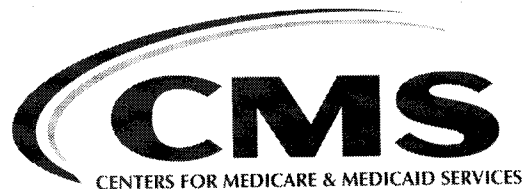

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0056-MM4

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 Pages
- 4) Attachments (1 and 2)
- 5) Superseding Document



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

October 24, 2014

Jason A. Helgeson, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP-1211)
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgeson:

Enclosed is an approved copy of New York's state plan amendment (SPA) 13-0056-MM4, which was submitted to CMS on March 31, 2014. SPA 13-0056-MM4 incorporates the Single State Agency SPA into New York's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of New Jersey's approved state plan:

- A1-A3, pages 1 to 7
- Attachment 1– Attorney General Certification
- Attachment 2 – NYSDOH Organizational Chart

In addition, enclosed is a summary of state plan pages which are superseded by SPA 13-0056-MM4.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Patricia Ryan at (212) 616-2436 or at Patricia.Ryan@cms.hhs.gov.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children Health

Enclosure

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New York

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NY-13-0056

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Identifies the Department of Health as the single state agency to submit and administer state plans for the Medicaid program for New York.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified

Describe:

Describe:

Signature of State Agency Official

Submitted By: Karla Knuth
 Last Revision Date: Oct 23, 2014
 Submit Date: Mar 31, 2014



Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority	A1
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42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The state statutory citation for the legal authority under which the agency supervises the administration of the plan on a statewide basis is:

The state statutory citation under which the single state agency has legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.



Medicaid Administration

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 06/11/14

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

NYS Office of Temporary and Disability Assistance (OTDA).

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Consistent with relevant federal and state law with respect thereto and as designated by the Department of Health (DOH), when fair hearings are requested, OTDA: provides such hearings for all non- MAGI Medicaid applicants or beneficiaries with respect to their Medicaid eligibility and any adverse agency action with respect thereto; issues final administrative decisions on behalf of the DOH Commissioner; takes such steps as may be necessary to enforce DOH's final determinations and decisions.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

DOH communicates Medicaid eligibility and policy directives to OTDA and trains OTDA personnel on such matters. DOH maintains policies and procedures reasonably necessary to monitor and evaluate the effectiveness and efficiency of the activities performed by OTDA with regard to conducting fair hearings. DOH retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by OTDA. OTDA makes and issues the final decision (for non-MAGI cases) on behalf of the Department of Health (DOH) pursuant to DOH statues, regulations and policies. In legal force and effect, the decisions are final DOH decisions. DOH regulations set forth the Commissioner's authority to review any issued fair hearing decision and correct any error of law or fact and/or any other error occurring in the production of any decision. OTDA conducts all non-MAGI Medicaid fair hearings including service related



Medicaid Administration

appeals. DOH will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact OTDA and how to obtain information about fair hearings from that agency. OTDA is required to comply with all federal and state laws, regulations and policies. The regulatory citation for Fair Hearings is 18 NYCRR Parts 358 and 360.

Add

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration
Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11



Medicaid Administration

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Office of Health Insurance Programs (OHIP) and the Office of Health Benefit Exchange are two separate offices, out of a total of twelve offices under the authority of the Commissioner of the Department of Health. OHIP is responsible for administering New York's Medicaid program by collaborating with stakeholders across the health care industry including other state agencies, local and federal government agencies, providers, members, and community-based organizations to optimize the health of Medicaid members. The Fair hearing process for the MAGI population is within and conducted by the Office of Health Benefit Exchange.

OHIP encompasses eight distinct divisions.

Division of Finance and Rate Setting

This division is responsible for all functions within OHIP related to rate setting, including managed care rates.

Division of Program Development and Management

This division is responsible for all policy and strategic planning including waiver and State Plan Amendments, and policy related to medical, dental, pharmacy (including EPIC), behavioral health and transportation management.

Division of Health Plan Contracting & Oversight

This division is responsible for managed care organization (MCO) contracting, oversight of health plan compliance with applicable federal and state regulations.

