

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 18-0021**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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DMCHO: MT: SPA NY-18-0021

December 19, 2018

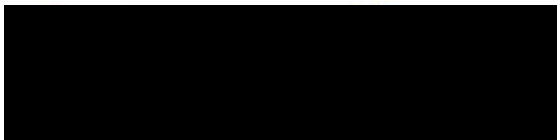
Donna Frescatore  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #18-0021 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2018. This State Plan Amendment increases the physical therapy visit limit from 20 visits to 40 visits per member in a 12-month period.



Enclosed are copies of the approved SPA # 18-0021. If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov. Ms. Tabakov may be reached at (212) 616-2503.

Sincerely,



Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: PLavenia  
RDeyette

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>18-0021</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2018</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902 (a) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: ( <i>in thousands</i> ) a. FFY 07/01/18 - 09/30/18 \$766.66 b. FFY 10/01/18 - 09/30/19 \$3,066.66	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A Supplement – Page 6</b> <b>Attachment 3.1-B Supplement – Page 6</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 3.1-A Supplement – Page 6</b> <b>Attachment 3.1-B Supplement – Page 6</b>	
10. SUBJECT OF AMENDMENT: <b>Physical therapy 40 visit limit effective 7/1/18 forward.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health</b> <b>Division of Finance &amp; Rate Setting</b> <b>99 Washington Ave – One Commerce Plaza</b> <b>Suite 1432</b> <b>Albany, NY 12210</b>	
13. TYPED NAME: <b>Donna Frescatore</b>			
14. TITLE: <b>Medicaid Director</b> <b>Department of Health</b>			
15. DATE SUBMITTED: <b>SEP 27 2018</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>DECEMBER 19, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JULY 01, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

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9. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

**Physical Therapy Services**

- 11a. Effective on or after [October 1, 2011] July 1, 2018, services are limited to coverage of [twenty] forty visits per year; however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.

**Occupational Therapy Services**

- 11b. Effective on or after October 1, 2011, services are limited to coverage of twenty visits per year; however, this limitation does not apply to enrollees who are less than 21 years of age, to individuals with traumatic brain injury, to persons with developmental disabilities, or to Medicare/Medicaid dually eligible recipients when that service is covered by Medicare. The benefit limit does not apply to inpatient hospital settings, services provided by a certified home health agency, or to nursing home inpatients receiving therapy in skilled nursing facilities in which they reside. The benefit limit is not subject to review or exception.

TN #18-0021

Approval Date 12/19/2018

Supersedes TN #11-0037

Effective Date 07/01/2018

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