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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0054

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Submission Form
- 3) Approved SPA Reviewable Units

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St. Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 22, 2020

Donna Frescatore
Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-20-0054 NYS CCO/HHs Serving Individuals with I/DD

Dear Donna Frescatore:

On September 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-20-0054 for NYS CCO/HHs Serving Individuals with I/DD to implement program improvement and efficiencies to reflect historical utilization and efficiencies related to the transition to CCO/HHS. The State modified certain care management PMPM rates to reflect and align with the appropriations approved in its 2020-2021 New York State budget..

We approve New York State Plan Amendment (SPA) NY-20-0054 on December 22, 2020 with an effective date(s) of July 01, 2020.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Maria Tabakov at maria.tabakov@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2020MS00050	SPA ID	NY-20-0054
Submission Type	Official	Initial Submission Date	9/30/2020
Approval Date	12/22/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

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SPA ID and Effective Date

SPA ID NY-20-0054

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	7/1/2020	NY-17-0025
Health Homes Payment Methodologies	7/1/2020	NY-17-0025

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Executive Summary

Summary Description Including Goals and Objectives Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$-10280762
Second	2021	\$-36586341

Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA Materials - Fiscal Calculations Template - DOH Submit	8/12/2020 2:08 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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	System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies
Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

The New York State Department of Health (DOH), in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD), is seeking a new Health Home State Plan, effective July 1, 2018, to create and authorize Health Home care management for individuals with intellectual and/or developmental disabilities (I/DD). The goal of establishing Health Homes to serve the I/DD population is to provide a strong, stable, person-centered approach to holistic service planning and coordination required to ensure the delivery of quality care that is integrated and supports the needs of individuals with I/DD chronic conditions. The Health Home program authorized under this State Plan shall be known as the NYS Care Coordination Organizations/Health Homes (CCO/HHs) Serving Individuals with Intellectual and Developmental Disabilities (I/DD) Program (NYS CCO/HHs Serving I/DD) and Health Homes authorized under this State Plan shall be known as Care Coordination Organizations/Health Homes (CCO/HHs). As described in more detail, this SPA will establish requirements for the NYS CCO/HHs Serving I/DD Program, including establishing eligible I/DD Health Home chronic conditions; transitioning Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to Health Homes; establishing per member per month rates for Health Homes designated to serve members with I/DD; defining CCO/HHs core requirements, including Health Information Technology (HIT) requirements; establishing the processes for referring Medicaid members to CCO/HHs; and defining the requirements for providers to be eligible to be designated as CCO/HHs. The State Plan authorizes the statewide enrollment of individuals with eligible Developmental Disability conditions in designated CCO/HHs.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
 - Individual Rates Per Service
 - Per Member, Per Month Rates
 - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement
- Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below
- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Describe below

see text box below regarding rates.

Health Homes Payment Methodologies

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Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

7/1/2020

Website where rates are displayed

https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/index.htm

Health Homes Payment Methodologies

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Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care within your description please explain the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies
Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Care Management Fee

CCO/HH providers that meet State and federal standards will be paid a per member per month care management fee that is based on region, assessment data, residential status and other functional indicators. A unit of service will be defined as a billable unit per service month. To be reimbursed for a billable unit of service per month, CCO/HH providers must, at a minimum, provide active care management by providing at least one of the core health home services per month. Once an individual has been assigned a care manager and is enrolled in the CCO/HHs program, the active care management per member per month (PMPM) may be billed. Care managers must maintain the CCO/HHs consent forms and document all services provided to the member in the member's life plan. Upon enrollment in the program, Care Managers will attest in the State system the individual's consent to enroll in Health Homes. The CCO will maintain the consent form electronically within the individual's record in the Care Coordination system.

As described in the attachment CCO/HH Rate Setting Methodology, the care management PMPM will include four rate tiers. The rate tier of an individual is determined by region, the intensity of care coordination required to serve the individual and the residential/living setting of the individual. For enrollees who are new to the OPWDD service delivery system, there will be a separate tiered CCO/HH care management PMPM that may be billed for the first month of enrollment in CCO/HH for individuals who have never received a Medicaid-funded long-term service. The separate tiered rate includes costs related to preparing an initial life plan; an initial Medicaid application, if needed; and gathering documentation and records to support the I/DD diagnosis, that such I/DD condition results in substantial handicap and the individual's ability to function normally in society and level of care determination. The PMPM rate tiers are calculated based on total costs relating to the care manager (salary, fringe benefits, non-personal services, capital and administration costs) and, for each tier, caseload assumptions. The State will periodically review the CCO/HH payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services. In addition, based on operating experience, the State will make adjustments, as appropriate, to the PMPM.

Medicaid Service Coordinators (MSC) and Plan of Care Support Services (PCSS)

CCO/HH MSC and PCSS agencies that provide care management to individuals with developmental disabilities under the State Plan that convert to a CCO/HH or become part of a CCO/HHs will be paid the care management PMPMs described above.

All payment policies have been developed to assure that there is no duplication of payment for CCO/HH services.

Health Homes Payment Methodologies

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Assurances

- The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.
Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.
- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
CCO.HH Rates Methodology for SPA submission 2.25.18	2/28/2018 8:53 AM EST	
Standard Access Questions (20-0054) 8-6-20	8/12/2020 3:06 PM EDT	
Standard Funding Questions (20-0054) 8-6-20	8/12/2020 3:07 PM EDT	
Auth Provisions (20-0054) C53 L2020 - Appropriation for OPWDD Non Profit Medicaid	8/12/2020 3:17 PM EDT	