



Department of Health

KATHY HOCHUL
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave, Suite 600
Chicago, IL 60601

September 30, 2021

RE: SPA #21-0044
Non-Institutional Services

Dear Mr. McMillion:

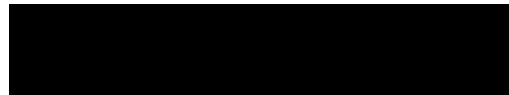
The State requests approval of the enclosed amendment #21-0044 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2021 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on June 30, 2021 is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,



Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

11. 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

12. SIG



16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

September 30, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

Appendix I
2021 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

**New York
2(s.3)**

VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

VIII. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI findings and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics

Peer Group	[Base Rates Effective 01/01/20]	Base Rates Effective [04/01/20] <u>07/01/21</u>
Upstate freestanding clinics without quality improvement enhancement	\$139.89	[\$140.97] <u>\$142.40</u>
Downstate freestanding clinics without quality improvement enhancement	\$155.40	[\$156.60] <u>\$158.19</u>
Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement	\$194.97	[\$196.47] <u>\$198.47</u>
Upstate freestanding clinics including quality improvement enhancement	\$145.27	[\$146.39] <u>\$147.88</u>
Downstate freestanding clinics including quality improvement enhancement	\$161.37	[\$162.62] <u>\$164.27</u>
Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement	\$202.45]	[\$204.01] <u>\$206.09</u>

TN 21-0044 Approval Date _____

Supersedes TN #20-0014 Effective Date July 1, 2021

**New York
3(j.1)**

▪ **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.

[Effective January 1, 2020, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

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

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	\$31.78	\$28.64	\$28.14
4311	Half Day 41-64 Cumulative Hours	\$23.84	\$23.86	\$23.88
4312	Half Day 65+ Cumulative Hours	\$17.57	\$17.59	\$17.60
4316	Full Day 1-40 Cumulative Hours	\$63.58	\$57.26	\$56.25
4317	Full Day 41-64 Cumulative Hours	\$47.69	\$47.73	\$47.77
4318	Full Day 65+ Cumulative Hours	\$35.13	\$35.16	\$35.21
4325	Collateral Visit	\$31.78	\$28.64	\$28.14
4331	Group Collateral Visit	\$31.78	\$28.64	\$28.14
4337	Crisis Visit	\$31.78	\$28.64	\$28.14
4346	Preadmission Visit	\$31.78	\$28.64	\$28.14]

**New York
3(j.1a)**

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

Effective [April 1, 2020] July 1, 2021, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	[\$32.20] <u>\$32.58</u>	[\$29.02] <u>\$29.36</u>	[\$28.51] <u>\$28.85</u>
4311	Half Day 41-64 Cumulative Hours	[\$24.15] <u>\$24.44</u>	[\$24.17] <u>\$24.46</u>	[\$24.19] <u>\$24.48</u>
4312	Half Day 65+ Cumulative Hours	[\$17.80] <u>\$18.01</u>	[\$17.82] <u>\$18.03</u>	[\$17.83] <u>\$18.04</u>
4316	Full Day 1-40 Cumulative Hours	[\$64.42] <u>\$65.18</u>	[\$58.01] <u>\$58.70</u>	[\$56.99] <u>\$57.66</u>
4317	Full Day 41-64 Cumulative Hours	[\$48.32] <u>\$48.89</u>	[\$48.36] <u>\$48.93</u>	[\$48.40] <u>\$48.97</u>
4318	Full Day 65+ Cumulative Hours	[\$35.59] <u>\$36.01</u>	[\$35.62] <u>\$36.44</u>	[\$35.67] <u>\$36.10</u>
4325	Collateral Visit	[\$32.20] <u>\$32.58</u>	[\$29.02] <u>\$29.36</u>	[\$28.51] <u>\$28.85</u>
4331	Group Collateral Visit	[\$32.20] <u>\$32.58</u>	[\$29.02] <u>\$29.36</u>	[\$28.51] <u>\$28.85</u>
4337	Crisis Visit	[\$32.20] <u>\$32.58</u>	[\$29.02] <u>\$29.36</u>	[\$28.51] <u>\$28.85</u>
4346	Preadmission Visit	[\$32.20] <u>\$32.58</u>	[\$29.02] <u>\$29.36</u>	[\$28.51] <u>\$28.85</u>

