

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 13-0015**

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**

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DMCHO: SA

June 12, 2018

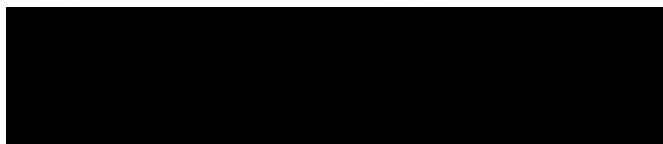
Donna Frescatore  
Medicaid Director  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #13-0015 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 freestanding clinics licensed pursuant to Articles 31 and 32 of New York Public Health Law. Enclosed is a copy of the approved SPA materials.


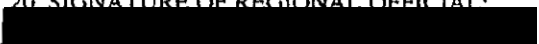
If you have any questions, please contact me or Stephen Abbott of this office. I may be reached at (212) 264-2424, and Mr. Abbott at (518) 396-3810, ext. 113.

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

|  |  |   |                             |
|--|--|---|-----------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>   |  | 1. TRANSMITTAL NUMBER:<br><b>13-0015</b>  | 2. STATE<br><b>New York</b> |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>   |                             |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br><b>January 1, 2013</b>  |                             |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT   |  |   |                             |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |   |                             |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 01/01/13-09/30/13 \$ 15.92<br>b. FFY 10/01/13-09/30/14 \$ 125.43  |                             |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><b>Attachment 4.19-B: Pages 2(w)(v), 2(z)(vi)</b>   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  |                             |
| 10. SUBJECT OF AMENDMENT:<br><b>Article 28, 31 &amp; 32 Service Integration - Freestanding Clinics (FMAP = 50%)</b>  |  |   |                             |
| 11. GOVERNOR'S REVIEW (Check One):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                             |
| 12. SIGNATURE OF REGIONAL OFFICIAL:<br>   |  | 16. RETURN TO:<br><b>New York State Department of Health<br/>Bureau of HCRA Oper &amp; Financial Analysis<br/>99 Washington Ave - One Commerce Plaza<br/>Suite 810<br/>Albany, NY 12210</b> |                             |
| 13. TYPED NAME: <b>Jash A. Helgerson</b>   |  |   |                             |
| 14. TITLE: <b>Medicaid Director<br/>Department of Health</b>   |  |   |                             |
| 15. DATE SUBMITTED: <b>March 29, 2013</b>  |  |   |                             |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |   |                             |
| 17. DATE RECEIVED:   |  | 18. DATE APPROVED:<br><b>JUNE 12, 2018</b>  |                             |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>   |  |   |                             |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>JANUARY 01, 2013</b>  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>   |                             |
| 21. TYPED NAME:<br><b>MICHAEL MELENDEZ</b>   |  | 22. TITLE:<br><b>ADMINISTRATOR<br/>DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>   |                             |
| 23. REMARKS:   |  |   |                             |

**New York  
2(w)(v)**

**Integrated Licensing Program – Freestanding Clinics Licensed by the 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 at freestanding 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:

- Citizen Advocates, Inc (NPI 1780619064, Loc Code 003, 004, 005, 015, 016)
- The Institute for Community Living (NPI 1558494930, Loc Code 004)

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 #13-0015** \_\_\_\_\_  
Supersedes TN   New  

**Approval Date** 06/12/2018  
**Effective Date** 01/01/2013

New York  
2(z)(vi)

**Integrated Licensing Program – Freestanding Clinics Licensed by the Office of Alcoholism and Substance Abuse Services (OASAS)**

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 at freestanding clinic sites licensed pursuant to Article 32 of the Public Health Law. The following providers' freestanding clinic sites are authorized to participate in the ILP:

- Mental Health Service of Erie County (NPI 1265607022, Loc Code 021)

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 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 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 #13-0015 \_\_\_\_\_

Approval Date 06/12/2018

Supersedes TN New

Effective Date 01/01/2013