

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 20-0019**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

June 4, 2020

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

Reference: TN 20-0019

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0019. This amendment proposes to include a 2% salary increase for certain staff of private psychiatric hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment 20-0019 is approved effective January 1, 2020. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or [Charlene.Holzbaur@cms.hhs.gov](mailto:Charlene.Holzbaur@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center; font-family: monospace; font-size: 1.2em;">           2 0 — 0 0 1 9         </div>	2. STATE <div style="text-align: center; font-size: 1.2em;">New York</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One)  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-size: 1.2em;">January 01, 2020</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <div style="font-size: 1.2em;">§1902(a) of the Social Security Act, and 42 CFR 447</div>		7. FEDERAL BUDGET IMPACT a. FFY 01/01/20-09/30/20      \$ 75.00 b. FFY 10/01/20-09/30/21      \$ 100.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-A-Part III Page: 2D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment: <b>New</b>	
10. SUBJECT OF AMENDMENT <div style="font-size: 1.2em;">Private Psych Hospital 2% Compensation Increase (FMAP=50%)</div>			
11. GOVERNOR'S REVIEW (Check One)  <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>		16. 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	
13. TYPED NAME <div style="font-size: 1.2em;">Donna Frescatore</div>		14. TITLE <div style="font-size: 1.2em;">Medicaid Director, Department of Health</div>	
15. DATE SUBMITTED <div style="font-size: 1.2em;">March 27, 2020</div>		17. DATE RECEIVED <div style="font-size: 1.2em;">Mach 27, 2020</div>	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="font-size: 1.2em;">January 1, 2020</div>		18. DATE APPROVED <div style="font-size: 1.2em;">6/4/20</div>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
21. TYPED NAME <div style="font-size: 1.2em;">Kristin Fan</div>		20. SIGNATURE OF REGIONAL OFFICIAL <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>	
23. REMARKS		22. TITLE <div style="font-size: 1.2em;">Director, FMG</div>	

New York  
2D

**5. Compensation Increases for Eligible Rate Based Programs.**

- a. **January 1, 2020 Increase.** Rates will be revised to incorporate a two percent increase to total salaries for direct care and direct support professional employees. The compensation increase will be included in the provider's cost base used to develop rates beginning effective January 1, 2020. The compensation increase funding will include associated fringe benefits.
- b. **April 1, 2020 Increase.** In addition to the compensation funding increase effective January 1, 2020, providers will receive a two percent increase to total salaries for direct care, direct support and clinical professionals effective beginning April 1, 2020. The compensation increase funding will include associated fringe benefits. The compensation funding increase for the nine-month period of April through December will be included in the provider's cost base used to develop rates beginning effective January 1, 2020 for an annualized payment.
- c. The compensation funding increase as stated in paragraphs 5a and 5b will be included in the cost base used for rate development until such time the increased costs are included in the cost base.

TN           #20-0019          Approval Date           6/4/20          Supersedes TN           NEW          Effective Date           January 1, 2020