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**State/Territory Name:** New York

State Plan Amendment (SPA) #: 23-0067

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 S2-26-12 Baltimore, Maryland 21244-1850



September 27, 2023

Amir Bassiri Medicaid Director Office of Health Insurance Programs New York State Department of Health One Commerce Plaza Rm. 1605 Albany, NY 12237

Re: New York State Plan Amendment (SPA) 23-0067

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0067. This amendment proposes to add a new Section 7.4-B, to temporarily extend private duty nursing provided to fee-for-service individuals who have aged out of the medically fragile children's reimbursement program originally approved in Disaster Relief SPA NY-21-0073.

This amendment also proposes to add a new Section 7.4.C to temporarily extend reimbursement for COVID-19 tests originally approved in Disaster Relief SPA NY-20-0048 with the following modification: reimbursement for COVID-19 tests will be 60 percent of the Medicare fee instead of 100 percent of the Medicare fee.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that New York's Medicaid SPA Transmittal Number 23-0067 is approved effective May 12, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina. Harrison@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. 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  May 12, 2023
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
§1905(a)(3) and 1905(a)(8)	a FFY 05/12/23-09/30/23 \$ 7,600,433 b. FFY 10/01/23-09/30/24 \$ 19,741,038
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 7.4-B Page 1 Attachment 7.4-C Page 1	N/A
9. SUBJECT OF AMENDMENT	
Disaster Relief- ARPA Initiative Extensions: PDN_C19 Test and Specimen Collection	
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
12 TVPED NAME	Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza
Amir dassin	Suite 1432
13. TITLE  Medicaid Director	Albany, NY 12210
14. DATE SUBMITTED June 30, 2023	
FOR CMS U	
	17. DATE APPROVED 09/27/2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
05/12/2023	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Alissa Mooney DeBoy On Behalf of Anne Marie Costello	Deputy Director, Center for Medicaid and CHIP Services
22. REMARKS	

### NEW YORK Page 1

# Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until March 31, 2024, New York State temporarily extends the following election(s) of section 7.4 (approved on June 28, 2023 in SPA #21-0073) of the state plan:

Section E – Payments
2X The agency increases payment rates for the following services:
Private duty nursing provided to fee-for-service individuals who have aged out of the medically fragile children's reimbursement program. Fees will be increased as described in a., b.i., and b.ii. below.
aX Payment increases are targeted based on the following criteria:
Individuals are 23 and older, receiving private duty nursing services.
b. Payments are increased through:
<ul> <li>iX A supplemental payment or add-on within applicable upper payment limits:</li> </ul>
This is an add-on payment for providers who are enrolled in the program, are willing to be listed in a web-based database available to the public, and who provide services to medically fragile adults.
iiX An increase to rates as described below.
Rates are increased:
X Uniformly by the following percentage:75
Location (list published location):X
https://health.ny.gov/health care/medicaid/redesign/pdn children/providers/regional fees.htm
$\frac{\text{https://health.ny.gov/health } care/medicaid/redesign/pdn }{\text{children/providers/directory }} \frac{\text{benefits.}}{\text{btm}}$
TN #23-0067 Approval Date: 09/27/2023
Supersedes TN NEW Effective Date: May 12, 2023

#### NEW YORK Page 1

### **Temporary Policies in Effect Following the COVID-19 Nation Emergency**

Effective May 12, 2023 until September 30, 2024, New York State temporarily extends the following election(s) of section 7.4 (approved on May 12, 2021 in SPA #20-0048) of the state plan, with modifications:

plan, with modifications:
Section E - Payments
1X New York State establishes the payment rate for the following service:
Reimbursement for COVID-19 tests will be 60% of the Medicare fees. Lab/testing fees are located in the Laboratory Fee Schedule at: <a href="https://www.emedny.org/ProviderManuals/Laboratory/index.aspx">https://www.emedny.org/ProviderManuals/Laboratory/index.aspx</a>

 TN #23-0067
 Approval Date: 09/27/2023

 Supersedes TN NEW
 Effective Date: May 12, 2023