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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-22-0080-A

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

June 6, 2023

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

RE: State Plan Amendment (SPA) NY-22-0080-A

Dear Director Bassiri:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 22-0080-A. This State Plan Amendment increases the inpatient hospital per-diem rate of reimbursement for extended observation bed (EOB) services in hospital-based comprehensive psychiatric emergency programs (CPEP), subsequent to a CPEP full or triage and referral visit and where the beneficiary remains in the CPEP for longer than 24 hours.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 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 NY-22-0080-A is approved effective July 1, 2022. The CMS-179 and the amended plan pages are attached.

If you have any 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

**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 8 0</u> -A	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 July 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(30) Other Medical Care 1905(a)(1) Inpatient Hospital Services	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>07/01/22-09/30/22</u> \$ 2,934,095 87,500 b. FFY <u>10/01/22-09/30/23</u> \$ 11,736,380 350,000
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Supplement: Pages 3(d)(B) Attachment 3.1-B Supplement: Pages 3(d)(B) Attachment 4.19-B: Page 5(b) Attachment 4.19-A Part I: Page 117(m)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Page 5(b) Attachment 4.19-A Part I: Page 117(m)
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9. SUBJECT OF AMENDMENT
Comprehensive Psychiatric Emergency Program (CPEP) Rate Increase
~~Comprehensive Psychiatric Emergency Program (CPEP) Extended Observation Bed (EOB) Rate Increase-Institutional~~

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:

12. TYPED NAME Amir Bassiri	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
13. TITLE Medicaid Director	
14. DATE SUBMITTED September 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED 9 / 30 / 2022	17. DATE APPROVED June 6, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 7 / 1 / 2022	19. APPROVING OFFICIAL [REDACTED]
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:**

Box 1 Transmittal Number : 22-0080-A	Box 6 Federal Budget Impact
Box 5: Federal Statute/Regulation Citation: §1905(a)(1) Inpatient Hospital Services	a. FFY 07/01/22 – 09/30/22 \$ 87,500
	b. FFY 10/01/22 – 09/30/23 \$350,000
Box 7: Page Number of the Plan Section or Attachment: Attachment 4.19-A Part I: Page 117(m)	
Box 8: Page Number of the Plan Section or Attachment: Attachment 4.19-A Part I: Page 117(m)	
Box 9 Subject of Amendment: Comprehensive Psychiatric Emergency Program (CPEP) Extended Observation Bed (EOB) Rate Increase-Institutional	

New York
117(m)

1905(a)(1) Inpatient Hospital Services

- i. Eligible hospitals will be those general hospitals which receive approval for certificate of need applications submitted to the Department of Health between April 1, 2010 and March 31, 2011 for adding new behavioral health inpatient beds in response to the decertification of other general hospital behavioral health inpatient beds in the same service area, or which the Commissioner of Health, in consultation with the Commissioner of Mental Health, has determined to have complied with Department of Health requests to adjust behavioral health service delivery in order to ensure access.
 - ii. Eligible hospitals will, as a condition of their receipt of the rate adjustments, submit to the Department of Health proposed budgets for the expenditure of the additional Medicaid payments for the purpose of providing inpatient behavioral health services to Medicaid eligible individuals. The budgets must be approved by the Department of Health, in consultation with the Office of Mental Health, prior to the rate adjustments being issued.
 - iii. Distributions will be made as add-ons to each eligible facility’s inpatient Medicaid rate and will be allocated proportionally, utilizing the proportion of each approved hospital budget to the total amount of all approved hospital budgets. Distributions will be subsequently reconciled to ensure that actual aggregate expenditures are within available aggregate funding.
- l. For purposes of this section, the downstate region of New York State will consist of the following counties of: Bronx, New York, Kings, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess; and the upstate region of New York State will consist of all other New York counties.
- m. Reimbursement equivalent to the inpatient hospital per diem rate of reimbursement will be made for extended observation bed (EOB) services in hospital-based comprehensive psychiatric emergency programs (CPEP), subsequent to a CPEP full or triage and referral visit and where the beneficiary remains in the CPEP for longer than 24 hours. Such reimbursement shall be limited to 72 hours. Effective July 1, 2022, inpatient hospital rates for EOB services are available at the following Office of Mental Health website link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx