Department of Health

ANDREW M. CUOMO
Governor

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

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

MAR 29 2019

Mr. Ricardo Holligan
Acting 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 #19-0014
Non-Institutional Services

Dear Mr. Holligan:

The State requests approval of the enclosed amendment #19-0014 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective January 1, 2019 (Appendix I). This amendment is being submitted based on enacted 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.

A copy of pertinent sections of enacted legislation is 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 December 26, 2018, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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
1 9 — 0 0 1 4

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
§1915(g) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 01/01/19-09/30/19 $ 7,726.07
b. FFY 10/01/19-09/30/20 $ 10,301.43

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

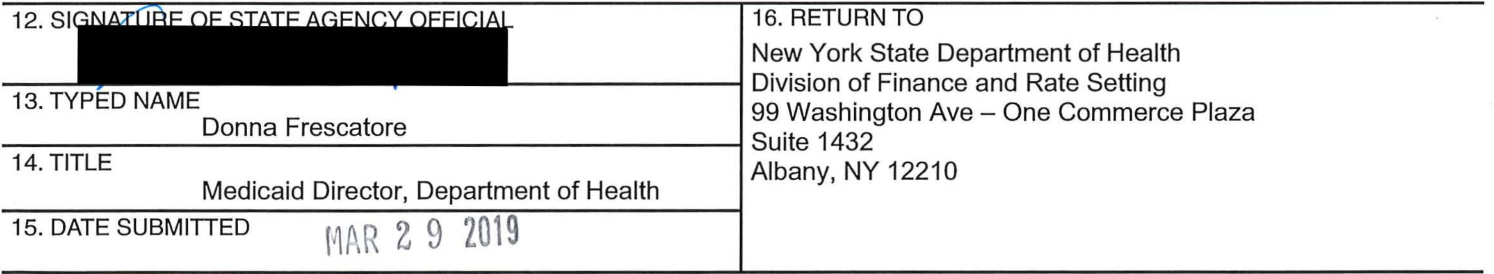
Attachment: 3.1-A Supp 1. Pages:
1-B.8,1-B.9,1-B.10,1-B.11,1-B.12,1-B.13,1-B.14,1-B.15
Attachment: 3.1-B Supp 1. Pages:
1-B.8,1-B.9,1-B.10,1-B.11,1-B.12,1-B.13,1-B.14,1-B.15
Attachment: 4.19-B Page: 3(H.14)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

10. SUBJECT OF AMENDMENT
NYSTART
(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

13. TYPED NAME
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED
MAR 29 2019

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

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
Effective 01/01/2019, New York Systemic, Therapeutic Assessment, Resources and Treatment (START) services are targeted services for individuals with intellectual and developmental disabilities who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams who provide personalized and intensive time limited therapeutic clinical coordination of Medicaid services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. These teams provide 24/7 service accessibility.
Eligible are persons enrolled in Medical Assistance who:

(1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and
(2) Have significant behavioral or MH needs that places them at risk for placement in a more restrictive setting, and
(3) Need the support of the START team to establish the clinical stabilization services and related services that may be needed, and
(4) Reside in their own or family home, live in an OPWDD certified residence (Individualized Residential Alternative, Community Residence, Family Care Home or Intermediate Care Facility/IID).

___ **Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 0 (zero) consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)**

Areas of State in which services will be provided (§1915(g)(1) of the Act):
X Entire State
___ Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include**
  - **Gathering pertinent individual and family history;**
  - **identifying the individual's needs and completing related documentation; and**

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**

Use of standardized assessments are required to be completed by the START clinical coordinator to collect client history which include:

1. START intake/assessment
2. Aberrant Behavior Checklist (at intake and repeated every 6 months or at case inactivity)
3. Recent Stressors Questionnaire (RSQ) at intake and repeated when crises occur
4. Family Experiences with Mental Health Providers for Persons with Intellectual and Developmental Disabilities (FEIS) at intake and 12 months following enrollment
5. The Maston Evaluation for Medication Side Effects (MEDS), required during emergency Resource Center admissions

❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
- **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
- **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
- **identifies a course of action to respond to the assessed needs of the eligible individual;**

Based on assessments completed individualized clinical action and crisis plans are developed. START clinical coordinator consults with the team's clinical director and team leader to identify which START services the enrolled individual should receive. A START Plan is developed to identify and outline the services that will be provided. A START Plan is reviewed quarterly to continually asses identifying needs of the individual and ensure services are provided in a timely manner.

