

Table of Contents

State/Territory Name: NY

State Plan Amendment (SPA): NY-22-0052

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

February 6, 2024

Amir Bassiri
New York State
Department of Health (DOH)
Medicaid Director
99 Washington Ave-One Commerce Plaza Suite 1432
Albany, NY 12210

RE: New York Plan Amendment (SPA) Transmittal Number 22-0052

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-22-0052, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30th, 2022. This plan proposes to implement a Cost of Living Adjustment (COLA) for Day Treatment, Article 16 Clinics, Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD) and Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1st, 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 Jerica Bennett at 1-410-786-1167 or jerica.bennett@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 5 2</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
~~§ 1902(a) of the Social Security Act and 42 CFR 447-1905(a)(9), 1905(a)(13), and 1905(a)(6)~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/22-09/30/22 \$ 967,677
b. FFY 10/01/22-09/30/23 \$ 1,935,353

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B: Pages 2(t.6), 3(h.14), 3h(12.2), 5(a)(ii)

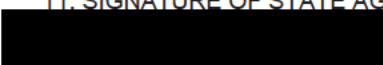
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B: Pages 2(t.6), 3(h.14), 3h(12.2), 5(a)(ii)

9. SUBJECT OF AMENDMENT
OPWDD-NI 2022 5.4% COLA

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
Amir Bassiri

13. TITLE
Acting Medicaid Director

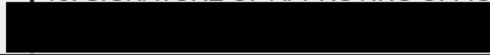
14. DATE SUBMITTED
June 30, 2022

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 06/30/2022	17. DATE APPROVED February 6, 2024
---------------------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2022	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 **Pen and ink changes:**
Box 5: Federal Statute/Regulation Citation: 1905(a)(9), 1905(a)(13), and 1905(a)(6)

**New York
2(t.6)**

VI. APG Base Rates for OPWDD certified or operated clinics.

1905(a)(9) Clinic Services

Peer Group	Base Rate	Effective Date of Base Rate
Peer Group A	\$180.95	7/1/11
Peer Group B	\$186.99	7/1/11
Peer Group C	\$270.50	7/1/11
Peer Group A	\$182.21	4/1/15
Peer Group B	\$189.07	4/1/15
Peer Group C	\$272.70	4/1/15
Peer Group A	\$182.57	4/1/16
Peer Group B	\$189.45	4/1/16
Peer Group C	\$273.24	4/1/16
Peer Group A	\$184.65	4/1/18
Peer Group B	\$192.90	4/1/18
Peer Group C	\$276.88	4/1/18
Peer Group A	\$185.97	4/1/20
Peer Group B	\$195.09	4/1/20
Peer Group C	\$279.20	4/1/20
Peer Group A	\$188.45	7/1/21
Peer Group B	\$197.69	7/1/21
Peer Group C	\$282.92	7/1/21
Peer Group A	\$197.97	4/1/22
Peer Group B	\$207.68	4/1/22
Peer Group C	\$297.22	4/1/22

TN #22-0052

Approval Date February 6, 2024

Supersedes TN #21-0047

Effective Date April 1, 2022

**New York
Page 3(h.14)**

1905(a)(13) Rehabilitative Services**Rate Setting**

1. The method of reimbursement for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	\$59.33	\$68.27	Monthly
Mild	2	\$395.53	\$455.09	Monthly
Moderate	3	\$427.18	\$491.49	Monthly
Intensive	4	\$842.49	\$969.31	Monthly

i. Payment Levels

- a. Stable – periodic (quarterly) intervention - At least one month in each quarter requires the delivery of a service.
- b. Mild – monthly intervention - Provider may bill the monthly unit of service when CSIDD services are rendered and at a minimum one service is delivered in the month.
- c. Moderate – multiple outreaches per month - Provider may bill the monthly unit of service when CSIDD services are rendered and more than one service is delivered per month.
- d. Intensive – weekly or more outreach - Provider may bill the monthly unit of service when CSIDD services are rendered and services are provided on a weekly basis.

The same monthly rate will be used to reimburse CSIDD services delivered in a face-to-face manner or via telehealth in accordance with State guidance.

ii. Reporting requirements

- a. Providers will be required to complete cost reports on an annual basis.

TN #22-0052 Approval Date February 6, 2024 Supersedes TN #21-0067 Effective Date April 1, 2022

**New York
3h12.2**

1905(a)(9) Clinic Services

Effective July 1, 2021, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
Family Residence & Essential Enterprises	120 Plant Avenue	\$206.66	\$103.33	\$0.00	\$206.66	\$206.66
Monroe County ARC	1651 Lyell Avenue	\$0.00	\$0.00	\$37.33	\$0.00	\$0.00
Otsego County ARC	3 Chenango Road	\$99.80	\$49.91	\$0.00	\$99.80	\$99.80
UCP Nassau	380 Washington Avenue	\$171.31	\$85.66	\$0.00	\$171.31	\$171.31
UCP Suffolk	250 Marcus Boulevard	\$153.06	\$76.54	\$0.00	\$153.06	\$153.06

Effective January 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
UCP Suffolk	250 Marcus Boulevard	\$221.22	\$110.61	\$0.00	\$221.22	221.22

Effective April 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
UCP Suffolk	250 Marcus Boulevard	\$233.17	\$116.58	\$0.00	\$233.17	233.17

TN #22-0052

Approval Date February 6, 2024

Supersedes TN #22-0004

Effective Date April 1, 2022

New York
5(a)(ii)

**1905(a)(6) Medical Care, or Any Other Type of Remedial Care
Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)**

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
- (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
- (i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
 - (ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm
 - (iii) IPSIDD fee schedule effective January 1, 2018 through December 31, 2018:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm
 - (iv) IPSIDD fee schedule effective January 1, 2019 through December 31, 2019:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm
 - (v) IPSIDD fee schedule effective January 1, 2020 through June 30, 2021:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_ipsidd.htm
 - (vi) IPSIDD fee schedule effective July 1, 2021 through March 31, 2022:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2021/2021_07_01_ipsidd.htm
 - (vii) IPSIDD fee schedule effective April 1, 2022 and forward:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2022/2022_04_01_ipsidd.htm
- (2) IPSIDD is available for the following services:
- (i) Occupational Therapy;
 - (ii) Physical Therapy;
 - (iii) Speech and Language Pathology;
 - (iv) Psychotherapy.

TN #22-0052

Approval Date February 6, 2024

Supersedes TN #21-0047

Effective Date April 1, 2022