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State/Territory Name: New York

State Plan Amendment (SPA) #: NY-22-0064

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

September 20, 2022

Amir Bassiri
State Medicaid Director
New York State Department of Health
99 Washington Ave
One Commerce Plaza, Suite 1605
Albany, NY 12237

RE: State Plan Amendment (SPA) NY-22-0064

Dear Director Bassiri:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 22-0064. This State Plan Amendment updates the inpatient hospital reimbursement methodology for inpatient psychiatric services for individuals under 21 admitted to Residential Rehabilitation Services for Youth (RRSY) programs certified by the New York Office of Alcoholism and Substance Abuse Services (OASAS), by adding a 5.4% statutory cost of living adjustment.

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-22-0064 is approved effective April 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 6 4</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 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION § 1902(a) of the Social Security Act and 42 CFR 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>04/01/22-09/30/22</u> \$ <u>141,794</u> b. FFY <u>10/01/22-09/30/23</u> \$ <u>283,588</u>
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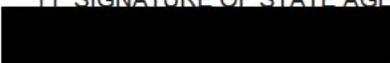
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A Part III: Page 12	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 4.19-A Part III: Page 12
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9. SUBJECT OF AMENDMENT
OASAS 5.4% COLA - IP

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

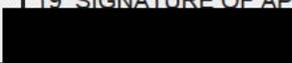
OTHER, AS SPECIFIED:

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 Acting Medicaid Director	
14. DATE SUBMITTED June 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED 06 / 30 / 2022	17. DATE APPROVED September 20, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04 / 01 / 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

**New York
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1905(a)(16): IMD under age 21

Statewide RRSY Fees:

Bed Size	RRSY Fees										
14	\$418.43	22	\$374.90	30	\$347.69	38	\$328.28	46	\$313.39	54	\$301.41
15	\$411.47	23	\$370.88	31	\$344.93	39	\$326.21	47	\$311.75	55	\$300.07
16	\$405.07	24	\$367.06	32	\$342.28	40	\$324.21	48	\$310.16	56	\$298.76
17	\$399.14	25	\$363.44	33	\$339.73	41	\$322.27	49	\$308.61	57	\$297.48
18	\$393.64	26	\$359.99	34	\$337.27	42	\$320.39	50	\$307.10	58	\$296.22
19	\$388.50	27	\$356.70	35	\$334.90	43	\$318.56	51	\$305.63	59	\$294.99
20	\$383.69	28	\$353.57	36	\$332.62	44	\$316.79	52	\$304.19	60+	\$293.79
21	\$379.17	29	\$350.56	37	\$330.41	45	\$315.06	53	\$302.78		

The geographic regions and regional cost factors applicable to the statewide RRSY fees from the first table are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange
4	1.1009	Dutchess, Putnam
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 rates in the table above will receive a cost-of-living adjustment of 5.4% and will be published at the following link:

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

TN #22-0064

Approval Date September 20, 2022

Supersedes TN #19-0013

Effective Date April 1, 2022