NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Beverly Cook
St. Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Cook:

The Department of Health (DOH) will request approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) Medicaid Children's Waiver and apply for a 1915(b)(4) waiver to permit the State to selectively contract with designated Health Homes for these financial management services.

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Effective on or after March 1, 2023; to establish and authorize payment for financial management services provided to children/youth in the fee for service delivery system requiring Adaptive and Assistive Technology, Environmental Modifications, and Vehicle Modifications, Transitional Services, and Goods and Services.

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There will be no changes or diminishment of services to members of Federally recognized Tribes. Native Americans remain eligible for services under the same rules, and, there is no change to payment rates for services provided by tribal organizations.

A draft of the waiver proposal is available on the Department's website at New York Medicaid Wavier 1915(b)(4) (ny.gov) Individuals without Internet access may view the proposed waiver at any local (county) social services district.

All comments must be postmarked or emailed by November 7, 2022. Please forward comments to the Office of Health Insurance Programs Children's Waiver Team at BH.Transition@health.ny.gov or mail to:

New York State Department of Health
Children's Health Home Team
99 Washington Ave – One Commerce Plaza
Suite 712
Albany, New York 12210

We look forward to your continued collaboration.

Sincerely,

/s/

April Hamilton, Executive Deputy Director
Division of Program Development and Management
Office of Health Insurance Programs

cc: Christopher Semidey (CMS)
Ciera Lucas (CMS)
David Reed (CMS)
Suzanne Gallagher (CMS)
Colette Poulin (DOH)
Jack Pitera (DOH)
Renee Greer (DOH)

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MARY T. BASSETT, M.D., M.P.H.
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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Bryan Polite
Council of Trustees Chairman
Shinnecock Indian Nation Tribal Office
P. O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Polite:

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Mr. Clint Halftown
Nation Representative
Cayuga Nation
P. O. Box 803
Seneca Falls, NY 13148

Dear Mr. Halftown:

The Department of Health (DOH) will request approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) Medicaid Children's Waiver and apply for a 1915(b)(4) waiver to permit the State to selectively contract with designated Health Homes for these financial management services.

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Eugene E. Cuffee II
Sachem
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Cuffee:

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Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Gary Wheeler
Nation Representative
Cayuga Nation
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Wheeler:

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Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Harry Wallace
Unkechaug Indian Territory
207 Poospatuck Lane
Mastic, NY 11950

Dear Chief Wallace:

The Department of Health (DOH) will request approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) Medicaid Children's Waiver and apply for a 1915(b)(4) waiver to permit the State to selectively contract with designated Health Homes for these financial management services.

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Sincerely,

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Division of Program Development and Management
Office of Health Insurance Programs

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Suzanne Gallagher (CMS)
Colette Poulin (DOH)
Jack Pitera (DOH)
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Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Kenneth Patterson
Tuscarora Indian Nation
1967 Upper Mountain Road
Lewiston, NY 14092

Dear Chief Patterson:

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Sincerely,

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Division of Program Development and Management
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Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Latasha Austin
Keeper of Records
Unkechaug Indian Territory
P.O. Box 86
Mastic, NY 11950

Dear Ms. Austin:

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Division of Program Development and Management
Office of Health Insurance Programs

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KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Leo Henry, Clerk
Tuscarora Indian Nation
2006 Mount Hope Road
Lewiston, NY 14092

Dear Chief Henry:

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Maurice A. John Sr.
President
Seneca Nation of Indians
P.O. Box 231
Salamanca, NY 14779

Dear Mr. John Sr.:

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Melissa Oakes
Executive Director
American Indian Community House
39 Eldridge Street, 4th Floor
New York, NY 10002

Dear Ms. Oakes.:

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Ronald Lafrance, Jr.
Saint Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Lafrance:

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Mr. Ray Halbritter
Nation Representative
Oneida Indian Nation
528 Patrick Road
Verona, NY 13478

Dear Mr. Halbritter:

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Roger Hill, Council Chairman
Tonawanda Seneca Indian Nation
Administration Office
7027 Meadville Road
Basom, NY 14013

Dear Chief Hill:

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Division of Program Development and Management
Office of Health Insurance Programs

cc: Christopher Semidey (CMS)
Ciera Lucas (CMS)
David Reed (CMS)
Suzanne Gallagher (CMS)
Colette Poulin (DOH)
Jack Pitera (DOH)
Renee Greer (DOH)

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

Chief Sidney Hill
Onondaga Nation Territory-
Administration
Hemlock Road, Box 319-B
Nedrow, NY 13120

Dear Chief Hill:

The Department of Health (DOH) will request approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) Medicaid Children's Waiver and apply for a 1915(b)(4) waiver to permit the State to selectively contract with designated Health Homes for these financial management services.

.

Effective on or after March 1, 2023; to establish and authorize payment for financial management services provided to children/youth in the fee for service delivery system requiring Adaptive and Assistive Technology, Environmental Modifications, and Vehicle Modifications, Transitional Services, and Goods and Services.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed application because these activities are currently provided by Local District of Social Services (LDSS) who already administratively claim their costs under the Medicaid program.

There will be no changes or diminishment of services to members of Federally recognized Tribes. Native Americans remain eligible for services under the same rules, and, there is no change to payment rates for services provided by tribal organizations.

A draft of the waiver proposal is available on the Department's website at New York Medicaid Wavier 1915(b)(4) (ny.gov) Individuals without Internet access may view the proposed waiver at any local (county) social services district.

All comments must be postmarked or emailed by November 7, 2022. Please forward comments to the Office of Health Insurance Programs Children's Waiver Team at BH.Transition@health.ny.gov or mail to:

New York State Department of Health
Children's Health Home Team
99 Washington Ave – One Commerce Plaza
Suite 712
Albany, New York 12210

We look forward to your continued collaboration.

Sincerely,

/s/

April Hamilton, Executive Deputy Director
Division of Program Development and Management
Office of Health Insurance Programs

cc: Christopher Semidey (CMS)
Ciera Lucas (CMS)
David Reed (CMS)
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September 30, 2022

Tim Twoguns
Nation Representative
Cayuga Nation
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Twoguns:

The Department of Health (DOH) will request approval from the Centers for Medicare and Medicaid Services to amend the 1915(c) Medicaid Children's Waiver and apply for a 1915(b)(4) waiver to permit the State to selectively contract with designated Health Homes for these financial management services.

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Application for

Section 1915(b)(4) Waiver
Fee-for-Service
Selective Contracting Program

September 2022

Table of Contents

Application for Section 1915(b) (4) Waiver
Fee-for-Service (FFS) Selective Contracting Program

Fact-Sheet

The State of New York requests a waiver/amendment under the authority of section 1915(b)4 of the Social Security Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program is** Children's Waiver FMS Selective Contracting.
(List each program name if the waiver authorizes more than one program.).

Type of request. This is:
☒**an initial request for new waiver.**
☐a request to amend an existing waiver, which modifies Section/Part ____
☐a renewal request
Section A is:
☐replaced in full
☐carried over with no changes
☐changes noted in **BOLD**.
Section B is:
☐replaced in full
☐changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of ___**5**___years beginning **3/1/2023** and ending **2/28/2028**
State Contact: The State contact person for this waiver is **Colette V. Poulin, MSSA, Health Program Director, Children's Health Home, Division of Program Development and Management** and she can be reached by telephone at 518.486.4052, or e-mail at Colette.Poulin@HEALTH.ny.gov. (List for each program)

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:
Describe the efforts the State has made to ensure that Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

Response:
A Tribal Notification was sent out on September 30, 2022, informing the Tribes of the submission of a new 1915(b)(4) waiver application to allow selective contracting for Financial Management Services (FMS) for the Children's Waiver.

Program Description:
Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

Response:
New York requests a waiver to selectively contract for FMS to assist an individual eligible under the Children's Waiver purchase Adaptive and Assistive Technology, Environmental Modifications, Vehicle Modifications, Transitional Services, and Goods and Services (AT/E-Mods/V-Mods/TS/GS) under the waiver. This waiver request includes all individuals enrolled in the Children's Waiver for whom the service is on their Home- and Community-Based Services (HCBS) plan of care (POC). This application requests a five-year waiver approval for selective contracting for FMS providers who will purchase the services and serve as the provider of record on the HCBS POC. The estimated number of enrollees, at a given time, projected to be served through the FMS service is no greater than 17,379 individuals.

