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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-23-0056

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

December 13, 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-23-0056

Dear Director Bassiri:

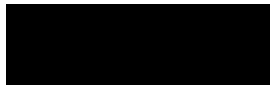
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-A NY-23-0056, which was submitted to CMS on June 29, 2023. This plan amendment adds an across-the-board adjustment of a 4.0% Cost of Living Adjustment (COLA) to operating rates of payment, per the enacted 2024 Budget to the inpatient service Specialty Hospitals.

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, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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 <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>5</u> <u>6</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 01, 2023
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5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(1) Inpatient Hospital Services	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/23-09/30/23</u> \$ <u>192,965</u> b. FFY <u>10/01/23-09/30/24</u> \$ <u>385,931</u>
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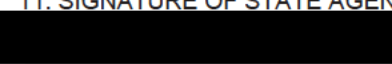
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A Part VII Page: 2(e) 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A Part VII Page: 2(e) 1
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9. SUBJECT OF AMENDMENT
Inpatient 2023 4.0% 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

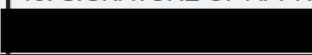
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Amir Bassiri	
13. TITLE Medicaid Director	
14. DATE SUBMITTED June 29, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED June 29, 2023	17. DATE APPROVED December 13, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2023	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 revisions to the HCFA 179:**

**Box 8. Page Number of the Plan Section or Attachment
Attachment 4.19-A Part VII Page: 1**

**Box 9. 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
04/01/2015-12/31/2017	\$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.

The rates for the period 4/1/2023 through 3/31/2024 will be increased by up to 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 #23-0056

Approval Date December 13, 2024

Supersedes TN #22-0055

Effective Date April 1, 2023