

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



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## State Demonstrations Group

July 9, 2024

Amir Bassiri  
Medicaid Director, Deputy Commissioner  
New York Department of Health  
Empire State Plaza, Corning Tower, Room 1466  
Albany, NY 12237

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) is approving the New York fee-for-service payment methodology document that the state submitted on April 29, 2024, in accordance with special term and condition (STC) 6.15. This document reflects the payment methodology New York will use for providing case management, outreach, and education as Health-Related Social Needs (HRSN) services, as authorized by New York's section 1115(a) Medicaid demonstration, entitled "Medicaid Redesign Team (MRT)" (Project Number 11-W-00114/2).

We look forward to our continued partnership on the New York MRT section 1115 demonstration. If you have any questions, please do not hesitate to contact your project officer, Jonathan Morancy, at [Jonathan.Morancy@cms.hhs.gov](mailto:Jonathan.Morancy@cms.hhs.gov).

Sincerely,

Angela D. Garner  
Director  
Division of System Reform Demonstrations

Enclosure

cc: Melvina Harrison, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

### Demonstration Payment Methodology Submission Template

States should fill out this template completely as part of the initial submission of new payment methodologies for Medicaid Section 1115 demonstration-authorized services, or when making significant changes to already approved payment methodologies. States must provide the same level of detail as required under the state plan or under 1915(c) waivers in order to receive CMS approval.

#### State Attestation and Re-Attestation

##### Attestation

If currently CMS-approved 1915(c) waiver or state plan pages represent the payment methodologies for Medicaid services that the state will also apply to the same or similar 1115-approved services as listed in this template, the state may attest here to this. All requested elements a. through d. must be completed:

a. Provide SPA transmittal or waiver identification number representing applicable approved payment methodologies:

New York Medicaid Redesign Demonstration 11-W-00114/2

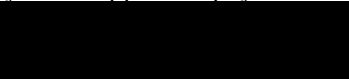
b. Provide State Plan pages or waiver sections for applicable payment methodologies:

Section 6: Health-Related Social Needs (HRSN) Services

c. List 1115 approved services to which the currently CMS approved methodologies will apply:

Level One HRSN services (as described in STC 6.6.a):

- Screening
- Level One case management (linkages to existing local, state, and federal benefits and programs, outside of the 1115 demonstration HRSN services, as described in STC 6.2.b.i).

d. I, Amir Bassiri, New York State Medicaid Director, attest that the above information is complete and accurate in identifying currently CMS approved payment methodologies that the state will use for similar 1115 approved services as listed above in c. 

Amir Bassiri

4/29/24

##### Re-attestation

If changes are made to payment methodologies referenced in this re-attestation, the state is required to provide updated information and re-attest to this information using this same attestation form, and by also indicating that this is a re-attestation by completing the following information:

If currently CMS approved 1915(c) waiver or state plan pages represent the payment methodologies for Medicaid services that the state will also apply to the same or similar 1115 approved services as listed in this template, the state may attest here to this. All requested elements a. through d. must be completed:

This document has not yet entered formal review under the Paperwork Reduction Act (PRA) and is still in development. CMS is sharing this document to assist in preparing the draft template that CMS intends to put into PRA review. Completing this document is not a requirement of submitting provider rate methodologies for CMS approved Medicaid section 1115 services. It is currently only being shared with states to support reporting of rate setting methods for Health Related Social Needs (HRSN) services.

- a. Provide SPA transmittal or waiver identification number representing applicable approved payment methodologies:  
N/A
- b. Provide State Plan pages or waiver section for applicable payment methodologies: [N/A].
- c. List 1115 approved services to which the currently CMS approved methodologies will apply: [N/A]
- d. I, [insert name of SMD or CFO (or equivalent position)] [insert title], attest that the above information is complete and accurate in identifying currently CMS approved payment methodologies that the state will use for similar 1115 approved services as listed above in c.
- [Provide signature \_\_\_\_\_]
- [Provide printed name of signatory]
- [Provide date \_\_\_\_\_]

### Rate Determination Methods

#### Payment Methodology Overview:

Describe the methods that are employed to establish provider payment rates for services and the entity or entities that are responsible for rate determination. This description should include information for all demonstration-authorized services through fee-for-service payment methodologies. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description must be available upon request to CMS.