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

START plans include the following:

1. START Action Plan – based on comprehensive assessment, the START Action Plat identifies the intensity of the needs of the person enrolled in services as well as the person's system of support and is reviewed on a quarterly basis for the first year of case activity (after the first year, frequency of updates is based on intensity) in order to assure adequate planning based on the changing needs of the person and system.
2. Cross-Systems Crisis Prevention & Intervention Plans (CSCPIPs) – is an individualized, person-specific written plan of response for acute crisis situations. The CSCPIP provides clear, concrete, and realistic set of supportive interventions that prevents, de-escalates, and protects an individual from experiencing a behavioral health crisis.

- **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**

- **Monitoring and follow-up activities:**
  - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
    - **services in the care plan are adequate; and**
    - **changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.**

START recipients receive monitoring and follow-up activities at varying levels of involvement and involvement intensity, depending on the needs identified in the comprehensive assessment and ongoing re-assessment. These terms are defined as follows:

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Level of Involvement:

START recipients receive monitoring and ongoing stabilization services at varying levels of intensity, depending on the needs identified in the initial comprehensive assessment and ongoing re-assessment. As a person responds to the service and gains clinical stability the level of involvement from the clinical team is reduced. The levels of involvement and intensity are categorized as follows:

Level of Involvement:

1. **stable**, coordinator provides periodic (quarterly) outreach and planned services
2. **functioning adequately, c**oordinator provides regular (monthly) outreach and planned services
3. **Moderate intervention** is needed (multiple times per month)
4. **Intensive intervention** is needed (weekly or more)

Involvement Intensity

1. **Stable:** individual is stable and only need periodic (quarterly) outreach and crisis plan review
2. **Low:** monthly outreach and crisis plan review is needed
3. **Moderate:** multiple outreach or crisis planning contacts per month with active work on CSCPIP, consultations, linkages to other resources or CSE work.
4. **High:** weekly or more outreach and active crisis planning. May need hospital discharge/transition support, psychological/psychiatric consultation and follow-up.

If needed, START services will be delivered at a START Resource Center. Start Resource Centers provide proactive clinical supports in an accessible, safe and positive environment. These centers are self-contained Mental Health programs made up of a team of multidisciplinary Mental Health staff, who provide most of the treatment, rehabilitation, and support services individuals need to achieve their goals.

Therapeutic Resource Center services are available to provide 24-hour crisis assessment, consultation and intervention; symptom identification and management; medication monitoring, review and administration; co-occurring services; skills teaching and education; and provision of support to families and significant others. Some of the benefits of a NYSTART Therapeutic Resource Center stay are: structured therapeutic social environment and group activities; treatment monitoring; stress reduction skills; stabilization and planning for strengths and service needs; caregiver training; and increased self-esteem and independence.

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

During a stay at a Therapeutic Resource Center, the individual is able to experience positive social interaction, learn coping strategies to reduce stress and enhance independent living skills. In providing these services, the goal is ultimately for the person to return to her/his home environment

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

As a targeted service that does not replace any members of an existing system of support for a person, the following disciplines are required to be hired as the team consists of clinical staff who are specialists in the behavioral health aspects of I/DD.

- **Program Director** (Master's Degree in Social Work, Psychology, Counseling or other human service field)
- **Clinical Director** (Ph.D. in Psychology and licensed by the state's Psychology Board)
- **Medical Director** (M.D./D.O. or APRN with specialty in Psychiatry, licensed to practice in the state)
- **Clinical Team Leaders** (Master's Degree in Social Work, Counseling, Psychology or human service field)
- **START Coordinators** (Master's Degree in Social Work, Psychology, Counseling or other human service field)

Staff in each of the defined categories are required to complete extensive training and be certified as START Coordinators through the National Center for START Services. This means that START Coordinators are able to work independently to use the tools of START and are also trained as trainers in the Mental Health Aspects of Individuals with Developmental Disabilities. This training and certification exceed any standards required in the I/DD system and provide a foundation for the specialized, time limited crisis service described above.