TN 21-0044

Approval Date _____

Supersedes TN 20-0014

Effective Date July 1, 2021

**New York
3(j.2)**

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 shall 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.

Reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

**Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers
(Non-State Operated)**

Rate Code	Description	[Statewide Rate Effective 01/01/2020	Statewide Rate Effective [04/01/2020] 07/01/2021
4310	Half Day 1-40 Cumulative Hours	\$42.66	[\$43.22] \$43.81
4311	Half Day 41+ Cumulative Hours	\$32.00	[\$32.42] \$32.80
4316	Full Day 1-40 Cumulative Hours	\$63.67	[\$64.51] \$65.27
4317	Full Day 41+ Cumulative Hours	\$47.75	[\$48.38] \$48.95
4325	Collateral Visit	\$42.66	[\$43.22] \$43.73
4331	Group Collateral Visit	\$42.66	[\$43.22] \$43.73
4337	Crisis Visit	\$42.66	[\$43.22] \$43.73
4346	Preadmission Visit	\$42.66]	[\$43.22] \$43.73

TN 21-0044
Supersedes TN #20-0014

Approval Date _____
Effective Date July 1, 2021

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

Reserved

[Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4350	Service Duration 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4351	Service Duration 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4352	Service Duration 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45
4353	Collateral 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4354	Collateral 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4355	Group Collateral 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4356	Group Collateral 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56

Crisis effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4358	Crisis 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4359	Crisis 3 hours	\$88.89	\$116.77	\$98.06	\$67.58	\$83.33
4360	Crisis 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4361	Crisis 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4362	Crisis 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4363	Crisis 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45

Preadmission effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4358	Preadmission 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4359	Preadmission 3 hours	\$88.89	\$116.77	\$98.06	\$67.58	\$83.33
4349	Preadmission 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4350	Preadmission 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4351	Preadmission 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4352	Preadmission 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45]

TN 21-0044 Approval Date _____

Supersedes TN 20-0014 Effective Date July 1, 2021

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

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital
Partial Hospitalization Services effective [April 1, 2020] July 1, 2021**

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	[\$120.18] \$121.39	[\$157.88] \$159.46	[\$132.59] \$133.92	[\$91.38] \$92.30	[\$112.69] \$113.82
4350	Service Duration 5 hours	[\$150.24] \$151.75	[\$197.36] \$199.34	[\$165.73] \$167.40	[\$114.23] \$115.37	[\$140.85] \$142.26
4351	Service Duration 6 hours	[\$180.28] \$182.08	[\$236.83] \$239.20	[\$198.88] \$200.88	[\$137.08] \$138.45	[\$169.02] \$170.72
4352	Service Duration 7 hours	[\$210.32] \$212.43	[\$276.3] \$279.06	[\$232.04] \$234.36	[\$159.92] \$161.53	[\$197.19] \$199.17
4353	Collateral 1 hour	[\$30.05] \$30.35	[\$39.47] \$39.86	[\$33.14] \$33.47	[\$22.85] \$23.08	[\$28.16] \$28.44
4354	Collateral 2 hours	[\$60.10] \$60.70	[\$78.94] \$79.73	[\$66.29] \$66.96	[\$45.70] \$46.15	[\$56.34] \$56.91
4355	Group Collateral 1 hour	[\$30.05] \$30.35	[\$39.47] \$39.86	[\$33.14] \$33.47	[\$22.85] \$23.08	[\$28.16] \$28.44
4356	Group Collateral 2 hours	[\$60.10] \$60.70	[\$78.94] \$79.73	[\$66.29] \$66.96	[\$45.70] \$46.15	[\$56.34] \$56.91