Submission Question	State Input Field	Citation / Other Guidance
Please comprehensively describe the rate setting methods for each service.	<p>Medicaid FFS rate and unit setting standards were based on those authorized under the New York State Community Health Worker (CHW) State Plan Amendment (SPA) 23-02 as linked above for screening and Level One care management.</p> <p>The NYS CHW SPA #23-002 can be found at the following link: <a href="#">app_2023-06-28_spa_23-02.pdf (ny.gov)</a></p> <p>The official NYS Medicaid Update about the CHW SPA can be found at the following link: <a href="#">New York State Medicaid Update - December 2023 Volume 39 - Number 17 (ny.gov)</a></p>	§1902(a)(30) (A); 42 CFR §447.201; §430.10
Is it a fee schedule methodology? If so, outline the methodology.	For Medicaid FFS, the Social Care Networks (SCNs) will submit FFS claims through eMedNY, which is New York's statewide Medicaid Management Information System (MMIS), for approval and will subsequently receive FFS payment to reimburse the rendered services of screening and navigation either conducted by the SCN or contracted network social service providers.	42 CFR §430.10

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Is it an actual cost reimbursement methodology? If so, outline the methodology.	No.	2 CFR §200; 45 CFR §75
If not following a fee schedule or actual cost, can the rate be determined from the language on the submission?	N/A	<a href="#">Federal Requirements for Comprehensive State Plan Payment Methodologies</a>
Does the methodology include any bundled rates? If yes, see Bundled Rate guidance, including required plan language and administrative record information and include here.	No, services will not be bundled.	<a href="#">Bundled Rate Payment Methodology</a>
Does the methodology include quality incentive payments? If so, please outline the methodology, including quality metrics.	No, quality incentive payments are not integrated with the State Plan's provider requirements.	<a href="#">Quality Incentive Payments in the State Plan</a>
Please provide documentation of public notice of the payment methodology.	The public notice of payment methodology will be posted on the NYS Department of Health (DOH) website.	42 CFR §447.205
Are services subject to the UPL? (Covered under the following section 1905(a) benefit categories: inpatient hospital services, outpatient hospital services, nursing facility services, institutions for mental diseases, clinic services, intermediate care facility for the individuals with intellectual disabilities (ICF/IDD) services, psychiatric residential treatment facility services, and qualified practitioner services (for states that pay targeted supplemental payments), durable medical equipment (DME).	No.	<a href="#">Payment Limit Demonstrations</a>  1902(a)(30)(A) 1903(i)(27) 42 CFR §447.272 42 CFR §447.321 42 CFR §447.325
Is the rate setting method uniform across provider types?  If no, describe the basis for variation in rate setting for provider types.	Yes. The rate setting method will be uniform across provider types.	§1902(a)(30)(A); 42 CFR §447.201

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Does the state employ multiple rate methods? If so, please identify them and what services they apply to.		
Describe the rate setting methodology for self-directed services.  If not applicable (i.e., the state does not offer self-direction), no justification is necessary. Enter N/A.	N/A	§1902(a)(30)(A); 42 CFR §447.201
If the state is proposing a rate increase for HCBS, is the state also making proportionate increases to self-directed service offerings?  If yes, the justification should include a description of the state's methodology to apply rate increases to self-directed services and/or budgets.  If not applicable (i.e., the demonstration does not offer self-directed services or the state is not proposing a rate increase), no justification necessary. Enter N/A.	N/A	§1902(a)(30)(A)
Specify the entity (entities) responsible for rate determination.	NYS DOH will be responsible for rate determination.	§1902(a)(30)(A); 42 CFR §447.201
Specify how the oversight of the rate determination process is conducted.	Medicaid FFS rate and unit setting standards were obtained using the NYS CHW SPA as linked above. NYS DOH will monitor the NYS CHW SPA for any potential changes and will update the screening and care management rates accordingly.	§1902(a)(30)(A); 42 CFR §447.201
Specify what year rates were last set and/or reviewed.	NYS CHW SPA rates were last approved June 2023.	§1902(a)(30)(A)
Does the state have a rate review process that is conducted at least every 5 years? Please describe the process.	NYS DOH may review health related social need service rates at least every 5 years.	§1902(a)(30)(A)

