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State/Territory Name: NY

State Plan Amendment (SPA): NY-22-0028

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 8, 2023

Amir Bassiri
New York State
Department of Health (DOH)
Acting Medicaid Director
99 Washington Ave-One Commerce Plaza Suite 1432
Albany, NY 12210

RE: New York Plan Amendment (SPA) Transmittal Number 22-0028

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23rd, 2022. This plan proposes to update payment rates for freestanding clinics and diagnostic and treatment centers (DTCs).

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

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@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. STATE _____
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
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5. FEDERAL STATUTE/REGULATION CITATION _____ 1905(a)(9) Clinic Services	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ ----- 355,342.00 b. FFY _____ \$ ----- 355,342.00
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT

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 _____ CY OFFICIAL	15. RETURN TO
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED June 23 , 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED 06/23/2022	17. DATE APPROVED August 8, 2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2022	19. SIGNATURE _____ G OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS **The State authorizes the following pen and ink revisions to the HCFA 179:**

**Box 6. Federal Statute/ Regulation Citation:
1905(a)(9) Clinic Services**

**Box 7. Federal Budget Impact
a. FFY 04/01/22-09/30/22 \$ 355,342.00
b. FFY 10/01/22-09/30/23 \$ 355,342.00**

New York
2(v)

**Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs)
(Supplemental Payments for Non-State Government Clinics)**

1905(a)(9) Clinic Services

1. New York City Health and Hospitals Corporation (HHC) operated DTCs

Effective for the period April 1, 2011, through March 31, 2012, the Department of Health will increase medical assistance rates of payment for diagnostic and treatment center (DTC) services provided by public DTCs operated by the New York City Health and Hospitals Corporation (HHC), at the annual election of the social services district in which an eligible DTC is physically located. The amount to be paid will be \$12.6 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible HHC DTC.

2. County Operated DTCs and mental hygiene clinics

Effective for the period April 1, 2022, through March 31, 2023, the Department of Health will increase the medical assistance rates of payment for county operated DTCs and mental hygiene clinics, excluding those facilities operated by the New York City HHC. Local social services districts will, on an annual basis, decline such increased payments within thirty days following receipt of notification. The amount to be paid will be \$1,421,369 million.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible county operated DTC and mental hygiene clinic.

TN #22-0028

Approval Date August 8, 2023

Supersedes TN #21-0031

Effective Date April 1, 2022