

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA)# 19-0019**

The file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
26 Federal Plaza, Room 37-100  
New York, New York 10278



**Regional Operations Group**

ROG: VH: SPA NY-19-0019 Approval

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August 6, 2019

Donna Frescatore  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210.

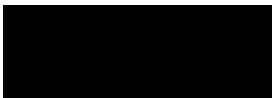
Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #19-0019 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2019. This SPA approves an increase to the reimbursement rates for rehabilitation services and supplemental evaluations rendered by certain licensed professionals (Speech Language Pathologists, Occupational Therapists and Physical Therapists).

Enclosed are copies of the Plan Pages for SPA #19-0019 and the HCFA-179 form, as approved.

If you have any questions regarding this amendment, please call Vijai Hiralall at 212.616.2206 or e-mail at [Vijai.Hiralall@cms.hhs.gov](mailto:Vijai.Hiralall@cms.hhs.gov).

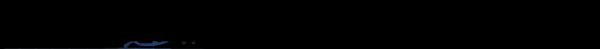

Sincerely,



Nicole McKnight  
Acting Deputy Director  
Regional Operations Group

Enclosures: HCFA-179 Form  
State Plan Pages

cc: M. Ogborn  
R. Deyette  
P.LaVenia  
R. Weaver  
N.McKnight  
R. Holligan  
M. Tabakov  
V.Hiralall

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 9 — 0 0 1 9</u>	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 April 1, 2019	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION § 1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>04/01/19-09/30/19</u> \$ <u>1,800.00</u> b. FFY <u>10/01/19-09/30/20</u> \$ <u>3,600.00 -</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B: Page 10(1)(A)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19-B: Page 10(1)(A)	
10. SUBJECT OF AMENDMENT Early Intervention Targeted 5% Rate Increase (FMAP=50%)		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	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	
13. TYPED NAME Donna Frescatore		
14. TITLE Medicaid Director, Department of Health		
15. DATE SUBMITTED July 28, 2019		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED	18. DATE APPROVED <b>AUGUST 06, 2019</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>April 01, 2019</b>	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>NICOLE McKNIGHT</b>	<b>Acting Deputy Director Regional Operations Group</b>	
23. REMARKS		

New York  
Page 10(1)(A)

**Rehabilitative Services**

[Reimbursement for approved early intervention providers is associated with resource use patterns to ensure that evaluations and early intervention services are economically and efficiently provided. The method is based on a classification of early intervention services.

Under the reimbursement methodology, individual or combined prices are established prospectively for each service category. For each service category, a price is established to cover labor, administrative overhead; general operating and capital costs. The prices are adjusted to reflect regional differences in costs. The regional classification system used to reflect differences in costs is described in the Wage Equalization Factor section of this Attachment. All prices are subject to the approval of the New York State Division of the Budget.

Existing rates of reimbursement, for approved early intervention services provided on and after December 1, 2002, shall be increased by three percent. The Commissioner of Health is authorized to require any early intervention provider, with the exception of self-employed early intervention providers, to submit a written certification attesting that such funds were or will be used solely for the purpose of recruitment and retention of early intervention service providers during the 2002-03 state fiscal year.

Effective May 1, 2011, and applicable to services on and after May 1, early intervention program rates for approved services rendered will be reduced by 5%. Prices resulting from this reduction are published on the agency's website at:]

Effective April 1, 2019, and applicable to services on and after April 1, 2019, early intervention rates for EPSDT EI rehabilitation services rendered by licensed speech-language pathologists, licensed occupational therapists and licensed physical therapists, including supplemental evaluation services, will be increased by 5%. Rates effective April 1, 2019 are published on the Department of Health's website below.

[http://www.health.state.ny.us/community/infants\\_children/early\\_intervention/index.htm](http://www.health.state.ny.us/community/infants_children/early_intervention/index.htm)

The rates for Early Intervention services are the same for both governmental and private providers.

[Early Intervention service providers who were authorized to provide early intervention services pursuant to section 236 of the Family Court Act during 1993, shall be reimbursed actual allowable capital costs obligated prior to July 1, 1993. Such reimbursement will continue through June 30, 1996.]

TN     #19-0019    

Approval Date     08/06/2019    

Supersedes TN     #11-0062    

Effective Date     04/01/2019