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State/Territory Name: NY

State Plan Amendment (SPA): NY-22-0066

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

June 28, 2024

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

RE: TN 22-0066

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) NY-22-0066 to Attachment 4.19-B, which was submitted to CMS on June 30, 2022. This plan amendment implements a 1% increase to the operating component of most Medicaid rates under the State's non-institutional state plan section 4.19-B.

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 April 1, 2022. 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 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

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 <u>2 2</u> — <u>0 0 6 6</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
§ 1902(a) of the Social Security Act and 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/22-09/30/22 \$ 12,600,000
b. FFY 10/01/22-09/30/23 \$ 25,200,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B: Pages: A(7.8), A(7.9), A(7.10)

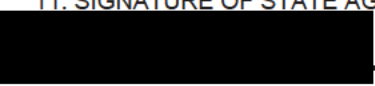
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
NEW

9. SUBJECT OF AMENDMENT
1% Investment - Non Institutional (NI)

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

Amir Bassiri

13. TITLE
Acting Medicaid Director

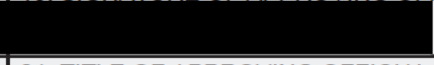
14. DATE SUBMITTED
June 30, 2022

15. 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 CMS USE ONLY

16. DATE RECEIVED 06/30/2022	17. DATE APPROVED June 28, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2022	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

New York
A (7.8)

1905(a)(6) Medical care, or any other type of remedial care; 1905(a)(9) Clinic Services

Across the Board Medicaid Rate Increase

- (1) For dates of services on and after April 1, 2022, the operating component of Medicaid rates of reimbursement for services specified in paragraph (2) of this Attachment shall be increased by one percent (1%).
- (2) Services included in this Attachment applicable to paragraph (1) are as follows:
 - a) Physician Services.
 - b) Statewide Patient Centered Medical Home – Physicians and/or Nurse Practitioners, Statewide Patient Centered Medical Home – Hospital Based Clinics and Statewide Centered Medical Home – Freestanding Clinics.
 - c) Advanced Primary Care – Physicians and/or Nurse Practitioners, Advanced Primary Care – Hospital Based Clinics and Advanced Primary Care – Freestanding Clinics.
 - d) Adirondack Medical Home Multipayor Program for physicians, nurse practitioners, hospital-based clinics and freestanding clinics.
 - e) Dental services, Podiatrists, Optometrists, Chiropractor’s Services, Nurse Midwives, Nurse Practitioners and Clinical Psychologists.
 - f) Tuberculosis Directly Observed Therapy (TB/DOT).
 - g) Early Intervention – EPSDT.
 - h) Applied Behavior Analysis.
 - i) Exempt Acute Care Children’s Hospitals.
 - j) Ordered Ambulatory Services (specific services performed by a hospital on an ambulatory basis upon order of a qualified physician, physician’s assistant, dentist or podiatrist to test, diagnosis or treat a recipient or specimen taken from a recipient).
 - k) Ordered Ambulatory Services (specific services performed by a free-standing clinic on an ambulatory basis upon order of a qualified physician, physician’s assistant, dentist or podiatrist to test, diagnosis or treat a recipient or specimen taken from a recipient).

TN #22-0066

Approval Date June 28, 2024

Supersedes TN #NEW

Effective Date April 1, 2022

**New York
A (7.9)**

1905(a)(6) Medical care, or any other type of remedial care; 1905(a)(9) Clinic Services

- l) Adult Day Health Care Services for persons with HIV/AIDS and Other High-Need Populations Diagnosis and Treatment Centers.
- m) Hospital-Based APG Base Rate Table.
- n) Freestanding Clinic and Ambulatory Surgery Center APG Base Rate Table
- o) Laboratory Services.
- p) Home Health Services/Certified Home Health Agencies (including services to patients diagnosed with AIDS).
- q) Private Duty Nursing - Services Provided to Medically Fragile Children.
- r) Home Telehealth Services.
- s) Assisted Living Programs.
- t) Pharmacists and Pharmacy Interns as Immunizers and Diabetes Self-Management Training.
- u) Private Duty Nursing - Services Provided to Medically Fragile Children and Nursing Services (Limited).
- v) Physical Therapy and Occupational Therapy
- w) Eyeglasses and Other Visual Services, Hearing Aid Supplies and Services and Prosthetic and Orthotic Appliances.
- x) Medical Supplies/Orthopedic footwear.
- y) Durable Medical Equipment.
- z) Medical/Surgical Supplies.
- aa) General Formula.

TN #22-0066

Supersedes TN #NEW

Approval Date June 28, 2024

Effective Date April 1, 2022

**New York
A (7.10)**

1905(a)(6) Medical care, or any other type of remedial care; 1905(a)(9) Clinic Services

- bb) Transportation.
- cc) Personal Care Services and Personal Care Services (Limited).
- dd) Consumer Directed Personal Assistance Program
- ee) Hospice.
- ff) Adult Day Health Care in Residential Health Care Facilities.
- gg) Harm Reduction Services.
- hh) Preferred Physician and Childrens Program.
- ii) Medicaid Obstetrical and Maternal Services (MOMS).
- jj) Child Teen Health Program.
- kk) Early and Periodic Screening, Diagnostic and Treatment Services.
- ll) National Diabetes Prevention Program (NDPP).
- mm) Early and Periodic Screening, DTC (Foster Care).
- nn) Services for Pregnant Women.
- oo) Case Management Services – Target Group G.
- pp) Collaborative Care Services

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