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
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Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. **Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.**
2. **Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**

Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt

- **of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
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Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

START providers meet all program standards and are approved based on a review of the providers fidelity to the national START standards.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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TARGETED CASE MANAGEMENT SERVICES
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While the activities of Care Managers secure access to an individual's needed services, the activities of care coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

State Plan under Title XIX of the Social Security Act
State/Territory: New York

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Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
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Eligible are persons enrolled in Medical Assistance who:

(1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and
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(3) Need the support of the START team to establish the clinical stabilization services and related services that may be needed, and
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State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**

Use of standardized assessments are required to be completed by the START clinical coordinator to collect client history which include:

1. START intake/assessment
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5. The Maston Evaluation for Medication Side Effects (MEDS), required during emergency Resource Center admissions

❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
- **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
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State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

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START plans include the following:

1. START Action Plan – based on comprehensive assessment, the START Action Plat identifies the intensity of the needs of the person enrolled in services as well as the person's system of support and is reviewed on a quarterly basis for the first year of case activity (after the first year, frequency of updates is based on intensity) in order to assure adequate planning based on the changing needs of the person and system.
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- **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**

- **Monitoring and follow-up activities:**
  - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
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State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
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Level of Involvement:

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4. **Intensive intervention** is needed (weekly or more)

Involvement Intensity

1. **Stable:** individual is stable and only need periodic (quarterly) outreach and crisis plan review
2. **Low:** monthly outreach and crisis plan review is needed
3. **Moderate:** multiple outreach or crisis planning contacts per month with active work on CSCPIP, consultations, linkages to other resources or CSE work.
4. **High:** weekly or more outreach and active crisis planning. May need hospital discharge/transition support, psychological/psychiatric consultation and follow-up.

If needed, START services will be delivered at a START Resource Center. Start Resource Centers provide proactive clinical supports in an accessible, safe and positive environment. These centers are self-contained Mental Health programs made up of a team of multidisciplinary Mental Health staff, who provide most of the treatment, rehabilitation, and support services individuals need to achieve their goals.

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(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

As a targeted service that does not replace any members of an existing system of support for a person, the following disciplines are required to be hired as the team consists of clinical staff who are specialists in the behavioral health aspects of I/DD.

- **Program Director** (Master's Degree in Social Work, Psychology, Counseling or other human service field)
- **Clinical Director** (Ph.D. in Psychology and licensed by the state's Psychology Board)
- **Medical Director** (M.D./D.O. or APRN with specialty in Psychiatry, licensed to practice in the state)
- **Clinical Team Leaders** (Master's Degree in Social Work, Counseling, Psychology or human service field)
- **START Coordinators** (Master's Degree in Social Work, Psychology, Counseling or other human service field)

Staff in each of the defined categories are required to complete extensive training and be certified as START Coordinators through the National Center for START Services. This means that START Coordinators are able to work independently to use the tools of START and are also trained as trainers in the Mental Health Aspects of Individuals with Developmental Disabilities. This training and certification exceed any standards required in the I/DD system and provide a foundation for the specialized, time limited crisis service described above.

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) - Individuals with Intellectual and Developmental Disabilities (II/DD)

Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.

Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt

- of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

START providers meet all program standards and are approved based on a review of the providers fidelity to the national START standards.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

While the activities of Care Managers secure access to an individual's needed services, the activities of care coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

1. Effective January 1, 2019, for NY Systemic, Therapeutic Assessment, Resource and Treatment (NYSTART), the method of reimbursement will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

Definitions

- **Regions-**

  Downstate: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester Counties

  Upstate: Albany, Allegheny, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming and Yates Counties

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	$56.29	$64.77	Monthly
Functioning Adequately	2	$375.27	$431.77	Monthly
Moderate Intervention	3	$405.29	$466.31	Monthly
Intensive Intervention	4	$799.33	$919.65	Monthly
Therapeutic Resource Center	n/a	$34.64	$36.68	Hourly[1]

i. Billing Standards
   a. Stable – periodic (at least quarterly) face-to-face intervention, with other months eligible for reimbursement based on documented non-face-to-face interventions.
   b. Low – monthly intervention (minimum one face-to-face service)
   c. Moderate – multiple outreach per month (at least two face-to-face meetings)
   d. High – weekly or more outreach

ii. Reporting requirements
   a. Providers will be required to complete cost reports on an annual basis.

