DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 0 — 4 1

2. STATE: New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: November 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1927(a)(3)(b) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2000-2001 $ $.73M
b. FFY 2001-2002 $ $.88M

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A Supplement page 3
Attachment 3.1-B Supplement page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A Supplement page 3
Attachment 3.1-B Supplement page 3

10. SUBJECT OF AMENDMENT:
Prescription Drugs

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Antonia C.Novello, M.D., M.P.H. Dr.P.H.

14. TITLE:
Commissioner

15. DATE SUBMITTED:
December 28, 2000

16. RETURN TO:
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

[redacted]

FORM HCFA-179 (07-92)

Instructions on Back

10. Prior approval is required for all dental care except preventive, prophylactic and other routine dental care services and supplies.

12a. Prior authorization or dispensing validation is required for some prescription drugs.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. those non-prescription drugs contained on a list established by the New York State Commissioner of Health.

2. those prescription drugs contained on a list established by the New York State Commissioner of Health.

3. covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Sections 1902(a) (54) and 1927 (a) of the Act which are prescribed for a medically accepted indication. (As provided by Section 1927(d) of the Act certain outpatient drugs may be excluded from coverage).

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Opthalmic Provider Manual.

Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Opthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services-Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services-Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services-Early Intervention).

13d. Rehabilitative Services

(1) Directly Observed Therapy (DOT) - Clients must be assessed as medically appropriate for DOT based upon the client's risk of non-adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

"Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

1. Screening
2. Evaluation
3. Audiology
4. Nursing
5. Nutrition Services
6. Occupational Therapy
7. Physical Therapy
8. Psychological Services
9. Social Work Services
10. Anticipatory Guidance (Special Instruction and Allied Health Professional Assistance)
11. Speech Pathology Services
12. Assistive Technology Services
13. Vision Services
14. Collateral contacts for any of the above services

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10. Anticipatory Guidance (Special Instruction and Allied Health Professional Assistance)
11. Speech Pathology Services
12. Assistive Technology Services
13. Vision Services
14. Collateral contacts for all of the above services