

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-24-0048**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

September 18, 2024

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

RE: TN 24-0048

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0048, which was submitted to CMS on June 28, 2024. This plan amendment proposes to provide a 2.84% COLA for OASAS freestanding outpatient services, Part 820 residential services, freestanding residential medically supervised withdrawal, and freestanding residential rehabilitation.

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, 2024. 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 410-786-1167 or via email at [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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

2 4 — 0 0 4 8

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 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabili

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/24-09/30/24 \$ 629,177b. FFY 10/01/24-09/30/25 \$ 1,258,355

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 10(a.1)(b), 10(a.3.ii), 10(a.5), 10(a.6)(a),  
10(a.7)(a)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 4.19-B Page 10(a.1)(b), 10(a.3.ii), 10(a.5), 10  
(a.6)(a), 10(a.7)(a)

9. SUBJECT OF AMENDMENT

2.84% COLA FOR FREESTANDING OASAS OUTPATIENT ADDICTION SERVICES, PART 820, RESID REHAB, &amp; RES. DETO)

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

Medicaid Director

14. DATE SUBMITTED

June 28, 2024

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

06/28/2024

17. DATE APPROVED

September 18, 2024

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2024

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

**New York  
10(a.1)(b)****1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services****Rehabilitative Services - Addiction Services****Addiction Residential Services (cont.)**

Effective March 1, 2023, the downstate region fee for Residential Stabilization will receive a 5.6% rate increase for parity to the upstate region. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

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

Effective April 1, 2023, all three elements of the Part 820 service will receive a 4.0% cost-of-living adjustment. Effective April 1, 2024, all three elements of the Part 820 service will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN     #24-0048    

Supersedes TN     #23-0070    

Approval Date September 18, 2024

Effective Date April 1, 2024

**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:

<b>Service</b>	<b>Region</b>	<b>1/1/2024</b>
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>

Effective April 1, 2024, freestanding Ambulatory Patient Group base rates will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN           #24-0048          

Supersedes TN           #24-0013          

Approval Date September 18, 2024

Effective Date April 1, 2024

**New York  
10(a.5)**

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

Statewide RMSW fees:

<b>Bed Size</b>	<b>RMSW Fees</b>
6	\$ 408.97
7	\$ 401.53
8	\$ 395.20
9	\$ 389.70
10	\$ 384.85
11	\$ 380.51
12	\$ 376.59
13	\$ 373.01
14	\$ 369.74
15	\$ 366.72
16	\$ 363.91

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

<b>Region</b>	<b>Factor</b>	<b>Counties</b>
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange, Putnam
4	1.1009	Dutchess
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective January 1, 2023, the RMSW, fees will receive a 5.0% rate increase. Effective April 1, 2023, RMSW fees will receive a 4.0% cost-of-living adjustment. All fees will be posted on the OASAS website at:

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

Effective April 1, 2024, RMSW fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

**TN** **#24-0048**

**Approval Date** **September 18, 2024**

**Supersedes TN** **#23-0070**

**Effective Date** **April 1, 2024**

**New York  
10(a.6)(a)**

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

**Chemical Dependence Freestanding Residential Rehabilitation Services (cont.)**

Effective April 1, 2022, the January 1, 2019, fees for Freestanding Residential Rehabilitation Services will receive a 5.4% cost-of-living adjustment (COLA). Effective January 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 5.0% rate increase. Effective April 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

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

Effective April 1, 2024, fees for Freestanding Residential Rehabilitation Services will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

**TN** **#24-0048**

**Supersedes TN** **#23-0070**

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**Effective Date** **April 1, 2024**

**New York  
10(a.7)(a)**

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

**OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology  
– Freestanding Weekly Bundles (cont.)**

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective January 1, 2023, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. Effective April 1, 2023, freestanding OTP weekly bundle fees will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

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

Effective April 1, 2024, freestanding OTP weekly bundle fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

**TN** **#24-0048**

**Supersedes TN** **#23-0070**

**Approval Date** **September 18, 2024**

**Effective Date** **April 1, 2024**