Division of Long Term Care

This division is responsible for the managed long term care program which includes oversight of the growth of the program as well as other care coordination models.

Division of OHIP Operations

This division is responsible for fee-for-service (FFS) program management and operations for medical and dental prior approval, pended claim reviews, utilization edit development, rate loading and payment file maintenance, provider enrollment and the electronic health records incentive program.

Division of Health Reform and Health Insurance Exchange Integration

The division is responsible for administering New York's Medicaid program by collaborating with stakeholders across the health care industry including other state agencies, local and federal government agencies, providers, members, and community-based organizations. The division interprets, develops and implements federal and state legislation. The division also establishes policies, guidelines and instructions by writing directives to local districts for all Medicaid populations including MAGI, Non-MAGI and persons who are aged, blind, or disabled. With division oversight, the local districts process applications and determine eligibility for non-MAGI, Presumptive eligibility for Pregnant Women and Children. Local districts also process renewals for the aforementioned populations, as well as, the MAGI population until the MAGI renewals are transitioned to the SBM. MAGI applications are processed by the Office of Health Benefit Exchange with division guidance.

Division of OHIP Systems

This division is responsible for the oversight of the MMIS (eMedNY system) contract and the technical support of the development of the Health Exchange.

Division of Human Resources and Administration

This division interacts with OHIP management in planning, coordinating, developing and implementing all activities related to OHIP human resources

Upload an organizational chart of the Medicaid agency.



Medicaid Administration

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Executive Branch of New York State is headed by the Governor. The Executive Branch is the part of the government that has the sole authority and responsibility for the daily administration of the State's business. New York State's governmental activities are carried out by several departments within the Executive Branch. The New York Department of Health is one of these agencies. The Department of Health (DOH) coordinates policy and activities specifically to protect, improve and promote the health, productivity and well being of all New Yorkers. The Department of Health is responsible for the Medicaid program. Separate from DOH and it's own distinctive agency the Office of Mental Health determines Medicaid eligibility for seriously emotionally disturbed children up to the age of 21 within the 1915(c) waiver. Separate from DOH and it's own distinctive agency the Office of People with Developmental Disabilities determines Medicaid eligibility for developmentally disabled adults and children, within the 1915(c) waiver. OTDA administers public assistance programs, including cash assistance, Supplemental Nutrition Assistance Program (SNAP), and Home Energy Assistance Program (HEAP). The Office of Health Benefit Exchange is a separate and distinct office within the Department of Health.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No



Medicaid Administration

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes
- No

Indicate the number used to administer the state plan:

58

Description of the staff and functions of the local subdivisions:

Local Department of Social Services employees are civil servants qualified to be appointed to various positions. They receive and process Medicaid applications pursuant to New York State laws and regulations. They determine financial eligibility, categorical classification, continued financial eligibility, and income maintenance review for the Aged, Blind, Disabled, Presumptive eligibility for Pregnant Women, Children and non-MAGI categories, as well as, renewal determinations of MAGI categories until such time as the categories can be transitioned to the Health Benefit Exchange.

State Plan Administration Assurances

A3

- 42 CFR 431.10
- 42 CFR 431.12
- 42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:



Medicaid Administration

The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF NEW YORK

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The New York State Department of Health is the single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is:

(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in:

**Sections 363-a and Section 366-a(2)(a) of the Social Services Law and
Section 201 of the Public Health Law**

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

**Section 363-a of the Social Services Law and
Sections 201 and 205 of the Public Health Law**

(statutory citation)

9/30/14
DATE



Signature: Eric T. Schneiderman

New York State Attorney General
Title

TN #13-56

Approval Date _____

Supersedes TN #96-33

Effective Date _____

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: NY-13-0056	STATE: New York	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	COMPLETE PAGES SUPERSEDED: Section 1, (pgs.1-8) Attachment 1.1A Attachment 1.1B Attachment 1.2A Attachment 1.2B Attachment 1.2C Attachment 1.2D	PARTIAL PAGES SUPERSEDED: Section 1.4, Page 9 State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.
A2	Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A1 and A2 will determine eligibility for coverage to the extent specified in A1 and A2.	

NEW YORK
state department of
HEALTH
 October 2013

