

## **Table of Contents**

**State/TerritoryName: NY**

**State Plan Amendment(SPA) #: 21-0069**

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**

April 12, 2024

Amir Bassiri  
State Medicaid Director  
New York State Department of Health  
99 Washington Ave- One Commerce Plaza, Suite 1605  
Albany, NY 12237

RE: State Plan Amendment (SPA) TN 21-0069

Dear Director Bassiri:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0069. Effective 12/31/2021, this amendment provides for minimum wage increases for psychiatric residential treatment facility (PRTF) service providers.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you that New York 21-0069 is approved effective December 31, 2021. The CMS-179 and approved plan pages are enclosed.

If you have any questions, please contact Novena James-Hailey at (617) 565-1291 or [Novena.JamesHailey@cms.hhs.gov](mailto:Novena.JamesHailey@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

Enclosures

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

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>6</u> <u>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)	
4. PROPOSED EFFECTIVE DATE December 31, 2021	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 <del>§ 1905(r)(5) of the Social Security Act and 42 CFR 447-1905(a)(16) Inpatient Psychiatric Hospital-PRTF</del>	7. FEDERAL BUDGET IMPACT a. FFY <u>12/31/21-09/30/22</u> \$ <del>6.85</del> <u>6,150.00</u> b. FFY <u>10/01/22-09/30/23</u> \$ <del>8.20</del> <u>8,200.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-A Part III Page: 4(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19-A Part III Page: 4(b)

10. SUBJECT OF AMENDMENT  
~~Minimum Wage- RTF~~ **Minimum Wage-PRTF**  
(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 	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 Brett R. Friedman	
14. TITLE Acting Medicaid Director, Department of Health	
15. DATE SUBMITTED December 30, 2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED December 30, 2021	18. DATE APPROVED April 12, 2024
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Rory Howe	22. TITLE Director, Financial Management Group

23. REMARKS **Pen and Ink changes:**

**Box 6- Federal Statute/Regulation Citation- § 1905(a)(16) Inpatient Psychiatric Hospital – PRTF**

**Box 7- Federal Budget Impact**  
a. FFY 12/31/21-09/30/22 \$6,150.00  
b. FFY 10/01/22-09/30/23 \$8,200.00

**Box 10- Subject of Amendment - Minimum Wage-PRTF**

**New York  
4(b)**

**1905(a)(16) Inpatient Psychiatric Hospital – PRTF**

**Adjustment for Minimum Wage Increases** - Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to all residential treatment facility rates.

Minimum Wage (MW) Region	12/31/2016	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021
New York City	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
Nassau, Suffolk, & Westchester counties	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
Remainder of the State	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	\$13.20*

\*Effective January 1, 2022, the minimum wage value for the Remainder of the State will be \$13.20.

The minimum wage adjustment will be developed and implemented as follows:

1. Minimum wage costs will mean the additional costs incurred beginning January 1, 2017, and thereafter, as a result of New York State statutory increases to minimum wages until all regions of the State reach \$15.00 per hour.
2. The 2017 facility specific minimum wage add-on will be developed based on collected survey data received and attested to by residential treatment facility providers. If a facility does not submit a survey, the minimum wage add-on will be calculated based on the facility’s Consolidated Fiscal Report (CFR) wage data from two years prior to the period being calculated. If a facility fails to submit both the attested survey and the CFR cost report, the facility’s minimum wage add-on will not be calculated.
  - i. Minimum wage cost development based on survey data collected.
    - a. Survey data will be collected for facility specific wage data.
    - b. Facilities will report by wage bands, the total count of FTEs and total hours paid to all employees (contracted and non-contracted staff) earning less than the statutory minimum wage applicable for each region.
    - c. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
    - d. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the facility has reported total hours paid. To this result, the facility’s average fringe benefit percentage is applied and added to the costs.
  - ii. Minimum wage cost development based on the CFR cost report data.
    - a. The average hourly wages of employees where the reported average hourly wage is below the regional statutory minimum wage are identified.
    - b. The total payroll hours of the employees identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.
    - c. The facility’s fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
    - d. The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.

**TN #21-0069** \_\_\_\_\_

**Approval Date** April 12, 2024

**Supersedes TN #17-0010** \_\_\_\_\_

**Effective Date** December 31, 2021