

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-24-0013**

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**

March 19, 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 24-0013**

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-24-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 28<sup>th</sup>, 2023. This plan proposes to update Ambulatory Patient Group (APG) base rates under rehabilitative services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1<sup>st</sup>, 2024. 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

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 1 3</u></p>	<p>2. STATE <u>NY</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabil</u></p>		<p>4. PROPOSED EFFECTIVE DATE <u>January 1, 2024</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-B Page: 10(a.3.ii)</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>01/01/24-09/30/24</u> \$ <u>4,426</u> b FFY <u>10/01/24-09/30/25</u> \$ <u>5,901</u></p>	
<p>9. SUBJECT OF AMENDMENT  <u>APG Parity – OASAS Freestanding Clinics</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>NEW</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <span style="margin-left: 200px;"><input type="radio"/> OTHER, AS SPECIFIED:</span></p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>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</p>	
<p>12. TYPED NAME <u>Amir Bassiri</u></p>			
<p>13. TITLE <u>Medicaid Director</u></p>			
<p>14. DATE SUBMITTED <u>December 28, 2023</u></p>			
<b>FOR CMS USE ONLY</b>			
<p>16. DATE RECEIVED <u>12/28/2023</u></p>		<p>17. DATE APPROVED <u>March 19, 2024</u></p>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <u>01/01/2024</u></p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u></p>		<p>21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u></p>	
<p>22. REMARKS</p>			

**New York  
10(a.3.ii)**

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Reimbursement methodology (cont.)**

Effective January 1, 2024, the freestanding Ambulatory Patient Group base rates are as follows:

<b>Service</b>	<b>Region</b>	<b>1/1/2024</b>
Addiction Rehab	Upstate	\$ 172.78
Addiction Rehab	Downstate	\$ 202.16
Addiction Day Rehab	Upstate	\$ 172.78
Addiction Day Rehab	Downstate	\$ 202.16
Opioid Treatment Program (OTP)	Upstate	\$ 172.78
Opioid Treatment Program (OTP)	Downstate	\$ 202.16
Offsite - Rehab and Day Rehab	Upstate	\$ 241.89
Offsite - Rehab and Day Rehab	Downstate	\$ 283.02
Offsite - OTP	Upstate	\$ 241.89
Offsite - OTP	Downstate	\$ 283.02

The fee schedule rates in the table above apply to both governmental and private providers.

The rates in the table above are posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

TN #24-0013

Superseding TN #NEW

Approval Date March 19, 2024

Effective Date January 1, 2024