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State/Territory Name: NY

State Plan Amendment (SPA) #: 22-0014

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 23, 2022

Amir Bassiri
Acting Medicaid Director
99 Washington Ave – One Commerce Plaza Suite 1432
Albany, NY 12210

RE: TN 22-0014

Dear Mr. Amir Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 22-0014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2022. This plan amendment increases the rates by five percent for Outpatient Mental Health Rehabilitative services.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2022. 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**

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0</u> <u>1 4</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XVI	
4. PROPOSED EFFECTIVE DATE February 1, 2022	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2/1/22-9/30/22</u> \$ <u>11,078,118</u> b. FFY <u>10/1/22-9/30/23</u> \$ <u>15,825,882</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>§ 1902(a) of the Social Security Act and 42 CFR 447</u>	7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Att. 4.19-B Page 2(s.3)</u> <u>Att. 4.19-B Page 8a</u>
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Att. 4.19-B Page 2(s.3)</u> <u>Att. 4.19-B Page 8a</u>	

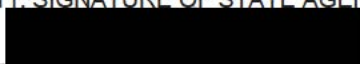
TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT
OP Mental Health Rehab Service Reimbursement Rates Increase

10. 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 SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Brett R. Friedman

13. TITLE
Acting Medicaid Director


14. DATE SUBMITTED **March 31, 2022**

15. 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

FOR CMS USE ONLY

16. DATE RECEIVED March 31, 2022	17. DATE APPROVED June 23, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS
06/13/22 - The State authorized pen and ink change to box 7 and 8.

**New York
8a**

1905(a)(13) Rehabilitative Services**Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services - Reimbursement Methodology continued**

I. Definitions: The list of definitions in the “Ambulatory Patient Group System - freestanding clinic” section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:

- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.

II. 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 finding 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.

III. Minimum Wage Increases

The minimum wage methodology described in the “Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics” section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.

IV. Reimbursement Rates: Effective for dates of service on or after February 1, 2022, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including base rates for providing participating in the OMH Quality Improvement program. Base rates are published on the State’s website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx

TN #22-0014 _____

Approval Date June 23, 2022

Supersedes TN #21-0007 _____

Effective Date February 1, 2022