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State/Territory Name: NY

State Plan Amendment (SPA) #: 21-0047

This file contains the following documents in the order listed:

- 1) Technical Correction Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

August 22, 2023

Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432
Albany, NY 12210

Reference: TN 21-0047

Dear Medicaid Director:

CMS is issuing this technical correction to the approval for New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0047, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021.

The technical correction is necessary to recognize the correct plan pages in block 8 and to correct the page numbering. We are enclosing the revised signed CMS-179 and the full package of the approved state plan pages with the corrected page numbers.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>4</u> <u>7</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2021	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 §1902(a) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>07/01/21-09/30/21</u> \$ <u>214.75</u> — <u>214,750.00</u> b. FFY <u>10/01/21-09/30/22</u> \$ <u>429.50</u> <u>429,500.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment: 4.19-B- Page(s) 2(t.6); 5(a)(ii); 3h12.1a; 3h12.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment: 4.19-B- Page(s) 2(t.6); 5(a)(ii)

10. SUBJECT OF AMENDMENT
NI 2021 1% COLA
(FMAP=50%)

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Brett Friedman	
14. TITLE Acting Medicaid Director, Department of Health	
15. DATE SUBMITTED September 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 30, 2021	18. DATE APPROVED May 11, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

3/31/22 - State authorized pen and ink changes.

**New York
2(t.6)**

VI. APG Base Rates for OPWDD certified or operated clinics.

1905(a)(9) Clinic Services

Peer Group	Base Rate	Effective Date of Base Rate
Peer Group A	\$180.95	7/1/11
Peer Group B	\$186.99	7/1/11
Peer Group C	\$270.50	7/1/11
Peer Group A	\$182.21	4/1/15
Peer Group B	\$189.07	4/1/15
Peer Group C	\$272.70	4/1/15
Peer Group A	\$182.57	4/1/16
Peer Group B	\$189.45	4/1/16
Peer Group C	\$273.24	4/1/16
Peer Group A	\$184.65	4/1/18
Peer Group B	\$192.90	4/1/18
Peer Group C	\$276.88	4/1/18
Peer Group A	\$185.97	4/1/20
Peer Group B	\$195.09	4/1/20
Peer Group C	\$279.20	4/1/20
Peer Group A	\$188.45	7/1/21
Peer Group B	\$197.69	7/1/21
Peer Group C	\$282.92	7/1/21
Peer Group A	\$187.83	4/1/22
Peer Group B	\$197.04	4/1/22
Peer Group C	\$281.99	4/1/22

TN # 21-0047

Approval Date May 11, 2022

Supersedes TN #20-0050

Effective Date July 1, 2021

**New York
3h12.1a**

Reserved

TN #21-0047 **Approval Date** May 11, 2022
Supersedes TN NEW **Effective Date** July 1, 2021

**New York
3h12.2**

1905(a)(9) Clinic Services

Effective July 1, 2021, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
Family Residence & Essential Enterprises	120 Plant Avenue	\$206.66	\$103.33	\$0.00	\$206.66	\$206.66
Monroe County ARC	1651 Lyell Avenue	\$0.00	\$0.00	\$37.33	\$0.00	\$0.00
Otsego County ARC	3 Chenango Road	\$99.80	\$49.91	\$0.00	\$99.80	\$99.80
UCP Nassau	380 Washington Avenue	\$171.31	\$85.66	\$0.00	\$171.31	\$171.31
UCP Suffolk	250 Marcus Boulevard	\$153.06	\$76.54	\$0.00	\$153.06	\$153.06

Effective April 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
Family Residence & Essential Enterprises	120 Plant Avenue	\$205.98	\$102.99	\$0.00	\$205.98	\$205.98
Monroe County ARC	1651 Lyell Avenue	\$0.00	\$0.00	\$37.21	\$0.00	\$0.00
Otsego County ARC	3 Chenango Road	\$99.47	\$49.74	\$0.00	\$99.47	\$99.47
UCP Nassau	380 Washington Avenue	\$170.75	\$85.38	\$0.00	\$170.75	\$170.75
UCP Suffolk	250 Marcus Boulevard	\$152.56	\$76.29	\$0.00	\$152.56	\$152.56

TN #21-0047Approval Date May 11, 2022Supersedes TN NEWEffective Date July 1, 2021

New York
5(a)(ii)

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
- (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
- (i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
 - (ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm
 - (iii) IPSIDD fee schedule effective January 1, 2018 through December 31, 2018:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm
 - (iv) IPSIDD fee schedule effective January 1, 2019 through December 31, 2019:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm
 - (v) IPSIDD fee schedule effective January 1, 2020 [and forward] through June 30, 2021:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_ipsidd.htm
 - (vi) IPSIDD fee schedule effective July 1, 2021 through March 31, 2022:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2021/2021_07_01_ipsidd.htm
 - (vii) IPSIDD fee schedule effective April 1, 2022 and forward:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2022/2022_04_01_ipsidd.htm
- (2) IPSIDD is available for the following services:
- (i) Occupational Therapy;
 - (ii) Physical Therapy;
 - (iii) Speech and Language Pathology;
 - (iv) Psychotherapy.

TN #21-0047 Approval Date May 11, 2022
Supersedes TN #20-0012 Effective Date July 1, 2021