

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: NY-21-0045-A**

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



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**Financial Management Group**

June 14, 2024

Amir Bassiri  
State Medicaid Director  
New York State Department of Health  
99 Washington Ave  
One Commerce Plaza, Suite 1432  
Albany, NY 12210

RE: TN NY-21-0045-A

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-A NY-21-0045-A, which was submitted to CMS on September 30, 2021. This plan amendment implements a one percent (1%) Cost-of-Living Adjustment (COLA) to Specialty Hospital rates.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2021. 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 James Francis at 857-357-6378 or via email at [James.Francis@cms.hhs.gov](mailto:James.Francis@cms.hhs.gov).

Sincerely



Rory Howe  
Director  
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 1 — 0 0 4 5-A

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

July 1, 2021

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

~~42 CFR § 447.272(a)~~ §1905(a)(1) Inpatient Hospital Services

7. FEDERAL BUDGET IMPACT

a. FFY 07/01/21-09/30/21 \$ ~~274.56~~ 24,125.00

b. FFY 10/01/21-09/30/22 \$ ~~543.15~~ 96,500.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 4.19-A Part III Page: 4~~ Attachment 4.19-A Part VII Page: 1  
~~Attachment 4.19-A Part VII Page: 2(e)~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Attachment 4.19-A Part III Page: 4~~ Attachment 4.19 A Part VII Page: 1  
~~Attachment 4.19-A Part VII Page: 2(e)~~

10. SUBJECT OF AMENDMENT

~~Inpatient 2021 1% COLA~~ Specialty Hospital 2021 1% COLA  
(FMAP=50%)

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Brett Friedman

14. TITLE

Acting Medicaid Director, Department of Health

15. DATE SUBMITTED September 30, 2021

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

September 30, 2021

18. DATE APPROVED

June 14, 2024

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

21. TYPED NAME

Rory Howe

22. TITLE

Director, Financial Management Group

23. REMARKS The State authorizes the following pen and ink revisions to the HCFA 179:

Box 1. Transmittal Number: 21 0045 A

Box 6. Federal Statute/ Regulation Citation: 1905(a)(1) Inpatient Hospital Services

Box 7. Federal Budget Impact: a. FFY 07/01/21-09/30/21 \$ 24, 125.00

b. FFY 10/01/21-09/30/22 \$ 96, 500.00

Box 8. Page Number of the Plan Section or Attachment: Attachment 4.19-A Part VII Page: 1

Box 9. Page Number of the Superseded Plan Section or Attachment (if Applicable): Attachment 4.19-A Part VII Page: 1

Box 10. Subject of Amendment: Specialty Hospital 2021 1% COLA

**New York  
1**

**1905(a)(1) Inpatient Hospital Services**

1. Rates for specialty hospitals for services delivered on and after July 1, 2011, will be determined in accordance with the following described methodology.

(a) **"Specialty hospital"** as used in this Part of this Attachment is the program and site for which OPWDD has issued an operating certificate to operate as a specialty hospital for persons with developmental disabilities. **"Provider"** as used in this Part of this Attachment is the corporation or other organization operating a specialty hospital.

(b) **Unit of service** - The unit of service will be a day.

(c) **Rates** will be as follows:

Rate period	Rate
07/01/2011-12/31/2014	\$895.16
01/01/2015-03/31/2015	\$898.93
04/01/2015-12/31/17	\$910.94
01/01/2018-03/31/2018	\$919.09
On and After 04/01/2018	\$939.32

The rates for the period 7/1/2021 through 3/31/2022 will be increased for a Cost-of-Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, if, upon review of the provider's CFR for the period it is determined the Medicaid revenues the provider would have otherwise received for the period were less than the Medicaid cost the provider incurred over the same period.

**TN**     #21-0045-A    

**Approval Date**     June 14, 2024    

**Supersedes TN**     #18-0012    

**Effective Date**     July 1, 2021