

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

Nirav R. Shah, M.D.
Commissioner
New York Department of Health
Corning Tower
Governor Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237

MAR - 6 2014

Dear Dr. Shah:

The Centers for Medicare & Medicaid Services (CMS) is issuing technical corrections to the Partnership Plan and Federal-State Health Reform Partnership (F-SHRP) section 1115 of the Social Security Act (the Act) demonstrations (Project No. 11-W-00114/2 and Project No. 11-W-00234/2) to ensure that the Special Terms and Conditions (STCs) reflect how the state is currently operating its demonstration based on the December 31, 2013 amendment.

Specifically, we are revising the STCs approved on December 1, 2013, to reflect the following:

For Partnership Plan -

- Removing the Quality Review of Eligibility STC due to it being obsolete. Per the guidance in our approval letter dated December 31, 2013, the state should follow the guidance for Medicaid eligibility reviews in the Center for Medicaid and CHIP Services (CMCS) Informational Bulletin dated August 15, 2013.
- Adding the subparagraph for the exceptions to 12 months continuous eligibility.
- Removing duplicative language in the quality strategy STC.
- Revising the eligibility criteria for the premium subsidy designated state health program (DSHP) to include parents and caretaker relatives for individuals under the age of 21.
- Correcting the name of the Independent Consumer Support Report in the Health System Transformation deliverables chart.
- Removing duplicative language in Attachment C related to cooking facilities and small dining areas.
- Making corrections to the expiration dates for demonstration components in Attachment E.
- In general, updating paragraph numbers and references based on STC changes related to the amendment and removing obsolete paragraphs and references.

For F-SHRP –

- In general, updating paragraph numbers and references based on STC changes related to the amendment, removing obsolete paragraphs and references and correcting typographical errors.

CMS could not accept all of the changes that the state proposed, including:

For Partnership Plan –

- CMS could not add the STC for clinic uncompensated care funding. Changes to this paragraph can be reflected in revised STCs as part of an upcoming amendment for which this term can be addressed.
- CMS could not add the New Adult Group as an eligibility group for the purposes of calculating the budget neutrality expenditure limit. The New Adult Group is reflected separately for budget neutrality and has its own STC (STC 89).
- CMS could not change the date for expiration of the state's expenditure authority for 12 months continuous coverage to April 30, 2014. This is not considered technical in nature because the expenditure authority expires on March 31, 2014.

The demonstration expenditure and waiver authorities remain in place and the STCs have been changed to reflect the applicable changes above. We look forward to continuing discussions regarding extending funding for the clinic uncompensated care pool for diagnostic and treatment clinics and changes to the demonstration to reflect the state's decision to provide 12 months of continuous eligibility for modified adjusted gross income (MAGI) populations.

Any questions regarding Partnership Plan and F-SHRP may be directed to your project officer, Jessica Woodard. Ms. Woodard can be reached at (410) 786-9249 or Jessica.Woodard@cms.hhs.gov. Communications regarding program matters and official correspondence concerning the demonstration should be submitted to Ms. Woodard at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850

Official communications regarding program matters should be sent simultaneously to Ms. Woodard and to Mr. Michael Melendez, Associate Regional Administrator, in our New York Regional Office. Mr. Melendez's contact information is as follows;

Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health
26 Federal Plaza
New York, New York 10278
Telephone: (212) 616-2430

E-mail: Michael.Melendez@cms.hhs.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Diane T. Gerrits". The signature is fluid and cursive, with a large initial "D" and a long horizontal stroke at the end.

Diane T. Gerrits

Director

Division of State Demonstrations and Waivers

Enclosure

cc: Eliot Fishman, Director, Children and Adults Health Programs Group
Michael Melendez, Associate Regional Administrator, CMS New York
Jessica Woodard, CMCS
Jason Helgerson, Medicaid Director, Office of Health Insurance Programs, New York
State Department of Health