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**State/Territory Name: NY** 

State Plan Amendment (SPA): NY-23-0090

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



#### **Financial Management Group**

September 20, 2023

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 23-0090

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0090, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30<sup>th</sup>, 2023. This plan proposes to increase the CFTSS Children's Medicaid Rates by 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>, 2023. 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 <a href="jerica.bennett@cms.hhs.gov">jerica.bennett@cms.hhs.gov</a>.

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 2. STATE $\underline{2} \ \underline{3} \ \underline{0} \ \underline{0} \ \underline{9} \ \underline{0} \ \underline{N} \ \underline{Y}$	
	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  April 01, 2023	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 04/01/23-09/30/23 \$ 120,000 b. FFY 10/01/23-09/30/24 \$ 240,000	
§ 1905(a)(6) Medical Care and 1905(a)(13) Other		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19-B Pages: 1(a)(i), 1(a)(iii)	Attachment 4.19-B Pages: 1(a)(i), 1(a)(iii)	
9. SUBJECT OF AMENDMENT		
CFTSS Children's 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	15. RETURN TO  New York State Department of Health  Division of Finance and Rate Setting	
12. TYPED NAME Amir Bassiri	99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TITLE  Medicaid Director		
14. DATE SUBMITTED June 30, 2023		
FOR CMS U	USE ONLY	
16. DATE RECEIVED 06/30/2023	17. DATE APPROVED September 20, 2023	
PLAN APPROVED - O	NE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2023	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.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

All Other Licensed Practitioner rates are published on the Department of Health website:

https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/child-family\_rate\_summary.pdf

TN <u>#23-0090</u>	Approval Date September 20, 2023
Supersedes TN <u>#22-0091</u>	Effective Date <u>April 1, 2023</u>

#### Page 1(a)(iii)

## 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 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.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

All Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Family Peer Support Services, Crisis, Intervention and Youth Peer Supports and Training rates are published on the Department of Health website:

https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/bh\_kids\_ffs\_rates.pdf

Supersedes TN	#22-0091	Effective Date April 1, 2023
TN <u>#23-0090</u>		Approval Date September 20, 2023