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State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0002

The file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: SA

June 12, 2018

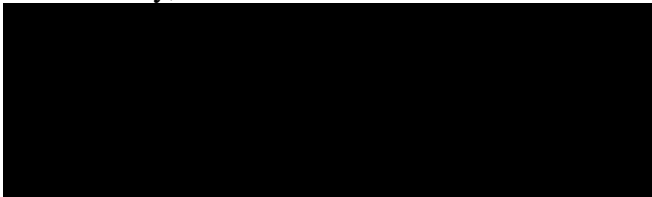
Donna Frescatore
Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #13-0002 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2013. This SPA established the new Integrated Licensing Program reimbursement methodology for authorized hospital-based clinics licensed pursuant to Article 31 of New York Public Health Law. Enclosed is a copy of the approved SPA materials.


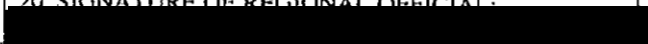
If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2424, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,



Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: R. Holligan
R. Dayette
R. Weaver
S. Abbott
M. Tabakov
M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-0002	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		2. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/13-09/30/13 \$6.51 b. FFY 10/01/13-09/30/14 \$10.19	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 1(r), 1(s), 1(t)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Article 28, 31 & 32 Service Integration – Hospital OP Clinics (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of HCRA Oper & Financial Analysis 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: March 29, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUNE 12, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**New York
1(r)**

RESERVED

TN #13-0002 _____

Approval Date 06/12/2018

Supersedes TN New

Effective Date 01/01/2013

**New York
1(s)**

RESERVED

TN #13-0002 _____

Approval Date 06/12/2018

Supersedes TN New

Effective Date 01/01/2013

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Integrated Licensing Program – Hospital-based Clinics Licensed by the New York State Office of Mental Health (OMH)

Effective January 1, 2013 through December 31, 2017, the new Integrated Licensing Program (ILP) reimbursement methodology is established for authorized providers providing integrated physical health, behavioral and/or substance abuse services in hospital-based clinic sites licensed pursuant to Article 31 of the Public Health Law. The following providers' hospital outpatient departments are authorized to participate in the ILP:

- Flushing Hospital Medical Center (NPI 1154461622, Loc Code 006)
- Mercy Medical Center (NPI 1659330173, Loc Code 006); and
- Montefiore Medical Center (NPI 1952476988, Loc Code 061)

For the time period in which the ILP is in effect, authorized providers have access to a new clinic base rate that is equal to 105% of the facility's usual base rate; with the new base rate reimbursed only at authorized sites where integrated physical, behavioral and/or substance services were available. Payment amounts are determined via the usual Ambulatory Patient Group reimbursement methodology, utilizing the applicable base rate and the procedure(s) and diagnose(s) codes submitted on each claim.

The goal of the Integrated Licensing Program was to facilitate and promote the availability of physical, behavioral and/or substance abuse services at authorized hospital-based clinic sites, in order to: economize the number of visits for patients with co-morbidities; provide more comprehensive, integrated care; improve health outcomes and decrease rates of utilization of emergency room and inpatient services. Individuals with serious mental illness and/or addictions at these sites had the opportunity to receive an integrated array of care at the same location to address a range of physical, mental, and/or behavioral healthcare needs.

TN #13-0002 _____

Supersedes TN New

Approval Date 06/12/2018

Effective Date 01/01/2013