DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Disabled and Elderly Health Programs Group

September 12, 2019

Donna Frescatore
State Medicaid Director, Deputy Commissioner
State of New York, Department of Health
Empire State Plaza, Corning Tower, Room 1466
Albany, NY 12237

Dear Ms. Frescatore:

We are pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving New York's request for an initial section 1915(b)(4) fee-for-service selective contracting waiver, under CMS control number NY-12, to allow the state to selectively contract with 13 certified community behavioral health centers (CCBHCs) who will adopt a specific reimbursement methodology for delivery of integrated behavioral health services. This 1915(b) waiver is concurrent to a State Plan amendment, which is still pending, to authorize the addition of community based outpatient mental health rehabilitation services and the Prospective Payment System methodology established under the federally-funded CCBHC demonstration. The 1915(b) waiver is authorized under Section 1915(b)(4) of the Social Security Act (the Act) and provides a waiver of the following section of Title XIX:

- Section 1902(a)(23) Freedom of Choice

The state must arrange for an independent evaluation or assessment of their 1915(b) waiver program and submit the findings when renewing the waiver program. At a minimum, the Independent Assessment (IA) is a requirement of the first two waiver periods. In the IA, the Independent Assessor should analyze three years' of data from waiver years 1 through 3. The IA should be submitted with the waiver renewal request ninety (90) days before the expiration of the approved waiver program.

Additionally, our decision is based on the evidence submitted to CMS demonstrating that the state's proposal is consistent with the purposes of the Medicaid program, will meet all statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to those beneficiaries in New York's Medicaid population.

The waiver is approved for a five-year period effective September 14, 2019 through September 13, 2024. The state may request renewal of this authority by providing evidence and documentation of satisfactory performance and oversight. New York's request that this authority be renewed should be submitted to CMS no later than June 15, 2024. New York will be responsible for documenting the applicable cost-effectiveness and quality in subsequent renewal requests for this authority.

We appreciate the cooperation your staff provided during development of this waiver program. If you have any questions related to this approval letter, please contact Juliet Kuhn, of my staff, at (410) 786-2480 or Juliet.Kuhn@cms.hhs.gov. You may also contact Michael Kahnowitz, in the New York Regional Office, at (212) 616-2327 or Michael.Kahnowitz@cms.hhs.gov.

Sincerely,

Carrie Smith
Acting Director
Division of Managed Care Plans