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State/Territory Name: New York

State Plan Amendment (SPA) #: 16-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SP A 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

DMCHO: GC: SPA NY-16-0019

November 30, 2016

Jason Helgersen
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Albany, New York 12237
RE: New York 15-0038

Dear Mr. Helgersen:

This is to notify you that New York State Plan Amendment (SPA) #16-0019 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2016. This State Plan Amendment proposes to revise the IEP eligibility ratio formula for school-based health services for school-age children and extend the sunset date to June 30, 2017.

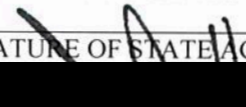

Enclosed are copies of SPA # 16-0019 as approved. If you have any questions or wish to discuss this SPA further, please contact Gary Critelli. Mr. Critelli may be reached at (518) 518-396-3810.

Sincerely,

A large black rectangular redaction box covering the signature of Michael Melendez.

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0019	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 07/01/16-09/30/16 \$ 5,000 b. FFY 10/01/16-06/30/17 \$ 20,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: Page 3.1 Attachment 3.1-B Supplement: Page 3.1 Attachment 4.19-B: Pages 10-1B, 10-1C, 10-1D, 17(m), 17(o)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement: Page 3.1 Attachment 3.1-B Supplement: Page 3.1 Attachment 4.19-B: Pages 10-1B, 10-1C, 10-1D, 17(m), 17(o)	
10. SUBJECT OF AMENDMENT: School Supportive Health (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgeson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: SEP 29 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: NOVEMBER 30, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: RATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**New York
3.1**

[13d. Rehabilitative Services:

School Supportive Health Services

School Supportive Health Services are services provided by or through local school districts or the New York City Board of Education to children with, or suspected of having disabilities, who attend public or State Education Department approved private schools. These services, which are provided to children with special needs pursuant to an Individualized Education Program (IEP) and are limited to EPSDT, are:

1. Physical therapy services
2. Occupational therapy services
3. Speech pathology services
4. Audiological evaluations
5. Evaluations for all available services
6. Nursing Services
7. Psychological and social work services (psychological counseling)
8. Transportation see Supplement to Attachment 3.1.A, Item 24a
9. Medical evaluations (physician, physician assistant and nurse practitioner)

Preschool Supportive Health Services

Preschool Supportive Health Services are services provided by or through counties or the New York City Board of Education to children, with or suspected of having disabilities, who attend State Education Department approved preschools. These services, which are provided to children with special needs pursuant to an Individual Education Program (IEP) and are limited to EPSDT, are:

1. Physical therapy services
2. Occupational therapy services
3. Speech pathology services
4. Audiological evaluation
5. Evaluations for all available services
6. Nursing services
7. Psychological and social work services (psychological counseling)
8. Transportation see Supplement to Attachment 3.1.A, Item 24a
9. Medical evaluations (physician, physician assistant and nurse practitioner)]

TN #16-0019 **Approval Date** 11/30/2016

Supersedes TN #92-0042 **Effective Date** 07/01/2016

**New York
3.1**

[13d. Rehabilitative Services:

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Page 10-1B**

[TYPE OF SERVICE]

Rehabilitative Services

METHOD OF REIMBURSEMENT

School Supportive Health Services

Physical Therapy Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, 2) indirect costs, a percent of those costs incurred as part of operations, and 3) evaluation costs, one twelfth of the annual cost of conducting an evaluation. The sum of the three components was multiplied by the average monthly frequency to obtain the monthly fee.

Occupational Therapy Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, 2) indirect costs, a percent of those costs incurred as part of operations, and 3) evaluation costs, one twelfth of the annual cost of conducting an evaluation. The sum of the three components was multiplied by the average monthly frequency to obtain the monthly fee.

Speech Pathology Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated]

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Supersedes TN #92-0042

Approval Date 11/30/2016

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[Rehabilitative Services
(continued)]

with the direct provision of service, 2) indirect costs, a percent of those costs incurred as part of operations, and 3) evaluation costs, one twelfth of the annual cost of conducting an evaluation. The sum of the three components was multiplied by the average monthly frequency to obtain the monthly fee.

Nursing Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components was multiplied by the average monthly frequency to obtain the monthly fee.

Psychological Counseling Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components was multiplied by the average monthly frequency to obtain the monthly fee.]

TN **#16-0019**

Approval Date **11/30/2016**

Supersedes TN **#92-0042**

Effective Date **07/01/2016**

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10-1D**

[Rehabilitative Services
(continued)]

Psychological Evaluations

The fee is fee-for-service and is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the evaluation fee.

Transportation Services

The transportation fee is fee-for-service and is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the fee.

Audiological Evaluations

The fee is fee-for-service and is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the evaluation fee.

Medical Evaluations

The medical evaluation fee and specialized medical evaluation fee are fee-for-service and are made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the evaluation fee. The specialized medical evaluation fee is reimbursable only when the service is provided by a physician specialist subsequent to and upon the written recommendation of the provider of a medical evaluation.]