An alternative payment structure will be utilized for FMS based on a 2016 study conducted by the State of New York on the average cost incurred by FMS providers purchasing goods for less than $60,000. The payments are based upon the expected monthly utilization of the AT/E-Mods/V-Mods/TS/GS under the waiver. All payments to the FMS provider are paid through eMedNY, the State's Medicaid Management Information System.

Waiver Services:
Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

Response:
This waiver will allow selective contracting of:

- FMS for AT/E-Mods/V-Mods/TS/GS under the waiver.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

   __X__ 1915(b) (4) - FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

   a. _____ Section 1902(a) (1) – Statewideness

b. _____Section 1902(a) (10) (B) - Comparability of Services
c. ___X___**Section 1902(a) (23) - Freedom of Choice**
d. _____Other Sections of 1902 – (please specify)

B. Delivery Systems

1. Reimbursement. Payment for the selective contracting program is:

___X___ **The same as stipulated in the State Plan and HCBS waiver**
_____ Is different than stipulated in the State Plan (please describe)

2. Procurement. The State will select the contractor in the following manner:

_____Competitive Procurement
_____Open cooperative procurement
_____Sole source procurement
___X___**Other (please describe) The Health Home Serving Children´s (HHSC) program was launched in December 2016, with 16 Health Homes designated to serve children based on a rigorous application and multi-state-agency review process. HHSC are subject to quality reviews and designated and redesignated to serve Medicaid children for up to five years through a formal process. Any Health Home for Children may provide this service so long as the entity agrees to a contract amendment holding the Health Home to federal and state FMS requirements. Initially three HHSC have chosen to provide FMS throughout the State.**

- **Collaborative for Children and Families - Bronx, Dutchess, Kings (Brooklyn), Nassau, New York (Manhattan), Orange, Putnam, Queens, Richmond (Staten Island), Rockland, Suffolk, Westchester**

- **Central New York Health Home Network (CNYHHN, Inc.) - Albany, Rensselaer, Schenectady, Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence**

- **Children's Health Home of Upstate New York, LLC (CHHUNY) - Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates**

C. Restriction of Freedom of Choice

1. Provider Limitations.

__X__ Beneficiaries will be limited to a single provider in their service area.
_____ Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented.

The FMS services are provided statewide.

Health Homes are providers of Health Home care management under the State Plan and must comply with 1945 of the Social Security Act. Fiscal Management Service is a new service under the Children's HCBS waiver. The Health Homes will establish written agreements with the NYS Medicaid agency to execute and hold Medicaid provider agreements and receive and disburse funds. NYS DOH utilizes the Health Home to execute the provider agreement on behalf of the Medicaid agency in writing.

When financial management services are furnished as a waiver service, the number of providers may not be limited without a 1915(b)(4). This 1915(b)(4) waiver will permit NYS to selectively contract with Health Homes to be the Organized Health Care Delivery System (OHCDS) provider of record for AT/E-Mods/V-Mods/TS/GS for FFS members. Managed care members will receive these services under the managed care entity. It is not anticipated that there will be other providers of record for FMS of AT/E-Mods/V-Mods/TS/GS.

Under the administrative contract with Health Homes, the Health Homes are held to the same contractual requirements of ensuring provider qualifications of purchased services including AT/E-Mods/V-Mods/TS/GS. Health Homes are monitored to ensure that they contract with providers meeting applicable requirements. Entities which furnish financial management services undergo a readiness review as part of the determination that such entities are qualified to furnish these services.

Financial accountability is assured because Health Homes are required to bill eMedNY only for the amount of the AT/E-Mods/V-Mods/TS/GS for FFS members under the rate codes for each of those services. A separate rate code for the Fiscal Management Service has been developed.