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Explain how information about payment rates are made available to HCBS participants.	N/A	42 CFR § 447.203 & 205
Does the state offer PMPM or other monthly rates? If not applicable no justification necessary. Enter N/A.	No. For FFS, the SCN will bill a set rate for HRSN screening and navigation.	<a href="#">Bundled Rate Payment Methodology</a>
<p>Identify source(s) of state share:</p> <p><input checked="" type="checkbox"/> State general revenue  <input checked="" type="checkbox"/> Provider tax  <input type="checkbox"/> Intergovernmental transfers (IGT)  <input type="checkbox"/> Certified public expenditures (CPE)</p> <p>If CPE selected, the state must submit its cost allocation methodology.</p> <p>If IGT and/or CPE selected, complete the below IGT/CPE attestation.</p>		

#### State Attestation for IGT/CPE

If IGT and/or CPE have been selected as a source of state share, please attest to the following statements:

The state attests that the sources of non-federal share used to fund payments under the demonstration are consistent with section 1903(w) of the Act and implementing regulations at 42 CFR 433.51.

The state attests that only units of government may provide the non-federal share of demonstration payments using an IGT or a CPE.

The state attests that providers that receive payments under the proposal keep and retain all payment amounts that are paid to them for approved services and activities described within the demonstration.

The state attests that the amounts paid to units of government that participate in the non-federal share through CPEs represent no more than the total amount, consistent with 45 CFR Part 75 for determining allowable costs, expended by the unit of government for providing approved Medicaid services and activities under the demonstration.

I, [insert name of SMD or CFO (or equivalent position)] [insert title], attest that the above information is complete and accurate in identifying IGT and/or CPE as a source of state share funding.

[Provide signature \_\_\_\_\_]

[Provide printed name of signatory]

[Provide date \_\_\_\_\_]

\*If changes are made to payment methodologies referenced in this attestation, the state is required to provide updated information about sources of state share and attest or re-attest to the statements above if IGT and/or CPE are selected.

Alternatively, states may also choose to use this template to identify applicable approved waiver or approved state plan pages representing payment methodologies that would apply to the services listed in this template and attest to such. If those rate methods are updated, then the state could re-attest.

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<b>Supplemental or Enhanced Payments</b>		
<p><b>Supplemental or Enhanced Payments.</b> Section 1902(a)(30)(A) 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/demonstration. Specify whether supplemental or enhanced payments are made. Indicate one:</p> <ul style="list-style-type: none"> <li>• No. The state does not make supplemental or enhanced payments for demonstration services.</li> <li>• Yes. The state makes supplemental or enhanced payments for demonstration services. Describe: (a) the nature of the supplemental or enhanced payments that are made and the 1915(c)-like services for which these payments are made; (b) the types of providers to which such payments are made; and (c) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the state to CMS. Upon request, the state will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the demonstration.</li> </ul>		
<b>Submission Question</b>	<b>State Input Field</b>	<b>Citation</b>
Does the state make supplemental or enhanced payments for demonstration services?	N/A	N/A
If supplemental or enhanced payments are made, please specify the nature of the payments made.	N/A	§1902(a)(30)(A)
If supplemental or enhanced payments are made, please specify the types of providers that received these payments.	N/A	§1902(a)(30)(A)
If supplemental or enhanced payments are made, specify whether providers are eligible to retain 100% of the expenditure.	N/A	§1902(a)(30)(A)
If supplemental or enhanced payments are made, specify if the payments are transparent to the public?	N/A	§1902(a)(30)(A)

**GENERAL GUIDANCE ON BUNDLED SERVICES:** 42 CFR §441.301(b)(4) also provides that “multiple services that are generally considered to be separate services may not be consolidated under a single definition.”

States with bundled payment methodologies should consult the following guidance on Medicaid.gov when filling out this template: <https://www.medicaid.gov/state-resource-center/downloads/spa-and-1915-waiver-processing/bundled-rate-payment-methodology.pdf>

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