

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 22-0014**

This file contains the following documents in the order listed:

- 1) Approval 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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

June 23, 2022

Amir Bassiri  
Acting Medicaid Director  
99 Washington Ave – One Commerce Plaza Suite 1432  
Albany, NY 12210

RE: TN 22-0014

Dear Mr. Amir Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 22-0014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2022. This plan amendment increases the rates by five percent for Outpatient Mental Health Rehabilitative services.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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

Sincerely,



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

2 2 — 0 0 1 4

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

§ 1902(a) of the Social Security Act and 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2/1/22-9/30/22 \$ 11,078,118

b. FFY 10/1/22-9/30/23 \$ 15,825,882

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Att. 4.19-B Page 2(s.3)~~

Att. 4.19-B Page 8a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

~~Att. 4.19-B Page 2(s.3)~~

Att. 4.19-B Page 8a

9. SUBJECT OF AMENDMENT

OP Mental Health Rehab Service Reimbursement Rates Increase

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Brett R. Friedman

13. TITLE

Acting Medicaid Director

14. DATE SUBMITTED

March 31, 2022

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 31, 2022

17. DATE APPROVED

June 23, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

February 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

06/13/22 - The State authorized pen and ink change to box 7 and 8.

**New York  
8a**

**1905(a)(13) Rehabilitative Services****Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services - Reimbursement Methodology continued**

- I. Definitions:** The list of definitions in the “Ambulatory Patient Group System - freestanding clinic” section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:
- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.
- II. Quality Improvement (QI) Program**
- An enhanced APG peer group base rate is available for [providers] participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI finding and results to the OMH.
- Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.
- III. Minimum Wage Increases**
- The minimum wage methodology described in the “Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics” section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.
- IV. Reimbursement Rates:** Effective for dates of service on or after February 1, 2022, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including base rates for providing participating in the OMH Quality Improvement program. Base rates are published on the State’s website at: [https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

TN   #22-0014  Approval Date   June 23, 2022  Supersedes TN   #21-0007  Effective Date   February 1, 2022