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State/Territory Name: NY

State Plan Amendment (SPA): NY-23-0003

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 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

June 15, 2023

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

RE: New York Plan Amendment (SPA) Transmittal Number 23-0003

Dear Director Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30th, 2023. This plan updates the rates for Residential Stabilization and Residential Rehabilitation.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1st, 2023. 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehal 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page: 10(a.1)(b)	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE March 01, 2023 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
9. SUBJECT OF AMENDMENT OASAS Part 820 March 2023 Residential Rate Increase 10. COVERNOR'S REVIEW (Charle One)		
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:	
12. TYPED NAME Amir Bassiri	RETURN TO w York State Department of Health ision of Finance and Rate Setting Washington Ave – One Commerce Plaza te 1432 any, NY 12210	
FOR CMS USE ONLY		
16. DATE RECEIVED March 30, 2023	June 15, 2023	
PLAN APPROVED - ON	·	
18. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL	TITLE OF APPROVING OFFICIAL	
Todd McMillion	Director, Division of Reimbursement Review	
22. REMARKS		

New York 10(a.1)(b)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective March 1, 2023, the downstate region fee for Residential Stabilization will receive a 5.6% rate increase for parity to the upstate region. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

TN #23-0003	Approval Date	June 15, 2023
Supersedes TN #NEW	Effective Date	March 1, 2023