

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-24-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

September 18, 2024

Amir Bassiri  
New York State Medicaid Director  
Department of Health (DOH)  
99 Washington Ave-One Commerce Plaza Suite 1432  
Albany, NY 12210

RE: TN 24-0031

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0031, which was submitted to CMS on June 28, 2024. This plan amendment proposes updates the payment methodology for Community Health Workers (CHWs) under Federally Qualified Health Centers and Rural Health Clinics.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 3 1</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**§ 1905(a)(2)(B), 1905(a)(2)(C)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 04/01/24-09/30/24 \$ 96,656  
b. FFY 10/01/24-09/30/25 \$ 193,311

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B: Page 2(c)(iv)(i)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**NEW**

9. SUBJECT OF AMENDMENT  
**FQHC-RHC Reimbursement for Community Health Worker Services**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
**Amir Bassiri**

13. TITLE  
**Medicaid Director**

14. DATE SUBMITTED  
**June 28, 2024**

15. RETURN TO  
New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, NY 12210

**FOR CMS USE ONLY**

16. DATE RECEIVED **06/28/2024**

17. DATE APPROVED  
**September 18, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**04/01/2024**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review**

22. REMARKS

**New York  
2(c)(iv)(i)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers (FQHC)**

**Community Health Worker Services – Federally Qualified Health Centers and Rural Health Clinics**

For Community Health Worker services provided on or after April 1, 2024, Federally Qualified Health Centers and Rural Health Clinics will be reimbursed a separate payment, in lieu of the Prospective Payment System (PPS) reimbursement rate, when the Community Health Worker service is the only service provided. Community Health Workers are unlicensed healthcare professionals who provide health advocacy, health education, and health navigation services to improve health outcomes. Facilities will be reimbursed for a Community Health Worker visit using the procedure codes and fees identified in the NYS Medicaid Community Health Worker Fee Schedule located at:

[https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW\\_Fee\\_Schedule.pdf](https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Fee_Schedule.pdf)

**TN**     #24-0031    

**Approval Date**     September 18, 2024    

**Supersedes TN**     #New    

**Effective Date**     April 1, 2024