Crisis effective [April 1, 2020] July 1, 2021

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	[\$30.05] \$30.35	[\$39.47] \$39.86	[\$33.14] \$33.47	[\$22.85] \$23.08	[\$28.16] \$28.44
4358	Crisis 2 hours	[\$60.10] \$60.70	[\$78.94] \$79.73	[\$66.29] \$66.96	[\$45.7] \$46.15	[\$56.34] \$56.91
4359	Crisis 3 hours	[\$90.14] \$91.05	[\$118.42] \$119.60	[\$99.44] \$100.44	[\$68.53] \$69.22	[\$84.50] \$85.35
4360	Crisis 4 hours	[\$120.18] \$121.39	[\$157.88] \$159.46	[\$132.59] \$133.92	[\$91.38] \$92.30	[\$112.69] \$113.82
4361	Crisis 5 hours	[\$150.24] \$151.75	[\$197.36] \$199.34	[\$165.73] \$167.40	[\$114.23] \$115.37	[\$140.85] \$142.26
4362	Crisis 6 hours	[\$180.28] \$182.08	[\$236.83] \$239.20	[\$198.88] \$200.88	[\$137.08] \$138.45	[\$169.02] \$170.72
4363	Crisis 7 hours	[\$210.32] \$212.43	[\$276.3] \$279.06	[\$232.04] \$234.36	[\$159.92] \$161.53	[\$197.19] \$199.17

[Preadmission effective April 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	[\$30.05]	[\$39.47]	[\$33.14]	[\$22.85]	[\$28.16]

TN 21-0044 Approval Date _____

Supersedes TN 20-0014 Effective Date July 1, 2021

**New York
3k(1b.1)**

Preadmission effective July 1, 2021

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	<u>[\$30.05]</u> \$30.35	<u>[\$39.47]</u> \$39.86	<u>[\$33.14]</u> \$33.47	<u>[\$22.85]</u> \$23.08	<u>[\$28.16]</u> \$28.44
4358	Preadmission 2 hours	<u>[\$60.10]</u> \$60.70	<u>[\$78.94]</u> \$79.73	<u>[\$66.29]</u> \$66.96	<u>[\$45.7]</u> \$46.15	<u>[\$56.34]</u> \$56.91
4359	Preadmission 3 hours	<u>[\$90.14]</u> \$91.05	<u>[\$118.42]</u> \$119.60	<u>[\$99.44]</u> \$100.44	<u>[\$68.53]</u> \$69.22	<u>[\$84.50]</u> \$85.35
4349	Preadmission 4 hours	<u>[\$120.18]</u> \$121.39	<u>[\$157.88]</u> \$159.46	<u>[\$132.59]</u> \$133.92	<u>[\$91.38]</u> \$92.30	<u>[\$112.69]</u> \$113.82
4350	Preadmission 5 hours	<u>[\$150.24]</u> \$151.75	<u>[\$197.36]</u> \$199.34	<u>[\$165.73]</u> \$167.40	<u>[\$114.23]</u> \$115.37	<u>[\$140.85]</u> \$142.26
4351	Preadmission 6 hours	<u>[\$180.28]</u> \$182.08	<u>[\$236.83]</u> \$239.20	<u>[\$198.88]</u> \$200.88	<u>[\$137.08]</u> \$138.45	<u>[\$169.02]</u> \$170.72
4352	Preadmission 7 hours	<u>[\$210.32]</u> \$212.43	<u>[\$276.3]</u> \$279.06	<u>[\$232.04]</u> \$234.36	<u>[\$159.92]</u> \$161.53	<u>[\$197.19]</u> \$199.17

