



December 14, 2010

Donna Frescatore
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #07-45 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2007. Specifically, the SPA establishes Medicaid reimbursement for telehealth services provided by a certified home health agency to ensure availability of technology-based patient monitoring, communication, and health management. Such services shall assist in the effective monitoring and management of patients whose medical, functional, and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

This SPA approval consists of 10 Pages. We are approving the following Pages which were submitted with New York State's October 28, 2010 electronic submission to CMS: Attachment 4.19-B-Page 4(a)(i)(4), and 4(a)(i)(5), Attachment 3.1-A-Supplement-Page 2(a)(ii), 2(a)(ii)(A), 2(a)(iii), and 2(a)(iv), and Attachment 3.1-B-Supplement-Page 2(a)(ii), 2(a)(ii)(A), 2(a)(iii), and 2(a)(iv). At that time, New York requested that these submitted Pages replace the Attachment 4.19-B Pages which were originally provided with its SPA submission of December 31, 2007, and the Attachment 3.1-A-Supplement Pages and Attachment 3.1-B-Supplement Pages which were submitted by the State in various subsequent letters and electronic transmissions to CMS. This approval is for the 10 newly submitted Pages-two (2) Attachment 4.19-B Pages, four (4) Attachment 3.1-A-Supplement Pages, and four (4) Attachment 3.1-B-Supplement Pages. In addition, a pen-and-ink change has been made to the HCFA-179, in Block 8 (age Number of the Plan Section or Attachment) to insert Attachment 3.1-A-Supplement-Page 2(a)(ii)(A) and Attachment 3.1-B-Supplement-Page 2(a)(ii)(A) and identify them as new Pages as they were not shown on the HCFA-179 submitted by the State.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of the SPA #07-45 and the HCFA-179, as approved.

If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #07-45
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
RWeaver
LTavener
GCritelli
PMarra
MSamuel
SJew

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

07-45

2. STATE

New York

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

4. PROPOSED EFFECTIVE DATE

October 1, 2007

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

Section 1902(a)(30) of the Social Security Act, and 42 CFR
447.204

7. FEDERAL BUDGET IMPACT:

a. FFY 10/1/07-9/30/08 \$7,400,000

b. FFY 10/1/08-9/30/09 \$8,800,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B: pages 4(a)(i)(4), 4(a)(i)(5)
Attachment 3.1-A Supplement: pages 2(a)(ii), 2(a)(iii), 2(a)(iv)
Attachment 3.1-B Supplement: pages 2(a)(ii), 2(a)(iii), 2(a)(iv)9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):Attachment 4.19-B: pages 4(a)(i)(4), 4(a)(i)(5)
Attachment 3.1-A Supplement: pages 2(a)(ii),
2(a)(iii)
Attachment 3.1-B Supplement: pages 2(a)(ii),
2(a)(iii)

10. SUBJECT OF AMENDMENT:

Home Care Telehealth Services
(FMAP = 50% based on effective date)

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:

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

13. TYPED NAME: Donna Frescatore

14. TITLE: Medicaid Director & Deputy Commissioner
Department of Health

15. DATE SUBMITTED:

OCT 28 2008

17. DATE RECEIVED:

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

DEC 14 2008

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED - ONE COPY ATTACHED

OCT 01 2007

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE:
Division of Medicaid and State Operations

23. REMARKS:

Submitted with New York State's October 28, 2010 electronic submission to CMS: Attachment 4.19-B Page 4(a)(i)(4), and 4(a)(i)(5), Attachment 3.1-A Supplement Page 2(a)(ii), 2(a)(ii)(A), 2(a)(iii), and 2(a)(iv), and Attachment 3.1-B Supplement Page 2(a)(ii), 2(a)(ii)(A), 2(a)(iii), and 2(a)(iv).

There are 10 newly submitted Pages-two (2) Attachment 4.19-B Pages, four (4) Attachment 3.1-A Supplement Pages, and four (4) Attachment 3.1-B Supplement Pages.

Pen and ink change has been made to the HCFA-179, in Block 8 (page Number of the Plan Section or Attachment) to insert Attachment 3.1-A Supplement Page 2(a)(ii)(A) and Attachment 3.1-B Supplement Page 2(a)(ii)(A) and identify them as new Pages as they were not shown on the HCFA-179 submitted by the State.

Home Telehealth Services

Beginning on October 1, 2007, the Commissioner of Health is authorized to establish fees to reimburse the cost of home telehealth services provided by a certified home health agency, including those that provide AIDS home care services.

The Commissioner shall reimburse for telehealth services if such services are provided only in connection with federal Food and Drug Administration approved and interoperable devices, which are incorporated as part of a patient's plan of care.

The purpose of providing telehealth services shall be to assist in the effective monitoring and management of patients whose medical, functional, and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

Reimbursement for home telehealth services is to be provided for Medicaid patients with conditions or clinical circumstances associated with the need for frequent monitoring, and/or the need for frequent physician, skilled nursing or acute care services, and where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits or acute long term care facility admissions. Conditions or clinical circumstances shall include, but not be limited to, congestive heart failure, diabetes, chronic pulmonary obstructive disease, wound care, polypharmacy, mental or behavioral problems limiting self-management, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding.

