

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-22-0004**

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



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**Financial Management Group**

October 26, 2023

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

**RE: New York Plan Amendment (SPA) Transmittal Number 22-0004**

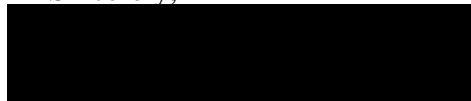
Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31<sup>st</sup>, 2022. This plan proposes to revise reimbursement fees for OPWDD Day Treatment services to reflect changes in costs and service providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1<sup>st</sup>, 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](mailto: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 <u>2 2</u> — <u>0 0 0 4</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2022</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>§ 1902(a) of the Social Security Act and 42 CFR 447</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>01/01/22-09/30/22</u> \$ <u>1,455,830</u> b. FFY <u>10/01/22-09/30/23</u> \$ <u>1,941,106</u>
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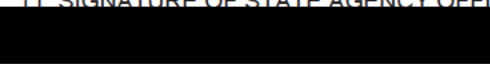
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Page 3h12.2</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B: Page 3h12.2</b>
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9. SUBJECT OF AMENDMENT  
**OPWDD Day Treatment Services Rate**

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

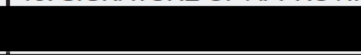
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME <b>Brett R. Friedman</b>	
13. TITLE <b>Acting Medicaid Director</b>	
14. DATE SUBMITTED <b>March 31, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>03/31/2022</b>	17. DATE APPROVED <b>October 26, 2023</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>01/01/2022</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS

**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 January 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
UCP Suffolk	250 Marcus Boulevard	\$221.22	\$110.61	\$0.00	\$221.22	221.22

TN     #22-0004    

Approval Date     October 26, 2023    

Supersedes TN     #21-0047    

Effective Date     January 1, 2022