CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY

NUMBER: **11-W-00114/2**

TITLE: **Partnership Plan Medicaid Section 1115 Demonstration**

AWARDEE: **New York State Department of Health**

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by New York for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration extension, be regarded as expenditures under the State's title XIX plan.

The following expenditure authorities shall enable New York to implement the approved Special Terms and Conditions (STCs) for the New York Partnership Plan Medicaid Section 1115 Demonstration.

1. **Demonstration-Eligible Populations.** Expenditures for health care related costs for the following populations that are not otherwise eligible under the Medicaid State Plan.

    a) Demonstration Population 5 (Safety Net Adults). Adults who were recipients of, or eligible for, Safety Net cash assistance.
    b) Demonstration Population 6 (Family Health Adults with children). Uninsured parents who meet eligibility criteria for the Family Health Plus Program.
    c) Demonstration Population 7 (Family Health Plus Adults without children). Childless adults who meet eligibility criteria for the Family Health Plus Program.

2. **Family Planning Services.** Expenditures for family planning services for Demonstration Population 8 (Family Planning Expansion Adults). Men and women of childbearing age with net incomes at or below 200 percent of the Federal poverty level who are not otherwise eligible for Medicaid or other public or private health insurance coverage that provides family planning services and women who lose Medicaid eligibility at the conclusion of their 60-day postpartum period.

3. **Medicaid Eligibility Quality Control**. Expenditures that would have been disallowed under section 1903(u) of the Act based on Medicaid Eligibility Quality Control findings.

4. **IMD Services.** Expenditures for otherwise covered services provided to Demonstration eligibles age 21 through 64 enrolled in managed care organizations (MCOs) who reside in Institutions for Mental Diseases. This authority is limited to the first 30 days of an inpatient episode, with an aggregate annual limit of 60 days. This authority limits Federal financial participation (FFP) for these expenditures to the following percentages:

Period	Allowable Portion of Expenditures
October 1, 2006 – September 30, 2007	100%
October 1, 2007 – September 30, 2008	50%
October 1, 2008 – September 30, 2009	0%

5. **Facilitated Enrollment Services.** Expenditures for enrollment assistance services provided by organizations that do not meet the requirements of section 1903(b)(4) of the Act, as interpreted by section 438.810(b)(1) and (2). Inasmuch as these services may be rendered by MCOs and therefore included in the MCOs' capitation payments, no expenditures other than these payments may be submitted for FFP.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below, shall apply to Demonstration Populations 6, 7, and 8 beginning October 1, 2006, through September 30, 2009.

Title XIX Requirements Not Applicable to Demonstration Populations 6 and 7:

Amount, Duration, and Scope **Section 1902(a)(10)(B)**

To enable the State to provide a more limited benefit package to Family Health Plus enrollees.

Cost Sharing **Section 1902(a)(14)**

To enable the State to charge more than nominal co-payments for Family Health Plus enrollees.

Retroactive Eligibility **Section 1902(a)(34)**

To enable the State to exclude Family Health Plus enrollees from receiving coverage for up to 3 months prior to the date that the application for assistance is made.

Title XIX Requirements Not Applicable to Demonstration Population 8:

Amount, Duration, and Scope **Section 1902(a)(10)(B)**

To enable the State to provide a benefit package consisting only of approved family planning services.

Prospective Payment System for Federally Qualified Health Centers and Rural Health Clinics — **Section 1902(a)(15)**

To enable the State to establish reimbursement levels to these clinics that would compensate them solely for family planning services.

Eligibility Redetermination — **Section 1902(a)(19)**

To enable the State to exempt women, who are eligible for the family planning extension in this demonstration by virtue of losing Medicaid eligibility at the conclusion of their 60-day postpartum period (SOBRA women), from reporting changes in income during their 12-month eligibility period, and to allow the State to terminate eligibility for these women at the conclusion of this 12-month period.

Retroactive Eligibility — **Section 1902(a)(34)**

To enable the State to exclude family planning expansion recipients from receiving coverage for up to 3 months prior to the date that the application for assistance is made.

Early and Periodic Screening, Diagnostic, And Treatment (EPSDT) — **Section 1902(a)(43)**

To exempt the State from furnishing or arranging for EPSDT services for family planning expansion recipients.