Rates established by the Commissioner of Health and approved by the Director of the Budget shall reflect telehealth services costs on a daily basis to account for daily variation in the intensity and complexity of patients' telehealth service needs. Such rates shall further reflect the cost of the daily operation and provision of such services including the following functions performed by a participating certified home health agency:

TN #07-45

Approval Date DEC 14 2010

Supersedes TN New

Effective Date OCT 01 2007

OFFICIAL

Attachment 4.19-B
(10/07)

- (i) monitoring of patient vital signs;
- (ii) patient education;
- (iii) medication management;
- (iv) equipment maintenance; and
- (v) review of patient trends and/or other changes in patient condition necessitating professional intervention.

Daily rates for home telehealth services provided to Medicaid patients shall not exceed \$9.65 per day per patient for clients with a class 2 device capable of interoperability and \$11.08 per client per day for clients with a device connected to a home care point of care system. A one time installation fee of \$50 shall also be payable for devices installed in client homes on and after October 1, 2007.

All providers will be required to disallow any cost (nursing or equipment) related to the provision of the telehealth service from the base year cost utilized to determine rates for other cost based CHHA services such as nursing and home health aide.

Effective for services on or after October 1, 2007, the following uniform fees will be paid by governmental and non-governmental providers:

- Installation \$50 per installation
- Daily Monitoring – Type 1 \$8.88 per day
- Daily Monitoring – Type 2 \$10.19 per day

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Effective Date OCT 01 2007

New York
2(a)(ii)

OFFICIAL

**Attachment 3.1-A
Supplement**

AIDS home care services providers qualifications are provided pursuant to Article 36 of the PHL.

The [S]state assures the provision of AIDS home care services will be provided in accordance with 42 CFR 440.70 (for the provision of home health services).

TN #07-45

Approval Date DEC 14 2010

Supersedes TN #07-13

Effective Date OCT 01 2007

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TN #07-45 _____

Approval Date DEC 14 2010

Supersedes TN NEW

Effective Date OCT 01 2007

**Attachment 3.1-A
Supplement**

7c. Certain specialty items require prior approval. These items are identified for equipment dealers in the MMIS DME Provider Manual. Prior approval is required for most repairs to durable medical equipment. Personal Emergency Response Services (PERS) are provided according to [LDSS] Local Social Services District (LSSD) written authorization for recipients of personal care services and home health services ordered by a physician pursuant to a written plan of care.

7d. Physical therapist shall mean a person who is licensed by and currently registered with the New York State Education Department or who has been issued a valid limited permit by that Department. The state assures the provision of physical therapy services will be provided in accordance with 42 CFR 440.110(a)(2)(i) and 440.110(a)(2)(ii).

Occupational therapist shall mean a person who is registered with the American Occupational Therapy Association, or either a graduate of a program in occupational therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association or a graduate of a curriculum in occupational therapy which is recognized by the World Federation of Occupational Therapists and is eligible for a registration with the American Occupational therapy Association. The state assures the provision of occupational therapy services will be provided in accordance with 42 CFR 440.110(b)(2)(i) and 440.110(b)(2)(ii).

Speech pathologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law. The state assures the provision of speech therapy services will be provided in accordance with 42 CFR 440.110(c)(2).

8. Private Duty Nursing (PDN) is medically necessary nursing services, ordered by and in accordance with a written physician's treatment plan, provided in a person's home on a continuous basis normally considered beyond such nursing services available from a Certified Home Health Agency (CHHA) or intermittent nursing services normally provided through a CHHA but which are unavailable. Prior approval is required for private duty nursing services either in a person's home or in a hospital except in an urgent situation in which the attending physician may order the services for no more than two nursing days.

Care and services of a private duty nurse will be provided only if they are in accordance with the regulations of the Department of Health.

TN #07-45 _____

Approval Date _____

DEC 14 2018

OCT 01 2007

Supersedes TN #07-13 _____

Effective Date _____

New York
2(a)(iv)

OFFICIAL

**Attachment 3.1-A
Supplement**

Service providers who provide private duty nursing include a Licensed Home Care Services Agency's (LHCSA) registered nurses (RN) or licensed practical nurses (LPN) enrolled on an independent practitioner basis.

Nurses providing PDN must possess a license to practice in the State of New York and be currently registered by the New York State Education Department (NYSED). In addition, nurses providing an appropriate attestation regarding their training and ability to care for medically fragile children receive a Specialty code on their file entitling them to increased reimbursement for the provision of such care.

The [S]state assures that the provision of PDN will be provided in accordance with 42 CFR 440.80.

9. Clinic services provided in Article 28 clinics are in accordance with 42 CFR §440.90 titled clinic services. Requirements for physicians supervision comply with the [S]state Medicaid Manual, §4320B titled Physician Direction Requirement.

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Approval Date DEC 14 2010

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OFFICIAL

**New York
2(a)(ii)**

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New York
2(a)(iv)

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