject to UPL requirements.

5. **Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

   Response: The rate methodology included in the State Plan for health home services is a per member per month (PMPM) case management fee adjusted by region and case mix (from clinic risk group (CRG) methodology). This fee will eventually be adjusted by the patient functional status. We are unaware of any requirement under current federal law or regulation that limits individual provider's payments to their actual costs.

ACA Assurances:

1. **Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

   MOE Period.
   - **Begins on: March 10, 2010, and**
   - **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

   Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. **Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

   Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. **Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

   Response: The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

a) **Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
b) **Please include information about the frequency inclusiveness and process for seeking such advice.**
c) **Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.