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State/Territory Name: NY

State Plan Amendment (SPA): NY-21-0031

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
Approved SPA Page

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

April 10, 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 21-0031

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29th, 2021. This plan implements supplemental payments for county freestanding clinics and diagnostic and treatment centers (DTCs).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1st, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES		ONID NO: 0358-015
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: 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	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN AMENDMENT TO BE CONSI	DERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for each a	amendment)
6. FEDERAL STATUTE/REGULATION CITATION §1905(a)(9) Clinic Service	a. FFY\$	\$625,853.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	b. FFY\$ 9. PAGE NUMBER OF THE SUPERS	\$625,853.00_
	OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT		
11. GOVERNOR'S REVIEW <i>(Check One)</i> GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
13. TYPED NAME		
14. TITLE		
15. DATE SUBMITTED June 29, 2021		
FOR REGIONAL OF		
17. DATE RECEIVED 06/29/2021	18. DATE APPROVED April 10, 2023	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL 2 04/01/2021 1	20. SIGNATURE OF REGIONAL OFFICI	AL
21. TYPED NAME	22. TITLE	
Todd McMillion	Director, Division of Reimbursement F	Review
23. REMARKS		
Pen and Ink Changes-Box 6 to update the Federal Statute/Regulation Cita	ation and Box 7 to update the Federal Budget	Impact-J. Bennett

New York 2(v)

Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs) (Supplemental Payments for Non-State Government Clinics)

1905(a)(9) Clinic Services

1. New York City Health and Hospitals Corporation (HHC) operated DTCs

Effective for the period April 1, 2011, through March 31, 2012, the Department of Health will increase medical assistance rates of payment for diagnostic and treatment center (DTC) services provided by public DTCs operated by the New York City Health and Hospitals Corporation (HHC), at the annual election of the social services district in which an eligible DTC is physically located. The amount to be paid will be \$12.6 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible HHC DTC.

2. County Operated DTCs and mental hygiene clinics

Effective for the period April 1, 2021, through March 31, 2022, the Department of Health will increase the medical assistance rates of payment for county operated DTCs and mental hygiene clinics, excluding those facilities operated by the New York City HHC. Local social services districts, will on an annual basis, decline such increased payments within thirty days following receipt of notification. The amount to be paid will be \$2,503,413 million.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible county operated DTC and mental hygiene clinic.

Approval Date	April 10, 2023
Effective Date	April 1, 2021