TN 21-0044 Approval Date _____

Supersedes TN NEW Effective Date July 1, 2021

**New York
3k(2)**

Day Treatment Services for Children:

Reimbursement Methodology for Freestanding Clinics

Definitions:

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.
Rest of State: All other counties in the State of New York

- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours
Half Day, including Preadmission Half Day – Three to five hours
Brief Day – At least one but less than three hours
Collateral Visit – minimum of 30 minutes
Crisis Visit – minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

[Effective January 1, 2020, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	\$100.61	\$97.26
4061	Half Day	\$50.32	\$48.63
4062	Brief Day	\$33.55	\$32.36
4064	Crisis Visit	\$100.61	\$97.26
4065	Preadmission Full Day	\$100.61	\$97.26
4066	Collateral Visit	\$33.55	\$32.36
4067	Preadmission Half Day	\$50.32	\$48.63]

TN 21-0044

Approval Date _____

Supersedes TN 20-0014

Effective Date July 1, 2021

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

Day Treatment Services for Children:

Effective [April 1, 2020] July 1, 2021, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	[\$102.48] <u>\$103.51</u>	[\$99.07] <u>\$100.17</u>
4061	Half Day	[\$51.26] <u>\$51.77</u>	[\$49.53] <u>\$50.09</u>
4062	Brief Day	[\$34.17] <u>\$34.52</u>	[\$32.96] <u>\$33.33</u>
4064	Crisis Visit	[\$102.48] <u>\$103.51</u>	[\$99.07] <u>\$100.17</u>
4065	Preadmission Full Day	[\$102.48] <u>\$103.51</u>	[\$99.07] <u>\$100.17</u>
4066	Collateral Visit	[\$34.17] <u>\$34.52</u>	[\$32.96] <u>\$33.33</u>
4067	Preadmission Half Day	[\$51.26] <u>\$51.77</u>	[\$49.53] <u>\$50.09</u>

TN 21-0044 Approval Date _____

Supersedes TN 20-0014 Effective Date July 1, 2021

**New York
3k(4)**

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

[Effective January 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
4060	Full Day	\$100.61	\$97.26
4061	Half Day	\$50.32	\$48.63
4062	Brief Day	\$33.55	\$32.36
4064	Crisis Visit	\$100.61	\$97.26
4065	Pre-Admission Full Day	\$100.61	\$97.26
4066	Collateral Visit	\$33.55	\$32.36
4067	Pre-Admission Half Day	\$50.32	\$48.63]

Effective [April 1, 2020] July 1, 2021, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

<u>Rate Code</u>	<u>Description</u>	<u>New York City</u>	<u>Rest of State</u>
4060	Full Day	[\$102.48] <u>\$103.51</u>	[\$99.07] <u>\$100.17</u>
4061	Half Day	[\$51.26] <u>\$51.77</u>	[\$49.53] <u>\$50.09</u>
4062	Brief Day	[\$34.17] <u>\$34.52</u>	[\$32.96] <u>\$33.33</u>
4064	Crisis Visit	[\$102.48] <u>\$103.51</u>	[\$99.07] <u>\$100.17</u>
4065	Pre-Admission Full Day	[\$102.48] <u>\$103.51</u>	[\$99.07] <u>\$100.17</u>
4066	Collateral Visit	[\$34.17] <u>\$34.52</u>	[\$32.96] <u>\$33.33</u>
4067	Pre-Admission Half Day	[\$51.26] <u>\$51.77</u>	[\$49.53] <u>\$50.09</u>

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 outpatient Mental Health Clinic, 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 21-0044 **Approval Date** _____

Supersedes TN 20-0014 **Effective Date** July 1, 2021

New York
3L-4

Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider shall not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: [PROS rates of payment are adjusted, effective January 1, 2020 for the minimum wage increase and direct care compensation increases.] PROS rates of payment are adjusted, effective [April 1, 2020] July 1, 2021, for [direct care and clinical compensation increases] a one percent cost of living adjustment increase.