[1] Billed in quarter hour increments.

Appendix II
2019 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #19-0014

This State Plan Amendment proposes to implement a community-based program delivered by OPWDD-approved providers that provides crisis prevention and response services to individuals with I/DD who present with complex behavioral and mental health needs, and to their families and others in the community who provide support. Systematic, Therapeutic, Assessment, Resources and Treatment (START) will augment the current service system through linkage agreements and capacity building and does not replace existing services.

The START program will offer training, consultation, therapeutic services and technical assistance to enhance the ability of the community to support eligible individuals and focuses on establishing integrated services with providers. Providing supports that help individuals to remain in their home or community placement is START's first priority.

As each of the START teams are established and become fully operational, the services provided will include:

1. Community partnerships and systems linkages;
2. Systemic and clinical consultation and training;
3. Community training and education;
4. Clinical Education Team training meetings;
5. Cross Systems Crisis Prevention and Intervention Planning;
6. Mobile crisis support and response for individuals enrolled in START services;
7. Outreach and follow-up; and
8. Comprehensive Service Evaluations

The NYSTART team will clinically assess individuals enrolled in START services to determine the need for the provision of:

1. Therapeutic in-home support services for START-enrolled individuals age 6 and over;
2. Therapeutic emergency or planned Resource Center services for START-enrolled individuals age 21 and over.

START services were initially funded using Balancing Incentives Program (BIP) resources and now are entirely funded with NYS resources. This State Plan Amendment proposes to include this as a State Plan service.

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

MHL 13.07(a)
The Office for People with Developmental (OPWDD) Disabilities shall ensure the development of comprehensive plans, programs, and services in the areas of research, prevention, and care, treatment, habilitation, rehabilitation, vocational and other education, and training of individuals with developmental disabilities. Such plans, programs, and services shall be developed by the cooperation of the office, other offices of the department where appropriate, other state departments and agencies, local governments, community organizations and agencies providing services to individuals with developmental disabilities, their families and representatives. It shall provide appropriate facilities, programs, supports and services and encourage the provision of facilities, programs, supports and services by local government and community organizations and agencies.

MHL 13.09(b)
The Commissioner shall adopt rules and regulations necessary and proper to implement any matter under his jurisdiction. In promulgating rules and regulations, the Commissioner shall comply with the requirements of subdivision (e) of section 13.05 of this article.

MHL 16.00
This article sets forth provisions enabling the Commissioner of the Office for People with Developmental (OPWDD) Disabilities to regulate and assure the consistent high quality of services provided within the state to its citizens with intellectual and developmental disabilities. The Commissioner may adopt and promulgate any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by this article. This article shall govern the operation of programs, provision of services and the facilities hereinafter described and the Commissioner's powers and authority with respect thereto, and shall supersede, as to such matters, sections of article thirty-one that are inconsistent with the provisions of this chapter.

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

expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is $1,908,000.

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

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

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 Public Health Law Section 2808 (2-c)(d) . The following changes are proposed:

Long Term Care Services

Effective on and after January 1, 2019, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2019/2020.

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.

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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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and Office for People With Developmental Disabilities (OPWDD), hereby give public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to make New York, Systemic, Therapeutic Assessment, Resources and Treatment (NYSTART) available as a Medicaid State Plan service. This action is being taken based on (OPWDD)'s statutory responsibility to provide and encourage the provision of appropriate programs, supports, and services in the areas of care, treatment, habilitation, rehabilitation, and other education and training of persons with developmental disabilities (NYS Mental Hyg. Law § 13.07). OPWDD also has the authority to plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services for prevention, diagnosis, examination, care treatment, rehabilitation, training, and research for the benefit of individuals with developmental disabilities, to take all actions necessary, desirable, or proper to implement the purposes of the Mental Hygiene Law, and to carry out its purposes and objectives within available funding (Mental Hyg. Law § 13.15(a)).