2. State Standards.

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

Response:
Following are the requirements for providers for the 1915(b)(4) Waiver service:

- The Health Home (HH) entity must be enrolled as an HH with New York Medicaid and agree to all Centers for Medicare & Medicaid Services (CMS)-required FMS protections in their administrative contract;

- Develop a person-centered plan to support each individual with the equipment, modifications, goods, and services needed to remain in, or return to, their home;
- For each AT/E-Mod/V-Mod/TS/GS, demonstrate cost-effectiveness and include a realistic and comprehensive budget;
- Provide services and supports to help individuals manage health and behavioral health conditions, address other disabling conditions or life challenges that become barriers to independence and increase quality of life;
- Facilitate access to health services and improve the health status and quality of life experiences of individuals who are enrolled in Medicaid;
- Any individual eligible for HCBS waiver services may receive AT/E-Mod/V-Mod/TS/GS where the provider of record is a qualified HH acting as an FMS. An individual must choose an FMS if AT/E-Mod/V-Mod/TS/GS is included in their service plan.
- The most typical set of tasks the FMS supports the individual is identifying qualified providers and ensuring cost effectiveness, facilitating payment of approved AT/E-Mod/V-Mod/TS/GS, fiscal accounting and reporting, ensuring Medicaid and corporate compliance, and general administrative supports.
- The 1915(c) waiver authority does not permit making payments for services directly to a waiver individual, either to reimburse the individual for expenses incurred or enable the individual to directly pay a service provider. Instead, payments must be made through an intermediary organization that performs financial transactions (paying for AT/E-Mod/V-Mod/TS/GS included in the individual's service plan) on behalf of the individual. The provision of FMS ensures payments for AT/E-Mod/V-Mod/TS/GS included in the individual's service plan are made appropriately and in a timely manner.
- HHs will function as an OHCDS (i.e., the State will include the purchase of AT/E-Mod/V-Mod/TS/GS when it is a covered as service in the waiver) in its provider agreement with such entities. The FMS may then purchase AT/E-Mod/V-Mod/TS/GS authorized in the service plan on the individual's behalf and bill the costs of such AT/E-Mod/V-Mod/TS/GS to the State. An agreement with a vendor is not required but there must be documentation to verify the purchase of the AT/E-Mod/V-Mod/TS/GS and the AT/E-Mod/V-Mod/TS/GS must meet the standards specified in the waiver.

D. Populations Affected by Waiver
(May be modified as needed to fit the State's specific circumstances)

1. Included Populations. The following populations are included in the waiver:

_____Section 1931 Children and Related Populations
_____Section 1931 Adults and Related Populations
_____Blind/Disabled Adults and Related Populations
_____Blind/Disabled Children and Related Populations
_____Aged and Related Populations
_____Foster Care Children
_____Title XXI CHIP Children
_X_____Other: Children enrolled under the 1915(c) Children's waiver requiring AT/E-Mods/V-Mods/TS/GS

2. **Excluded Populations.** The following populations are excluded from participating in the waiver:

_____Dual Eligibles
_____Poverty Level Pregnant Women
_____Individuals with other insurance
_____Individuals residing in a nursing facility or ICF/MR
_____Individuals enrolled in a managed care program
_____Individuals participating in a HCBS Waiver program
_____American Indians/Alaskan Natives
_____Special Needs Children (State Defined) Please provide this definition.
_____Individuals receiving retroactive eligibility
_____Other (Please define):

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.,* what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?

   Response:
   FMS designated provider(s) must have enough professional staffing to carry-out the contractual requires and the ability to coordinate a network of providers to ensure the provision of services for FMS service recipients. The State will oversee the HHs' management of these services and monitor access and performance standards to ensure service delivery according to policies and standards. This includes the timely completion of AT/E-Mod/V-Mod/TS/GS.

2. Describe the remedies the State has or will put in place if Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

   Response:
   The State will monitor access and performance and will require providers to increase professional staff to provide services in a timely manner. The State may also contract with additional HH meeting FMS qualifications to provide FMS, if eligible Medicaid individuals are unable to access services in a timely manner.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective

contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides an enough supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

   Response:
   DOH has conducted a statewide analysis of need as well as monitoring access to these services since 2019 under a different structure. To ensure adequate access, the State will work with FMS providers to determine if additional providers are needed to meet the needs of individuals.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).