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Approval Date 11/30/2016

Supersedes TN #92-0042

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17(m)**

- b. General Administrative Percentage Allocation
 - i. Direct Medical Service All Other Cost Pool: Apply the General Administrative time applicable to the Direct Medical Services percentage from the Random Moment Time Study (Activity Code 10). The direct medical services costs and time study results must be aligned to assure appropriate cost allocation.

The formula below details the Direct Medical Percentage (Activity Code 4.b) with the applicable portion of General Administration (Activity Code 10) reallocated to it. The same calculation is completed for the Direct Medical Service Therapy and Direct Medical Service All Other cost pools.

A = All Codes
 D = IEP Direct Medical Services (Activity Code 4.b)
 R = Redistributed Activities (Activity Code 10)
 U = Unallowable (Activity Code 11)

$$\text{Direct Medical Service Percentage} = \frac{D + \left(\frac{D}{A - R - U} * R \right)}{A}$$

4. **IEP Medicaid Eligibility Ratio:** A district-specific IEP Ratio will be established for each participating school-district. When applied, this IEP Ratio will discount the Direct Medical cost pool by the percentage of IEP Medicaid students. The IEP ratio will be based on child count reporting of students that had a direct medical service in an IEP during the school year [required for Individuals with Disabilities Education Act (IDEA) on the first Wednesday in October of the Fiscal Year] for which the report is completed. *For example*, for the cost reporting period covering July 1, 2012 through June 30, 2013, the IEP Ratio will be based on the [student] count of students with an IEP at any time during the from July 1, 2012 through June 30, 2013 school year [October 3, 2012]. [The names and birthdates of students with an IEP with a direct medical service will be identified from the Student Count Report as of the first Wednesday in October and matched against the Medicaid eligibility file to determine the percentage of those that are eligible for Medicaid.] The numerator will be the number of Medicaid eligible IEP students in the LEA for whom at least one claim was processed through the MMIS for the year for which the report is completed [with a direct medical service, as outlined in their IEP]. The denominator will be the total number of students in the LEA with an IEP with a direct medical service as outlined in their IEP at any time during the school year reporting period. Direct medical services are those services billable under the SSHS program.

The IEP Medicaid Eligibility Ratio will be calculated on an annual basis using student counts, as described above, [of the first Wednesday of October] and MMIS data for the fiscal year for which the cost report is completed.

TN <u> #16-0019 </u>	Approval Date <u> 11/30/2016 </u>	
Supersedes TN <u> #11-0039-A </u>	Effective Date <u> 07/01/2016 </u>	

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H. Cost Reconciliation Process

Once all interim claims (CPT/HCPCS claims) are paid, the State will calculate the final reconciliation and settlement. There will be separate settlements for every Medicaid provider. The cost reconciliation process will be completed after the reporting period covered by the annual SSHSP Cost Report. The total CMS-approved, Medicaid allowable scope of costs based on CMS-approved cost allocation methodology procedures is compared to the provider's Medicaid interim payments for school health services delivered during the reporting period as documented in the MMIS and CMS-64 form, resulting in cost reconciliation.

For the purposes of cost reconciliation, the State may not modify the CMS-approved scope of costs, the CMS-approved cost allocation methodology procedures, or its CMS-approved time study for cost-reporting purposes. CMS approval will be sought prior to any modification to the scope of cost, cost allocation methodology procedures, or time study for cost-reporting purposes.

I. Cost Settlement Process

For services delivered for a period covering July 1st through June 30th, the annual SSHSP Cost Report is due on or before December 31st of the same year. The final reconciliation will occur prior to the 24th month following the end of the fiscal period to ensure all claims are paid through MMIS for the dates of service in the reporting period.

As part of the final cost reconciliation and cost settlement DOH will conduct an analysis of the Medicaid payments to ensure compliance with the requirements for efficiency and economy as outlined in the Social Security Act section 1902(a)(30)(A) and LEAs found to be out of compliance may be subjected to a corrective action plan.

If final reconciled settlement payments exceed the actual, certified costs of the provider for SSHSP services to Medicaid clients, an amount equal to the overpayment will be returned. Overpayments will be recouped within one year from the date that the overpayment was discovered.

If actual, certified costs of a provider for SSHSP services exceed the interim claiming, the DOH and the providers will share in the retention of the incremental payment. The final settlement will be an accounting adjustment that is made off-line for each provider. The State will report the final settlement that is paid to each provider on the CMS-64 form for the quarter corresponding to the date of payment.

J. Sunset Date

Effective for dates of service on or after October 1, 2011 through June 30, [2016] 2017; the State will be able to process cost reconciliations and cost settlements on all cost reports completed for the fiscal years covering dates of service through June 30, [2016] 2017.

TN	<u>#16-0019</u>	Approval Date	<u>11/30/2016</u>
Supersedes TN	<u>11-0039-A</u>	Effective Date	<u>07/01/2016</u>