Table of Contents

State/Territory Name: NY

State Plan Amendment (SPA) #: 20-0050

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
Financial Management Group

March 15, 2022

Brett R. Friedman
Acting Medicaid Director
99 Washington Ave – One Commerce Plaza Suite 1432
Albany, NY 12210

RE: TN 20-0050

Dear Mr. Friedman:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 20-0050, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2020. This plan amendment updates the APG base rates for OPWDD certified or operated clinics.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2020. 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 Kristina Mack-Webb at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>20-0050</th>
</tr>
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<tbody>
<tr>
<td>2. STATE</td>
<td>New York</td>
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**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) |

**4. PROPOSED EFFECTIVE DATE**

April 1, 2020

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

- [ ] NEW STATE PLAN
- [x] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [ ] AMENDMENT

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

<table>
<thead>
<tr>
<th>6. FEDERAL STATUTE/REGULATION CITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>§1902(r)(5) of the Social Security Act, and 42 CFR 447.102 (a) of the Social Security Act</td>
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</table>

**7. FEDERAL BUDGET IMPACT**

- **a. FFY 04/01/20-09/30/20** $141,250.00 $125,000.00
- **b. FFY 10/01/20-09/30/21** $282,500.00 $250,000.00

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**

Attachment: 4.19-B: Page 2(t.6)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**

Attachment: 4.19-B: Page 2(t.6)

**10. SUBJECT OF AMENDMENT**

Article 16 Clinic 2%
(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

**12. SIGNATURE OF STATE AGENCY OFFICIAL**

[Redacted]

**13. TYPED NAME**

Donna Frescatore

**14. TITLE**

Medicaid Director, Department of Health

**15. DATE SUBMITTED**

June 30, 2020

**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

**17. DATE RECEIVED**

June 30, 2020

**18. DATE APPROVED**

March 15, 2022

**19. EFFECTIVE DATE OF APPROVED MATERIAL**

April 1, 2020

**20. SIGNATURE OF REGIONAL OFFICIAL**

[Redacted]

**21. TYPED NAME**

Todd McMillion

**22. TITLE**

Director, Division of Reimbursement Review

**23. REMARKS**

State authorized pen and ink change to boxes 6 and 7.
VI. APG Base Rates for OPWDD certified or operated clinics.

1905(a)(9) Clinic Services

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March 15, 2022