Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: NY 19-0013

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approval SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

Financial Management Group

June 11, 2019

Donna Frescatore
State Medicaid Director
NYS Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

RE: State Plan Amendment (SPA) 19-0013

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 19-0013. Effective January 1, 2019 this amendment changes reimbursement for free-standing chemical dependence residential rehabilitation for youth.

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 Part 447. This letter is to inform you SPA 19-0013 is approved effective January 1, 2019. We are enclosing the CMS-179 and the approved plan pages.

If you have any questions, please contact Charlene Holzbaur at 609-882-4103 Ext. 104.

Sincerely,

Kristin Fan
Director

Enclosures
cc: R. Holligan
R. Weaver
T. Brady
C. Holzbaur

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 1 9 — 0 0 1 3

2. STATE: New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: January 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
Section: 42 CFR 440.160

7. FEDERAL BUDGET IMPACT
a. FFY 01/01/19-09/30/19 $ 1,180.10
b. FFY 10/01/19-09/30/20 $ 1,573.50

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment: 4.19-A Part III Pages: 10,11,12
Attachment A Replacement Pages

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment: 4.19-A Part III Pages: 10,11,12
Attachment A Replacement Pages

10. SUBJECT OF AMENDMENT
OASAS Residential Rehabilitation for Youth
(FMAP=50%)

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Donna Frescatore

14. TITLE
Medicaid Director, Department of Health

15. DATE SUBMITTED
MAR 29 2019

16. 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 REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED June 11, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
Jan 01, 2019

20. SIGNATURE OF REGIONAL OFFICIAL
[redacted]

21. TYPED NAME
Kristin Fan

22. TITLE
~~Deputy~~ FMG

23. REMARKS

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

Inpatient Psychiatric Services for Individuals under 21

Inpatient Psychiatric Services for individuals under 21 who are admitted to Residential Rehabilitation Services for Youth (RRSY) programs that are certified by the New York Office of Alcoholism and Substance Abuse Services. Services are limited to those provided for those recipients who are medically certified as requiring this level of care in accordance with 42 CFR 441.152. Service are limited to individuals under the age of twenty-one (21), or receiving services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of:

(1) the date the services are no longer required; or

(2) the date the individual reaches the age of twenty-two (22).

Coverage of services will be limited to those services provided within a residential rehabilitation services program for youth that is certified by the New York Office of Alcoholism and Substance Abuse Services.

[Residential Rehabilitation Services for Youth

Medicaid fees for Residential Rehabilitation Services for Youth ("RRSY") services are established using a cost model based on service requirements established by the Commissioner of the Office of Alcoholism and Substance Abuse Services ("the office") pursuant to regulation at 14 New York Code of Rules and Regulations Part 817 ("Part 817").

Definitions.

(1). "Eligible residential rehabilitation services for youth provider" will mean a residential rehabilitation services for youth provider that has been certified by the Office to provide services pursuant to Part 817.

(2) "Allowable costs" will mean those costs incurred by an eligible residential rehabilitation services for youth provider which are eligible for Medicaid payments. To be allowable, costs must be reasonable and necessary for efficient provision of chemical dependence services, related to patient care, recurring, and approved by the commissioner.]

Medicaid fees for RRSY services shall be based on both bed size and the county in which the facility is located. The fees shall be inclusive of both operating and capital reimbursement. There shall be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs. These fees shall be effective on and after January 1, 2019.

For both existing and new facilities, the "bed size" shall be based on the OASAS-certified capacity of the program site. To calculate the fee, the "statewide fee" based on bed size shall be taken from the first table below and then adjusted by the applicable regional factor from the second table. If the certified bed size changes, the rate shall be revised accordingly and shall be effective on the date of the bed size change. Facilities with fewer than 14 certified beds shall use the 14 bed fee. Facilities with 60 or more certified beds shall use the 60 bed fee.

Statewide RRSY Fees:

Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	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