   Response:
   FMS providers are required to submit claims under the eMedNY system. The State will utilize claims data to collect utilization data regarding service delivery. The State has implemented stakeholder groups to resolve implementation issues regarding AT/E-Mod/V-Mod/TS/GS, which are currently being managed by the local districts of social services. DOH will track and monitor point-in-time reports for timeliness of individual access as well as ongoing delivery of service elements while the individual is enrolled. DOH will monitor demand of the service and evaluate the need to add providers.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?

   Response:
   The utilization standard is that consumers receive medically necessary AT/E-Mod/V-Mod/TS/GS services in the amount, scope, and duration identified on their POC. The review process includes random review of selected POCs. Each selected POC is compared with the assessments and the services billed to Medicaid for the specified time frame. If services were not provided as needed and planned, the review team looks for explanation as to why not. If the reason was access to, or availability of, qualified direct service

providers, the review team looks for documentation of the steps taken by the FMS to address the problem. If the problem has not been resolved at the time of the review, the FMS must address the issue in its Corrected Action Plan.

Through regularly occurring point-in-time required reporting as well as eMedNY claiming, the State will monitor the services compared to the POC requirements. The State plans to use benchmark standards that are currently under development to evaluate a providers' ability to meet set performance measures. Results will be monitored for deficiencies. Any deficiencies identified will be addressed and monitored to ensure appropriate remediation is completed.

DOH will also utilize documentation and billing standards that are currently under development to monitor and ensure the delivery of all service components as a condition of payment.

2. Describe the remedies the State has or will put in place if Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

Response:
Providers who fall below benchmark utilization standards will be required to submit an action plan for performance improvement. Action plans for performance improvement will be required for any benchmark standard that has been previously noted as a programmatic trend and/or area that continues to lack significant improvement. The State will monitor action plans, provide technical assistance, and complete remedial site visits if necessary. If a remedial site visit is warranted, a written summary of the site visit will be issued, including findings and recommendations.

All monitoring of individual cases will be maintained and completed by the FMS provider. If there is an indication of non-compliance or deficiency identified in the level of FMS involvement, additional information will be requested and reviewed to evaluate fully.

Part III: Quality Standards and Contract Monitoring

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

Response:

Through eMedNY claims reports, HCBS provider monitoring, and regularly occurring point-in-time reporting, the State will monitor contracted providers using benchmarks and performance and programmatic standards.

ii. Take(s) corrective action if there is a failure to comply.

Response:
All providers found to have deficiencies will be required to submit an action plan for performance improvement for review and approval by DOH. Areas found deficient become a focus of future review and analysis of compliance. DOH will provide technical assistance as necessary to ensure the FMS provider comes into compliance and meets required benchmarks. If a provider fails to comply it may be determined they no longer meet the requirements to be a qualified provider of the service.

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

Response:
DOH's processes for monitoring the programmatic and performance standards is on-going and comprehensive. Methods include routine data collection, action plans for performance improvement, remedial record reviews, satisfaction surveys, and meeting with providers. DOH intends to issue guidance, training, and/or administrative directives to all FMS providers to address identified concerns and provide clarification on FMS service delivery. The provision of regular technical assistance provides additional opportunities for evaluating compliance.

ii. Take(s) corrective action if there is a failure to comply.

Response:
All providers found to have deficiencies will be required to submit an action plan for performance improvement for review and approval by a DOH. Areas found deficient become a focus of future review and analysis of compliance. DOH will provide technical assistance as necessary to ensure the FMS provider comes into compliance and meets required benchmarks. If a provider fails to comply it may be determined they no longer meet the requirements to be a qualified provider of the service.

A. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

Response:
The robust enforcement of program standards for FMS ensures all individuals receiving FMS have an HCBS POC that is coordinated with any other provider providing services. Therefore, by identifying the FMS as the selective contracting program, coordination of care is assured.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

Response:
NYS will train HH care managers to educate children and their families receiving AT/E-Mod/V-Mod/TS/GS on how to utilize the FMS to purchase these services.

