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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-22-0055

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



Financial Management Group

October 17, 2024

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

RE: TN NY-22-0055

Dear Director Bassiri:

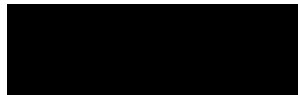
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-A NY-22-0055, which was submitted to CMS on June 30, 2022. This plan amendment adds a Cost-of-Living Adjustment (COLA) to support a five-point four percent (5.4%) increase to Specialty Hospital operating rates of payment until such time as the COLA increase is reflected in the base period cost reports.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 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 James Francis at 857-357-6378 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 5 5

2. STATE

N Y3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

April 01, 2022

5. FEDERAL STATUTE/REGULATION CITATION ~~1905(a)(1) Inpatient Hospital Services~~
~~§ 1902(a) of the Social Security Act and 42 CFR 447~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/22-09/30/22 \$ 259,702b. FFY 10/01/22-09/30/23 \$ 519,404

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Part VII Pages: 2(e), 2(e.1) 1

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

Attachment 4.19-A Part VII Page: 2(e) 1

9. SUBJECT OF AMENDMENT

OPWDD Specialty Hospital 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

June 30, 2022

17. DATE APPROVED

October 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS The State authorizes the following pen and ink changes to the 179:

Box 5. Federal Statute/Regulation Citation:

§1905(a)(1) Inpatient Hospital Services

Box 7. Page Number of the Plan Section or Attachment:

Attachment 4.19-A Part VII Page: 1

Box 8. Page Number of the Superseded Plan Section or Attachment (If Applicable):

Attachment 4.19-A Part VII Page: 1

New York

1

1905(a)(1) Inpatient Hospital Services

1. Rates for specialty hospitals for services delivered on and after July 1, 2011, will be determined in accordance with the following described methodology.

(a) "**Specialty hospital**" as used in this Part of this Attachment is the program and site for which OPWDD has issued an operating certificate to operate as a specialty hospital for persons with developmental disabilities. "**Provider**" as used in this Part of this Attachment is the corporation or other organization operating a specialty hospital.

(b) **Unit of service** - The unit of service will be a day.

(c) **Rates** will be as follows:

Rate period	Rate
07/01/2011-12/31/2014	\$895.16
01/01/2015-03/31/2015	\$898.93
04/01/2015-12/31/17	\$910.94
01/01/2018-03/31/2018	\$919.09
On and After 04/01/2018	\$939.32

The rates for the period 7/1/2021 through 3/31/2022 will be increased for a Cost-of-Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, if, upon review of the provider's CFR for the period it is determined the Medicaid revenues the provider would have otherwise received for the period were less than the Medicaid cost the provider incurred over the same period.

The rates for the period 4/1/2022 through 3/31/2023 will be increased by up to 5.4% for a cost-of-living adjustment, if, upon review of the provider's CFR for the period it is determined the Medicaid revenues the provider would have otherwise received for the period were less than the Medicaid cost the provider incurred over the same period.

TN #22-0055

Approval Date October 17, 2024

Supersedes TN #21-0045-A

Effective Date April 1, 2022