

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-22-0063**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

June 28, 2024

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

RE: TN 22-0063

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) NY-22-0063 to Attachment 4.19-B, which was submitted to CMS on June 30, 2022. This plan amendment implements a 5.4% Cost of Living Adjustment (COLA) for outpatient hospital services, including Outpatient Rehabilitation, and Opioid Treatment Programs.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 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 Jerica Bennett at 410-786-1167 or via email at [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 6 3</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**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 04/01/22-09/30/22 \$ 121,243  
b. FFY 10/01/22-09/30/23 \$ 242,687

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B: Pages 1(e)(6), 1(p)(iv)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B: Pages 1(e)(6), 1(p)(iv)**

9. SUBJECT OF AMENDMENT  
**OASAS 5.4% COLA-Non Institutional Svc**

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. AGENCY OFFICIAL  
[Redacted]

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>June 28, 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 [Redacted]
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  
1(e)(6)**

**1905(a)(2)(A) Outpatient Hospital Services**

**Dually Licensed Article 28 & Article 32 Hospital-Based APG Base Rate Table**

<b>Peer Group</b>	<b>Region</b>	<b>Rate Start Date</b>	<b>Base Rate as of 01/01/11</b>
Chemical Dependence Outpatient Clinic	Downstate	10/1/10	\$181.72
Chemical Dependence Outpatient Clinic	Upstate	10/1/10	\$146.57
Opioid Treatment Program (Clinic)	Downstate	1/3/11	\$180.99
Opioid Treatment Program (Clinic)	Upstate	1/3/11	\$157.14
Outpatient Rehabilitation Clinic	Downstate	1/1/11	\$151.20
Outpatient Rehabilitation Clinic	Upstate	1/1/11	\$116.23

Hospital-based OASAS clinic Medicaid rates can be found on the Office of Addiction Services and Supports (OASAS) website at:

<https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

Effective April 1, 2022, the posted rates for April 1, 2018 will receive a cost-of-living adjustment of 5.4%. The April 1, 2022 rates can be found at the link above.

TN     #22-0063    

Approval Date     June 28, 2024    

Supersedes TN     #10-0041    

Effective Date     April 01, 2022

New York  
1(p)(iv)

**1905(a)(2)(A) Outpatient Hospital Services**

**OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Hospital Weekly Bundles (continued)**

Each program furnishing OTP bundled services shall keep those records necessary to disclose the extent of services the program furnishes to beneficiaries and, on request, furnish to OASAS that information. Such information shall include, at minimum, the following: date of service; name of recipient; Medicaid identification number; name of practitioner providing each service; exact nature of the service, extent or units of service; and the place of service. OASAS will review such data in order to revise, as necessary, the bundled payments described herein.

OASAS will conduct regular programmatic reviews for compliance with state regulations and Federal law and issue corrective actions plans for any noted deficiencies. In addition, service frequency and utilization data will be collected and tracked by OASAS.

The bundled payments shown for April 1, 2021 were calculated by regionalizing the statewide COVID bundled payments approved in the NYS disaster relief SPA, which are the 2019 base (unregionalized) Medicare bundled payments, using the OASAS OTP regional factor of 1.1700 (Downstate relative to Upstate) for freestanding facilities. The calculated payments are the same for hospitals and freestanding programs. The regional factor was applied assuming that the Downstate region would continue to have 94.41% of the methadone bundle service volume, which is the value found in the initial service period COVID bundle data used for the rate calculation. The pre-April 1, 2021 statewide bundled payments for rate code 7973 and 7975 were \$207.49 and \$258.47 respectively. The April 1, 2021 medication take home fees are identical to those of Medicare, which are not regionalized.

Effective April 1, 2022, the posted rates for April 1, 2021 (found in OASAS section-Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology-Hospital Weekly Bundles) will receive a cost-of-living adjustment of 5.4%. The April 1, 2022 rates can be found at the link below:

<https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

TN           #22-0063          

Approval Date   June 28, 2024          

Supersedes TN   #21-0005          

Effective Date   April 01, 2022