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State/Territory Name: NY

State Plan Amendment (SPA): NY-24-0013

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 Page

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

March 19, 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 24-0013

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-NY-24-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 28th, 2023. This plan proposes to update Ambulatory Patient Group (APG) base rates under rehabilitative services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1st, 2024. 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 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 4</u> — <u>0 0 1 3</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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabil

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 01/01/24-09/30/24 \$ 4,426
b. FFY 10/01/24-09/30/25 \$ 5,901

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page: 10(a.3.ii)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT
APG Parity – OASAS Freestanding Clinics

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
[Redacted]

12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
December 28, 2023

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
12/28/2023

17. DATE APPROVED
March 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

**New York
10(a.3.ii)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Reimbursement methodology (cont.)

Effective January 1, 2024, the freestanding Ambulatory Patient Group base rates are as follows:

Service	Region	1/1/2024
Addiction Rehab	Upstate	\$ 172.78
Addiction Rehab	Downstate	\$ 202.16
Addiction Day Rehab	Upstate	\$ 172.78
Addiction Day Rehab	Downstate	\$ 202.16
Opioid Treatment Program (OTP)	Upstate	\$ 172.78
Opioid Treatment Program (OTP)	Downstate	\$ 202.16
Offsite - Rehab and Day Rehab	Upstate	\$ 241.89
Offsite - Rehab and Day Rehab	Downstate	\$ 283.02
Offsite - OTP	Upstate	\$ 241.89
Offsite - OTP	Downstate	\$ 283.02

The fee schedule rates in the table above apply to both governmental and private providers.

The rates in the table above are posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>