CENTERS FOR MEDICARE & MEDICAID SERVICES		0.11.2 11.01 0000 01.00
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSII	DERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate transmittal for each a	mendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY\$ b. FFY\$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	EDED PLAN SECTION
10. SUBJECT OF AMENDMENT		
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	6. RETURN TO	
13. TYPED NAME		
14. TITLE		
15. DATE SUBMITTED December 30, 2020		
FOR REGIONAL OF		
17. DATE RECEIVED	8. DATE APPROVED	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIA	AL
21. TYPED NAME	22. TITLE	
23. REMARKS		

# Appendix I 2020 Title XIX State Plan Fourth Quarter Amendment Amended SPA Pages



# Alternative Benefit Plan

ssential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Physical therapy - rehabilitative/habilitative	Secretary-Approved Other	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	I
> of:20 PT visits; or 75 shared O/P therapy visits	per benefit year	
Scope Limit:		<b></b>
	ximum reduction of physical disability and restoration vices are provided to the patient to acquire a skill and	
Other information regarding this benefit, including th benchmark plan:	ne specific name of the source plan if it is not the base	
Medicaid state plan attachment 3.1A (11) (a) limitation	ons and BC/BS Standard Optional limitations apply:	
Any enrollee who reaches 20 physical therapy visits is maximum of 75 visits per year across all therapies may 75 PT/OT/ST outpatient visit maximum. Therapy seroutpatient visits across combined PT/OT/ST services limitation.	ay access additional physical therapy services up to the rvices provided in the home care setting are counted to	
The limit ensures that no one receives less than the be whichever is greater.	enchmark benefit or the Medicaid state plan benefit,	
There is no outpatient visit limit for physical therapy with a traumatic brain injury.  Includes Cognitive Rehabilitative Therapy services.  Habilitative services are not provided as part of the habilitative.		es
Benefit Provided:	Source:	
Occupational therapy - rehabilitative/habilitative	Secretary-Approved Other	
Authorization:	Provider Qualifications:	<b>-</b> _
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
> of:20 OT visits; or 75 shared O/P therapy visits	per benefit year	
Scope Limit:		

TN: <del>13-0060</del> Approval Date: 06/05/2014 Effective Date: 01/01/2014 ABP5

New York



# **Alternative Benefit Plan**

restoration to the patient's best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (11) (b) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 occupational therapy visits in a benefit year may access additional occupational therapy services up to 20 visits. Occupational therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.

Any enrollee who reaches 20 occupational therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional occupational therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per vear limitation.

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for occupational therapy for persons with a developmental disability or persons with a traumatic brain injury.

Includes Cognitive Rehabilitative Therapy services.

Habilitative services are not provided as part of the home care benefit.

#### Benefit Provided: Source:

Speech and Language Services - rehab/hab Secretary-Approved Other

Provider Qualifications: Authorization:

None Medicaid State Plan

Amount Limit: **Duration Limit:** 

> of:20 ST visits; or 75 shared O/P therapy visits per benefit year

Services provided by a speech-language pathologist for the maximum reduction of physical disability and restoration to the best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (11) (c) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 speech therapy visits in a benefit year may access additional speech therapy services up to 20 visits. Speech therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 speech therapy visits per year limitation.

Any enrollee who reaches 20 speech therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional speech therapy services up to the

TN: 13-0060 Approval Date: 06/05/2014 Effective Date: 01/01/2014 ABP5

New York



# Alternative Benefit Plan

outpatient visits across combined PT/OT/ST servi	services provided in the home care setting are counted as ces for purposes of applying the 75 visit per year	Remove
The limit ensures that no one receives less than the whichever is greater.	e benchmark benefit or the Medicaid state plan benefit,	
There is no outpatient visit limit for speech therap with a traumatic brain injury. Includes Cognitive Rehabilitative Therapy services Habilitative services are not provided as part of the		
Benefit Provided:	Source:	
Home Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitation	None	
health aides services supervised by a registered n  Other information regarding this benefit, including benchmark plan:  Medicaid state plan attachment 3.1A 7(a)	urse or therapist.  g the specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	
Benefit Provided: Home Health Services - Supplies and Equipment	Source: State Plan 1905(a)	Remove
		Remove
Home Health Services - Supplies and Equipment	State Plan 1905(a)	Remove
Home Health Services - Supplies and Equipment  Authorization:	State Plan 1905(a)  Provider Qualifications:	Remove
Home Health Services - Supplies and Equipment  Authorization:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Home Health Services - Supplies and Equipment  Authorization:  None  Amount Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization:  None  Amount Limit:  No limitation  Scope Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ances, suitable for use in the home prescribed by a	Remove
Authorization:  None  Amount Limit:  No limitation  Scope Limit:  Medical necessary supplies, equipment and appli physician, consistent with 440.70. Includes dural	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ances, suitable for use in the home prescribed by a	Remove

TN: <del>13-0060</del> New York

Approval Date: 06/05/2014

ABP5

Effective Date: 01/01/2014

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# Appendix II 2020 Title XIX State Plan Fourth Quarter Amendment Summary

# **SUMMARY SPA** #20-0076

This amendment proposes to revise the State Plan to remove Medicaid Coverage Limits for Rehabilitation Services – Physical Therapy, Occupational Therapy, and Speech Pathology as pathway to nonpharmacologic treatment alternative for pain management.

# Appendix III 2020 Title XIX State Plan Fourth Quarter Amendment Authorizing Provisions

# **SPA 20-0076**

#### NYS SSL 365-a

- (h) speech therapy, and when provided at the direction of a physician or nurse practitioner, physical therapy including related rehabilitative services and occupational therapy; provided, however, that speech therapy and occupational therapy each shall be limited to coverage of twenty visits per year; physical therapy shall be limited to coverage of forty visits per year; such limitation shall not apply to persons with developmental disabilities or, notwithstanding any other provision of law to the contrary, to persons with traumatic brain injury;
- \* NB Effective until October 1, 2020
- \* (h) speech therapy, and when provided at the direction of a physician or nurse practitioner, physical therapy including related rehabilitative services and occupational therapy;

# Appendix IV 2020 Title XIX State Plan Fourth 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 Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2021 will be conducted on January 13 and January 14 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. One, Albany, NY 12239, (518) 473-6598

## **PUBLIC NOTICE**

## Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Social Services Law Section 365-a. The following changes for the Medicaid Alternative Benefit Plan (ABP) are proposed. The ABP includes all mandatory and optional benefits defined in the New York Medicaid State Plan under the categorically needy population designation.

#### Non-Institutional Services

Effective on or after October 1, 2020 the Department is proposing to remove the annual physical therapy, occupational therapy, and speech therapy visit caps and replace with authorization based on medical necessity. Revision of the physical therapy, occupational therapy and speech annual cap will provide members an opportunity to obtain additional rehabilitation therapy as a pathway to nonpharmacologic treatment alternative for pain management. The Department

assures access to early and periodic screening, diagnostic and treatment (EPSDT) services will continue unchanged.

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

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**

## 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 consistent with New York State Mental Hygiene Laws § 7.15 and § 43.02. The following changes are proposed:

Non-Institutional Services

Effective on or after December 31, 2020, the New York State Offices of Mental Health will amend the New York Medicaid State Plan for rehabilitation services provided by Assertive Community Treatment (ACT) programs. The amendments are intended to codify and comprehensively describe existing service coverage, eligibility and reimbursement standards.

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

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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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

Department of Health

Pursuant to 42 CFR Section 447.57, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Section 367-a(6)(c)(iii) of Social Services Law. The following changes are proposed:

Non-Institutional Services:

Effective on or after January 1, 2021, this notice proposes to correct SPA 17-0029 regarding copayment for preferred brand-name prescription drugs that are not part of the Brand Less Than Generic Program, consistent with the March 29, 2017 Federal Public Notice regarding pharmacy copayments. Specifically,

• The co-pay for preferred brand-name prescription drugs will be corrected to change the copayment from \$1.00 to \$2.50, provided, however, that the copayments for brand name prescriptions drugs in the Fee-for-Service Brand Less Than Generic program will continue to be \$1.00.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the 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**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Title 14 NYCRR Parts 822 and 841 and 42 CFR 440.130(d). The following changes are proposed:

Non-Institutional Services

The COVID emergency SPA covering the NYS Office of Addiction Services and Supports (OASAS) Opioid Treatment Programs (OTPs) ends on January 21, 2021. That SPA permitted billing weekly OTP (Opioid Treatment Programs) bundles under a methodology similar to that of Medicare. Effective on or after January 1, 2021, OASAS proposed to establish those bundled rates as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. Each week, for any given patient, the provider must choose to bill under either the APG methodology or the bundled weekly rates, generally based on the amount of face-to-face contact with the patient during that week and the specific services provided.

The following is a clarification to the October 28, 2020 noticed already provided. There will be a small savings in fee-for-service Medicaid associated with this initiative of approximately (\$920,000) per year (all shares). The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is (\$230,000).

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