

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 22-0074**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

September 26, 2022

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

**RE: New York State Plan Amendment (SPA) Transmittal Number 22-0074**

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0074, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30<sup>th</sup>, 2022. This plan makes proposes an increase of the CFTSS Children's Medicaid Rates by 5.4% for the Cost of Living Adjustment (COLA).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1<sup>st</sup>, 2022. 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 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto: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 2</u> — <u>0 0 7 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**

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 04/01/22-09/30/22 \$ 1,200,000  
b. FFY 10/01/22-09/30/23 \$ 1,600,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B: Pages 1(a)(i)  
Attachment 4.19-B: Pages 1(a)(iii)**

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
  
**Attachment 4.19-B: Pages 1(a)(i)  
Attachment 4.19-B: Pages 1(a)(iii)**

9. SUBJECT OF AMENDMENT

**Children's CFTSS Rate Increase by 5.4% 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  


12. TYPED NAME  
**Amir Bassiri**

13. TITLE  
**Acting Medicaid Director**

14. DATE SUBMITTED **June 30, 2022**

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

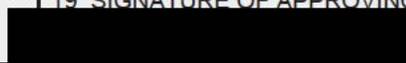
**FOR CMS USE ONLY**

16. DATE RECEIVED **06/30/22**

17. DATE APPROVED **September 26, 2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**April 1, 2022**

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

## Page 1(a)(i)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

## 1905(a)(6) Medical Care, or Any Other Type of Remedial Care

## Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

**All rates are published on the Department of Health website:**

**Crisis Intervention Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/child-family\\_rate\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf)

**Family Peer Supports Services and Youth Peer supports Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/fpss\\_bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/fpss_bh_kids_ffs_rates.pdf)

**Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf)

TN # #22-0074Approval Date September 28, 2022Supersedes TN # 20-0036Effective Date April 1, 2022

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: New York  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE**

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

**Rehabilitative Services (EPSDT only)**

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date.

Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

**All rates are published on the Department of Health website:**

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**Family Peer Supports Services and Youth Peer supports Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/fps\\_bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/fps_bh_kids_ffs_rates.pdf)

**Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf)

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

**TN #**   #22-0074  

**Approval Date**   September 26, 2022  

**Supersedes TN #**   20-0036  

**Effective Date**   April 1, 2022