PROS rates of payment are available on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

TN #21-0044

Approval Date _____

Supersedes TN #20-0014

Effective Date July 1, 2021

Appendix II
2021 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #21-0044

SPA 21-0044 submitted with the purpose of obtaining Federal approval to implement a 1% Cost of Living Adjustment to the reimbursement fees for NYS Office of Mental Health licensed Outpatient and Rehabilitative programs, effective June 1, 2021.

Appendix III
2021 Title XIX State Plan
Second Quarter Amendment
Authorizing Provisions

SPA 21-0044

Part FFF of Chapter 59 of the Laws of 2021

PART FFF

Section 1. Subdivisions 3-b and 3-c of section 1 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, as amended by section 1 of part Y of chapter 57 of the laws of 2019, are amended to read as follows:

3-b. Notwithstanding any inconsistent provision of law, beginning April 1, 2009 and ending March 31, 2016 and beginning April 1, 2017 and ending March 31, 2021, the commissioners shall not include a COLA for the purpose of establishing rates of payments, contracts or any other form of reimbursement, provided that the commissioners of the office for people with developmental disabilities, the office of mental health, and the office of addiction services and supports shall not include a COLA beginning April 1, 2017 and ending March 31, 2021.

3-c. Notwithstanding any inconsistent provision of law, beginning April 1, 2021 and ending March 31, 2022, the commissioners shall develop the COLA under this section using the actual U.S. consumer price index for all urban consumers (CPI-U) published by the United States department of labor, bureau of labor statistics for the twelve month period ending in July of the budget year prior to such state fiscal year, for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

§ 2. Section 1 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, is amended by adding a new subdivision 3-g to read as follows:

3-g. Notwithstanding any other provision of law to the contrary, and subject to available appropriations therefore, for all eligible programs as determined pursuant to subdivision four of this section, the commissioners shall provide funding to support a one percent (1.0%) cost of living adjustment, as determined pursuant to subdivision three-c of this section, beginning April 1, 2021 and ending March 31, 2022.

§ 3. Section 4 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, as amended by section 1 of part I of chapter 60 of the laws of 2014, is amended to read as follows:

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2006; provided section one of this act shall expire and be deemed repealed April 1, 2022; provided, further, that sections two and three of this act shall expire and be deemed repealed December 31, 2009.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2019; provided, however, that the amendments to section 1 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs made by sections one and two of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

**Appendix IV
2021 Title XIX State Plan
Second Quarter Amendment
Public Notice**

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with enacted statutory provisions. The following changes are proposed:

All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2021 one percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2022 is \$16.4 million.

Long Term Care Services

Effective on or after July 1, 2021, a demonstration program for young adults with medical fragility shall be established.

The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2021-0161

Date of Issuance – June 31, 2021

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, July 15, 2021.

Comments should be addressed to: Consistency Review Unit, Department of State, Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

Appendix V
2021 Title XIX State Plan
Second Quarter Amendment
Responses to Standard Funding Questions

**NON-INSTITUTIONAL SERVICES
State Plan Amendment #21-0044**

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
- (i) a complete list of the names of entities transferring or certifying funds;**
 - (ii) the operational nature of the entity (state, county, city, other);**
 - (iii) the total amounts transferred or certified by each entity;**
 - (iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
 - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

Response: Payments made to service providers under the provisions of this SPA are funded through a budget appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriation is the Local Assistance Account under the General Fund/Aid to Localities.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

Response: The payments authorized for this provision are not supplemental or enhanced payments.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated,**

non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

Response: Based on guidance from CMS, the State is working on submitting the current clinic UPL demonstration.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response: Reimbursement to local governmental providers under this amendment does not exceed the reasonable cost of providing services.

ACA Assurances:

- 1. Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

MOE Period.

- **Begins on: March 10, 2010, and**
- **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act,

it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Response: The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.