

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY LIST**

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 beginning April 1, 2013, until the ending date specified for each authority, 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. (End Date: December 31, 2013.)
 - a) Demonstration Population 5 (Safety Net Adults). Adults who were recipients of or eligible for Safety Net cash assistance who are not otherwise eligible for Medicaid.
 - b) Demonstration Population 6 (Family Health Plus Adults with children). Parents and caretaker relatives of a child under age 21 who meet the eligibility criteria for Family Health Plus Program.
 - c) Demonstration Population 7 (Family Health Plus Adults without children). Childless adults who meet the eligibility criteria for Family Health Plus Program.
 - d) 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 and women who lose Medicaid eligibility at the conclusion of their 60-day postpartum period.
 - e) Demonstration Population 9 (HCBS Expansion). Medically needy individuals who are receiving HCBS, and who are medically needy after application of community spouse and spousal impoverishment eligibility and post-eligibility rules under Section 1924 of the Act are applied.
 - f) Demonstration Population 10 (Individuals Moved from Institutional Settings to Community Settings for Long Term Care Services). Expenditures for health-care related costs for individuals moved from institutional nursing facility settings to community settings for long-term services and supports who would not otherwise be eligible based on income, but whose income does not exceed a more liberal income standard, and who receive services through the managed long term care program under this Demonstration.

2. **Twelve-Month Continuous Eligibility Period.** Expenditures for health-care related

Demonstration Approval Period: August 1, 2011 through December 31, 2014
Amended August 2012

costs for individuals who have been determined eligible under groups specified in Table 1 of STC 19(a) for continued benefits during any periods within a twelve-month eligibility period when these individuals would be found ineligible if subject to redetermination. (End Date: March 31, 2014.)

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. (End Date: March 31, 2014.)
4. **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 42CFR 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. (End Date: March 31, 2014.)
5. **Designated State Health Programs Funding.** Expenditures for the designated state health programs specified in STC 57 which provide health care services to low-income or uninsured New Yorkers in an amount not to exceed \$477.2 million over the demonstration period. (End Date: December 31, 2014.)
6. **Designated State Health Programs Funding.** Expenditures for the designated state health program specified in STC XX which provides services to low-income or uninsured New Yorkers enrolled in community support services, residential services and prevention and treatment programs under the Office of Mental Health, Office for People with Developmental Disabilities, and Office of Alcoholism and Substance Abuse Service in an amount not to exceed \$250 million for the period of April 1, 2013 through March 31, 2014.

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 August 1, 2011, through December 31, 2013.

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

(References are made to the Social Security Act.)

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.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Section 1902(a)(43)

To exempt the state from furnishing or arranging for EPSDT services beyond those available under otherwise covered benefits for Family Health Plus enrollees who are 19 or 20 years old.

Title XIX Requirements Not Applicable to Demonstration Population 8:

(References made to the Social Security Act.)

Methods of Administration: Transportation

Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53

To the extent necessary to enable the state to not assure transportation to and from providers for family planning expansion program recipients.

Amount, Duration, and Scope

Section 1902(a)(10)(B)

To the extent necessary to enable the state to provide a benefit package consisting only of approved family planning and family-planning related services and supplies.

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 approved family planning and family-planning related services and supplies.

Eligibility Procedures

Section 1902(a)(17)

To the extent necessary to enable the state to not include parental income when determining the eligibility of a minor (an individual under age 18) for the family planning expansion program.

Eligibility Redetermination

Section 1902(a)(19)

To enable the state to exempt women who are eligible for the family planning expansion program under 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 program 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 program recipients.