It is anticipated that HH care managers and The Children and Youth Evaluation Service independent evaluators will serve as the primary referral sources for FMS, to share information about the program with beneficiaries who may be eligible for the program. Informational brochures are required to be given to the member and their family regarding the services and how they can be utilized.

Lastly, information about FMS will be available on the DOH website Environmental Modifications (EMods), Vehicle Modifications (VMods), Adaptive and Assistive Technology (AT), and Non-Emergency Medical Transportation (ny.gov)

B. Individuals with Special Needs

__X__ The State has special processes in place for persons with special needs (Please provide detail).

Response:
FMS providers must make arrangements or work with the individual's HH Care Management entity to provide interpretation, translation, or any other service the individual may require due to special needs. This may be accomplished through a variety of means, including employing culturally competent bi-lingual staff, language lines, translation services, and resources from the community. FMS providers are responsible for promoting and implementing cultural competencies, practices, and procedures to ensure diverse cultures are considered in all aspects of the delivery of the service.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment)

Response:
New York's actual expenditures for the prospective years will not exceed projected expenditures for the prospective years; and actual expenditures for the prospective years will be equal to the demand under the Medicaid State Plan. No more than 300 individuals are projected to need AT/E-Mod/V-Mod/TS/GS, with each individual expected to need an average of 8.8 AT/E-Mod/V-Mod/TS/GS. The cost of the program is anticipated to be no more than $1.3 million in the first year of the waiver or $500 per project for AT/GS/TS and $600 per project for vehicle and environmental modifications. There is no historic Medicaid trend factor applied to the cost of this service. The trends for number of individuals are affected by several factors:

- The number of individuals who will be served under managed care no earlier than year 2;
- The number of projects per individual is affected by a difference in the number of units typically seen in managed care versus FFS;
- The average cost per project is not anticipated to increase because the FMS cost per project for under $60,000 is anticipated to be $500 based on the 2016 study. The cost of each project is not anticipated to be more than $25,000 on average (the soft limit outlined in the waiver).

	Individuals	Avg Projects Per Individual	Avg Cost/Project	Cost	Trend
Year 1	298	8.80	500.00	1,311,200.00	
Year 2	259 *	4.00	500.00	518,000.00	-60.5%*
Year 3	265	4.16	500.00	551,200.00	6.4%
Year 4	272	4.29	500.00	583,440.00	5.8%
Year 5	279	4.37	500.00	609,615.00	4.5%

*Between Year 1 and Year 2, the State anticipates capitating HCBS services and FMS services will be provided by managed care organizations in Year 2.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1 from: 3/1/2023 to 2/29/2024

Trend rate from current expenditures (or historical figures): 6.809 %**
**Trend rate used in the 1915(c) waiver to trend from past waiver expenditures

Projected pre-waiver cost $1,311,200
Projected Waiver cost $1,311,200
Difference: $0

Year 2 from: 3/1/2024 to 2/28/2025

Trend rate from current expenditures (or historical figures):-60.5%***
***Based on projected number of individuals/projects expected to move from FFS to managed care

Projected pre-waiver cost $518,000
Projected Waiver cost $518,000
Difference: $0

Year 3 (if applicable) from: 3/1/2025 to 2/28/2026
Trend rate from current expenditures (or historical figures):6.4%***
***Based on projected number of individuals/projects expected growth in FFS

Projected pre-waiver cost $551,200
Projected Waiver cost $551,200
Difference: $0

Year 3 (if applicable) from: 3/1/2026 to 2/28/2027
Trend rate from current expenditures (or historical figures):5.8%***
***Based on projected number of individuals/projects expected growth in FFS

Projected pre-waiver cost $583,440
Projected Waiver cost $583,440
Difference: $0

Year 5 (if applicable) from: 3/1/2027 to 2/28/2028
Trend rate from current expenditures (or historical figures):4.5%***
***Based on projected number of individuals/projects expected growth in FFS

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost $609,615
Projected Waiver cost $609,615
Difference: $0