

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-22-0052**

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**

February 6, 2024

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 22-0052**

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0052, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30<sup>th</sup>, 2022. This plan proposes to implement a Cost of Living Adjustment (COLA) for Day Treatment, Article 16 Clinics, Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD) and Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1<sup>st</sup>, 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 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 5 2</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  
**April 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
~~§ 1902(a) of the Social Security Act and 42 CFR 447-1905(a)(9), 1905(a)(13), and 1905(a)(6)~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 04/01/22-09/30/22 \$ 967,677  
b. FFY 10/01/22-09/30/23 \$ 1,935,353

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B: Pages 2(t.6), 3(h.14), 3h(12.2), 5(a)(ii)**

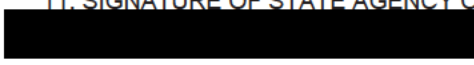
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19-B: Pages 2(t.6), 3(h.14), 3h(12.2), 5(a)(ii)**

9. SUBJECT OF AMENDMENT  
  
**OPWDD-NI 2022 5.4% COLA**

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  
**Amir Bassiri**

13. TITLE  
**Acting Medicaid Director**

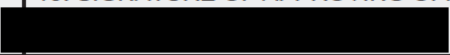
14. DATE SUBMITTED  
**June 30, 2022**

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 <b>06/30/2022</b>	17. DATE APPROVED <b>February 6, 2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>04/01/2022</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 **Pen and ink changes:**  
**Box 5: Federal Statute/Regulation Citation: 1905(a)(9), 1905(a)(13), and 1905(a)(6)**

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

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

**1905(a)(9) Clinic Services**

<b>Peer Group</b>	<b>Base Rate</b>	<b>Effective Date of Base Rate</b>
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	\$197.97	4/1/22
Peer Group B	\$207.68	4/1/22
Peer Group C	\$297.22	4/1/22

TN     #22-0052    

Approval Date February 6, 2024

Supersedes TN   #21-0047  

Effective Date   April 1, 2022

**New York  
Page 3(h.14)**

**1905(a)(13) Rehabilitative Services****Rate Setting**

1. The method of reimbursement for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	\$59.33	\$68.27	Monthly
Mild	2	\$395.53	\$455.09	Monthly
Moderate	3	\$427.18	\$491.49	Monthly
Intensive	4	\$842.49	\$969.31	Monthly

## i. Payment Levels

- a. Stable – periodic (quarterly) intervention - At least one month in each quarter requires the delivery of a service.
- b. Mild – monthly intervention - Provider may bill the monthly unit of service when CSIDD services are rendered and at a minimum one service is delivered in the month.
- c. Moderate – multiple outreaches per month - Provider may bill the monthly unit of service when CSIDD services are rendered and more than one service is delivered per month.
- d. Intensive – weekly or more outreach - Provider may bill the monthly unit of service when CSIDD services are rendered and services are provided on a weekly basis.

The same monthly rate will be used to reimburse CSIDD services delivered in a face-to-face manner or via telehealth in accordance with State guidance.

## ii. Reporting requirements

- a. Providers will be required to complete cost reports on an annual basis.

TN           #22-0052          Approval Date February 6, 2024Supersedes TN           #21-0067          Effective Date April 1, 2022

**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

Effective April 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	\$233.17	\$116.58	\$0.00	\$233.17	233.17

**TN**     #22-0052    

**Approval Date**     February 6, 2024    

**Supersedes TN**     #22-0004    

**Effective Date**     April 1, 2022

**New York**  
**5(a)(ii)**

**1905(a)(6) Medical Care, or Any Other Type of Remedial Care  
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](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](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](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](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 through June 30, 2021:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2020/2020\\_01\\_01\\_ipsidd.htm](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](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](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           #22-0052          

Approval Date February 6, 2024

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