The following changes are proposed:

Non-Institutional Services

NYSTART is a community-based program that provides crisis prevention and response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs, and will be available to those individuals, their families and others in the community who provide support, effective on or after Jan 1, 2019. NYSTART uses a person-centered, positive, evidence-informed approach to help individuals, families, caregivers, agencies, and other providers.

NYSTART offers training, consultation and technical assistance on the use of positive behavioral supports services and other therapeutic tools. The program builds on existing resources by providing clinical assessments (including psychiatric, behavioral and medical), consultation, education and training, crisis response and therapeutic intervention. NYSTART services are available to individuals age 6 or over who have intellectual and developmental disabilities and present with behavioral and mental health concerns. An OPWDD eligibility determination is required to receive the full array of NYSTART services, including clinical team support, In Home stabilization supports and short term Resource Center (site-based) stabilization services. Services are provided based on clinical assessment and individual needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $22 million.

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.

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PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and the Office of Alcoholism and Substance Abuse Services hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with Title 14 NYCRR, Chapter XXI, Parts 818, 817, 816. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, The New York State Office of Alcoholism and Substance Abuse Services will change the Medicaid reimbursement for freestanding chemical dependence inpatient rehabilitation services (Title 14 NYCRR, Chapter XXI, Part 818), chemical dependence residential rehabilitation services for youth (Part 817), and freestanding chemical dependence medically supervised inpatient withdrawal services (Part 816) to a new fee-based methodology effective January 1, 2019. The new fee methodology will apply only to freestanding facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law and shall not apply to facilities certified under Article 28 of the Public Health Law. The new Medicaid fees will be per diem fees established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There shall be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs.

The fees will be established using a regression model based on the relationship between normalized cost and program capacity. The calculated statewide fees, based on program capacity, will then be adjusted using regional cost factors (see below). Separate fee schedules will apply to each of the three program types.

Any changes in certified program capacity will result in a rate change effective on the same date, except that for medically supervised inpatient withdrawal, bed size will not be based on certified program capacity and instead shall be based on the reported all payer units of service. For new Medically Supervised Inpatient Withdrawal (MSIW) facilities, the "bed size" shall be based on 90% of the certified capacity rounded up to the next integer. Once actual service volume data is received for a new MSIW facility, the fee shall be revised retroactively to the opening date, based on the reported actual all payer units of service. Thereafter the MSIW fee shall be based on the reported all payer units of service for the period two years prior to the fee period (or base year if a rebasing applies), unless the certified capacity changes in which case the fee shall be based on 90% of the new certified capacity, effective on the date of the capacity change, and reconciled to actual service volume once that information becomes available.

The geographic regions and regional cost factors for the three services will be as follows:

Region	Factor	Counties
1	1.2267	NYC
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange
4	1.1009	Dutchess, Putnam
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

The estimated all shares impact (cost) of this proposal is $6.8 million per year. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.7 Million (all shares).

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:

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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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State

F-2018-1042

Date of Issuance – December 26, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

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

NON-INSTITUTIONAL SERVICES
State Plan Amendment #19-0014

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 general 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.

<u>**Response:**</u> This SPA is for Targeted Case Management Services and therefore not contingent upon a UPL demonstration.

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?**

   <u>**Response:**</u> No, the fees for services are the same for governmental and non-governmental providers.

<u>**ACA Assurances**</u>**:**

1. <u>**Maintenance of Effort (MOE).**</u> **Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving <u>any</u> Federal payments under the Medicaid program <u>during the MOE period</u> indicated below, the State shall <u>not</u> 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.**

   <u>**MOE Period.**</u>
   - <u>**Begins on:**</u> **March 10, 2010, and**
   - <u>**Ends on:**</u> **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.**

   <u>**Response:**</u> 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.**

   <u>**Prior to January 1, 2014**</u> **States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages <u>greater than</u> were required on December 31, 2009. <u>However</u>, 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 <u>anticipate potential violations and/or appropriate corrective actions</u> by the States and the Federal government.

<u>Response:</u> This SPA would [ ] / would <u>not</u> [✓] 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.**

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

<u>Tribal Assurance:</u>

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.**

<u>Response:</u> 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.