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**State/Territory Name: New York** 

**State Plan Amendment (SPA) #: 13-0002** 

The file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



#### DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

**DMCHO: SA** 

June 12, 2018

Donna Frescatore Medicaid Director New York State Department of Health One Commerce Plaza, Suite 1211 Albany, NY 12210

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #13-0002 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2013. This SPA established the new Integrated Licensing Program reimbursement methodology for authorized hospital-based clinics licensed pursuant to Article 31 of New York Public Health Law. Enclosed is a copy of the approved SPA materials.

If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2424, and Mr. Abbott at (518) 396-3810, ext. 113.

Sincerely,



Michael Melendez, LMSW Associate Regional Administrator Division of Medicaid and Children's Health Operations

cc: R. Holligan

- R. Dayette
- R. Weaver
- S. Abbott
- M. Tabakov
- M. Lopez

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL   |  | OMB NO. 0938-   |
|---|--|-----------------|
| STATE PLAN MATERIAL   | 1. TRANSMITTAL NUMBER:   | 2. STATE        |
|   | 13-0002  |                 |
| FOR: HEALTH CARE FINANCING ADMINISTRATION   | 2.00000  | New York        |
| OR. HEADTH CARE PHANCING AUMHAISTRATION   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF TH<br>SOCIAL SECURITY ACT (MEDICAID) |                 |
| TO: REGIONAL ADMINISTRATOR  | 2. PROPOSED EFFECTIVE DATE   |                 |
| HEALTH CARE FINANCING ADMINISTRATION  | January 1, 2013  |                 |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  |                 |
| 5. TYPE OF PLAN MATERIAL (Check One):   |  |                 |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON  | SIDERED AS NEW PLAN  |                 |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN  |  | (Management)    |
| 6. FEDERAL STATUTE/REGULATION CITATION:   | 7. FEDERAL BUDGET IMPACT: (  |                 |
| Section 1902(a) of the Social Security Act, and 42 CFR 447  | a. FFY 01/01/13-09/30/13 \$ 6.5  | 1               |
| A BYCE WHYDED OF THE OF THE CONTOUR OF THE CONTOUR  | b. FFY 10/01/13-09/30/14 \$10.1  |                 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:   | The state of the solit   |                 |
| Attachment 4.19-B: Pages 1(r), 1(s), 1(t)   | SECTION OR ATTACHMENT  | If Applicable): |
| 10. SUBJECT OF AMENDMENT: Article 28, 31 & 32 Service Integration – Hospital OP Clinics (FMAP = 50%)  11. 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 SP   | ecified:        |
| 12. SIGNATURE OF STATE AGINCY OFFICIAL:   | 16. RETURN TO:   |                 |
|   | New York State Department of Health  |                 |
| 13. TYPED NAME: Nason A. Helgarson  | Bureau of HCRA Oper & Financial Analysis                                     |                 |
| 14. TITLE: Medicaid Director  | 99 Washington Ave – One Commerce Plaza Suite 810                             |                 |
|   | Albany, NY 12210   |                 |
|   |  |                 |
| Department of Health  |  |                 |
| Department of Health  |  |                 |
| Department of Health 15. DATE SUBMITTED: March 29, 2013  FOR REGIONAL OFF   | ICE USE ONLY   |                 |
| Department of Health 15. DATE SUBMITTED: March 29, 2013  FOR REGIONAL OFF   | ICE USE ONLY   |                 |
| Department of Health 15. DATE SUBMITTED: March 29, 2013  FOR REGIONAL OFF 17. DATE RECEIVED:  | ICE USE ONLY  18. DATE APPROVED: JUNE 12, 2018                               |                 |
| Department of Health 15. DATE SUBMITTED: March 29, 2013 FOR REGIONAL OFF  | ICE USE ONLY  18. DATE APPROVED: JUNE 12, 2018                               | DEFICIAL .      |

New York 1(r)

**RESERVED** 

## Attachment 4.19-B

New York 1(s)

**RESERVED** 

## New York 1(t)

#### <u>Integrated Licensing Program – Hospital-based Clinics Licensed by the New York</u> State Office of Mental Health (OMH)

Effective January 1, 2013 through December 31, 2017, the new Integrated Licensing Program (ILP) reimbursement methodology is established for authorized providers providing integrated physical health, behavioral and/or substance abuse services in hospital-based clinic sites licensed pursuant to Article 31 of the Public Health Law. The following providers' hospital outpatient departments are authorized to participate in the ILP:

- Flushing Hospital Medical Center (NPI 1154461622, Loc Code 006)
- Mercy Medical Center (NPI 1659330173, Loc Code 006); and
- Montefiore Medical Center (NPI 1952476988, Loc Code 061)

For the time period in which the ILP is in effect, authorized providers have access to a new clinic base rate that is equal to 105% of the facility's usual base rate; with the new base rate reimbursed only at authorized sites where integrated physical, behavioral and/or substance services were available. Payment amounts are determined via the usual Ambulatory Patient Group reimbursement methodology, utilizing the applicable base rate and the procedure(s) and diagnose(s) codes submitted on each claim.

The goal of the Integrated Licensing Program was to facilitate and promote the availability of physical, behavioral and/or substance abuse services at authorized hospital-based clinic sites, in order to: economize the number of visits for patients with co-morbidities; provide more comprehensive, integrated care; improve health outcomes and decrease rates of utilization of emergency room and inpatient services. Individuals with serious mental illness and/or addictions at these sites had the opportunity to receive an integrated array of care at the same location to address a range of physical, mental, and/or behavioral healthcare needs.

| TN #13-0002              | Approval Date  | 06/12/2018 |
|--------------------------|----------------|------------|
| Supersedes TN <u>New</u> | Effective Date | 01/01/2013 |