

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-22-0079**

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 22-0079

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) NY-22-0079 to Attachment 4.19-B, which was submitted to CMS on September 30, 2022. This plan amendment implements a 5% rate increase for licensed Continuing Day Treatment, Day Treatment for Children, and Partial Hospitalization services.

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 July 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<br><u>2 2</u> — <u>0 0 7 9</u>  | 2. STATE<br><u>NY</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><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  
**July 01, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
**§1905(a)(9) Clinic Services**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 07/01/22-09/30/22 \$ 174,598  
b. FFY 10/01/22-09/30/23 \$ 698,392

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19 B Pages: 3(j.1a), 3(j.2), 3k(1a), 3k(2a), 3k(4)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19 B Pages: 3(j.1a), 3(j.2), 3k(1a), 3k(2a), 3k(4)**

9. SUBJECT OF AMENDMENT

**OMH 5% Rate Increase for CDT/Day Treatment for Children/Partial Hospitalization**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
**Amir Bassiri**

13. TITLE  
**Medicaid Director**

14. DATE SUBMITTED **September 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 **09/30/2022**

17. DATE APPROVED  
**June 28, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**07/01/2022**

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review**

22. REMARKS

New York  
3(j.1a)

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

**Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)**

The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/cdt-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx)

TN           #22-0079          

Supersedes TN           #22-0061          

Approval Date           June 28, 2024          

Effective Date           July 1, 2022

New York  
3(j.2)

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

**Continuing Day Treatment Services:**

**Reimbursement Methodology for Outpatient Hospital Services**

**Definitions:**

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit will not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service** - Half Day – Minimum two hours  
Full Day – Minimum four hours  
Collateral Visit – minimum of 30 minutes  
Preadmission and Group Collateral Visits – minimum of one hour  
Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at: [https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/cdt-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx)

TN           #22-0079          

Approval Date June 28, 2024

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Effective Date July 1, 2022

**New York  
3k(1a)**

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

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital  
Partial Hospitalization Services**

The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/partial-hospitalization.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/partial-hospitalization.xlsx)

**TN**     #22-0079    

**Approval Date**     June 28, 2024    

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**New York  
3k(2a)**

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

**Day Treatment Services for Children:**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/day-treatment.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/day-treatment.xlsx)

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**Approval Date**     June 28, 2024    

**Supersedes TN**     #22-0061    

**Effective Date**     July 1, 2022

**New York  
3k(4)**

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

**Regional Day Treatment for Children Rates for Outpatient Hospital Services  
(Non-State Operated)**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/day-treatment.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/day-treatment.xlsx)

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed Mental Health Outpatient Treatment and Rehabilitative Services, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

**TN**     #22-0079    

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