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State/Territory Name: NY

State Plan Amendment (SPA): NY-24-0048

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 Street Chicago, Illinois 60604



Financial Management Group

September 18, 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 24-0048

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0048, which was submitted to CMS on June 28, 2024. This plan amendment proposes to provide a 2.84% COLA for OASAS freestanding outpatient services, Part 820 residential services, freestanding residential medically supervised withdrawal, and freestanding residential rehabilitation.

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, 2024. 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.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

| CENTERS FOR MEDICARE & MEDICAID SERVICES | CMD 110.0000 0100 | |
|---|--|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 2 4 — 0 0 4 8 N Y 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE April 1, 2024 | |
| 5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehal | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 04/01/24-09/30/24 \$ 629,177 b. FFY 10/01/24-09/30/25 \$ 1,258,355 | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | |
| Attachment 4.19-B Page 10(a.1)(b), 10(a.3.ii), 10(a.5), 10(a.6)(a), 10(a.7)(a) | and the second s | |
| | | |
| 9. SUBJECT OF AMENDMENT | - | |
| 2.84% COLA FOR FREESTANDING OASAS OUTPATIENT ADD | ICTION SERVICES, PART 820, RESID REHAB, & RES. DETOX | |
| 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 | O OTHER, AS SPECIFIED: | |
| | 5. RETURN TO Iew York State Department of Health Division of Finance and Rate Setting | |
| 12. TYPED NAME | 9 Washington Ave – One Commerce Plaza | |
| 13. TITLE Medicaid Director | Suite 1432 Albany, NY 12210 | |
| 14. DATE SUBMITTED June 28, 2024 | | |
| FOR CMS U | | |
| 16. DATE RECEIVED 06/28/2024 | 17. DATE APPROVED September 18, 2024 | |
| PLAN APPROVED - ON | | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2024 | 19 SIGNATURE OF APPROVING OFFICIAL | |
| 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion | 21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review | |
| 22. REMARKS | | |

New York 10(a.1)(b)

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

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective March 1, 2023, the downstate region fee for Residential Stabilization will receive a 5.6% rate increase for parity to the upstate region. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

Effective April 1, 2023, all three elements of the Part 820 service will receive a 4.0% cost-of-living adjustment. Effective April 1, 2024, all three elements of the Part 820 service will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

| TN <u>#24-0048</u> | Approval Date September 18, 2024 |
|------------------------|----------------------------------|
| Supersedes TN #23-0070 | Effective Date April 1, 2024 |

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:

| Service | Region | 1. | /1/2024 |
|--------------------------------|-----------|----|---------|
| 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

Effective April 1, 2024, freestanding Ambulatory Patient Group base rates will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

| ΓN <u>#24-0048</u> | | Approval Date September 18, 2024 | |
|--------------------|----------|----------------------------------|--|
| Supersedes TN _ | #24-0013 | Effective Date April 1, 2024 | |

New York 10(a.5)

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

Statewide RMSW fees:

| Bed Size | RMSW Fees |
|-------------|-----------|
| 6 | \$ 408.97 |
| 7 | \$ 401.53 |
| 8 | \$ 395.20 |
| 9 | \$ 389.70 |
| 10 | \$ 384.85 |
| 11 | \$ 380.51 |
| 12 | \$ 376.59 |
| 13 | \$ 373.01 |
| 14 | \$ 369.74 |
| 15 | \$ 366.72 |
| 16 | \$ 363.91 |

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

| Region | Factor | Counties |
|--------|--------|--|
| 1 | 1.2267 | Bronx, Kings, New York, Richmond, Queens |
| 2 | 1.2001 | Westchester |
| 3 | 1.1825 | Nassau, Suffolk, Rockland, Orange, Putnam |
| 4 | 1.1009 | Dutchess |
| 5 | 1.0317 | Erie, Niagara |
| 6 | 0.9710 | Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida |
| 7 | 0.9192 | Rest of State |

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective January 1, 2023, the RMSW, fees will receive a 5.0% rate increase. Effective April 1, 2023, RMSW fees will receive a 4.0% cost-of-living adjustment. All fees will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

Effective April 1, 2024, RMSW fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

| TN <u>#24-0048</u> | | Approval Date September 18, 2024 | |
|--------------------|----------|----------------------------------|--|
| Supersedes TN | #23-0070 | Effective Date April 1, 2024 | |

New York 10(a.6)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services
Chemical Dependence Freestanding Residential Rehabilitation Services (cont.)

Effective April 1, 2022, the January 1, 2019, fees for Freestanding Residential Rehabilitation Services will receive a 5.4% cost-of-living adjustment (COLA). Effective January 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 5.0% rate increase. Effective April 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

Effective April 1, 2024, fees for Freestanding Residential Rehabilitation Services will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

| TN #24-0048 | | Approval Date September 18, 2024 |
|---------------|----------|----------------------------------|
| Supersedes TN | #23-0070 | Effective Date April 1, 2024 |

New York 10(a.7)(a)

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

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Freestanding Weekly Bundles (cont.)

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective January 1, 2023, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. Effective April 1, 2023, freestanding OTP weekly bundle fees will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

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

Effective April 1, 2024, freestanding OTP weekly bundle fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

| TN _ | #24-004 | 8 | Approval Date | September 18, 2024 |
|------|--------------|----------|----------------|---------------------------|
| Supe | ersedes TN _ | #23-0070 | Effective Date | April 1, 2024 |