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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0014

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 24, 2020

Donna Frescatore
Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

RE: NY-20-0014

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0014. This amendment provides a workforce salary increase for qualified Office of Mental Health (OMH) licensed services. Additionally, this state plan amendment also considers labor costs resulting from statutorily required increases in the New York State minimum wage.

Based upon the information provided by New York, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

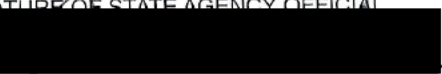
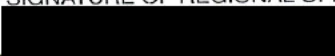
If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

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 0 — 0 0 1 4</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 January 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One)			
<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 (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION §1902(a)(30) of the Social Security Act and 42 CFR 447		7. FEDERAL BUDGET IMPACT a. FFY 01/01/2020-09/30/2020 \$ \$4,258.38 b. FFY 10/01/2020-09/30/2021 \$ \$8,093.41	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachments: 4.19-B - 2(s.3), 2(s.5), 3(j.1), 3(j.1a), 3(j.2), 3(j.2a), 3k(1), 3k(1a), 3k(1b), 3k(2), 3k(2a), 3k(3), 3k(4), 3k(6), 3L-4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachments: 4.19-B - 2(s.3), 2(s.5), 3(j.1), 3(j.1a), 3(j.2), 3(j.2a), 3k(1), 3k(2), 3k(3), 3k(3), 3k(6), 3L-4,	
10. SUBJECT OF AMENDMENT Minimum Wage - COLA - OMH (FMAP=50%)			
11. GOVERNOR'S REVIEW (Check One)			
<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 March 30, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED 6/24/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
23. REMARKS			

**New York
2(s.3)**

VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

VIII. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI findings and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics

Peer Group	Base Rates Effective [04/01/16] <u>01/01/20</u>	Base Rates Effective <u>04/01/20</u>
Upstate freestanding clinics without quality improvement enhancement	[\$136.90] <u>\$139.89</u>	<u>\$140.97</u>
Downstate freestanding clinics without quality improvement enhancement	[\$152.08] <u>\$155.40</u>	<u>\$156.60</u>
Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement	[\$190.80] <u>\$194.97</u>	<u>\$196.47</u>
Upstate freestanding clinics including quality improvement enhancement	[142.16] <u>\$145.27</u>	<u>\$146.39</u>
Downstate freestanding clinics including quality improvement enhancement	[\$157.92] <u>\$161.37</u>	<u>\$162.62</u>
Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement	[\$198.12] <u>\$202.45</u>	<u>\$204.01</u>
[State-operated mental health clinics (Effective until 04/30/16)]	\$247.42]	

TN 20-0014 Approval Date 6/24/20

Supersedes TN #16-0041 Effective Date January 1, 2020

**New York
3(j.1)**

▪ **Units of Service –**

- Half Day – minimum two hours
- Full Day – minimum four hours
- Collateral Visit – minimum of 30 minutes
- Preadmission and Group Collateral Visits – minimum of one hour
- Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective [June 1, 2017] January 1, 2020, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	[\$31.10] \$31.78	[\$28.02] \$28.64	[\$27.53] \$28.14
4311	Half Day 41-64 Cumulative Hours	[\$23.33] \$23.84	[\$23.35] \$23.86	[\$23.37] \$23.88
4312	Half Day 65+ Cumulative Hours	[\$17.19] \$17.57	[\$17.21] \$17.59	[\$17.22] \$17.60
4316	Full Day 1-40 Cumulative Hours	[\$62.20] \$63.58	[\$56.03] \$57.26	[\$55.03] \$56.25
4317	Full Day 41-64 Cumulative Hours	[\$46.65] \$47.69	[\$46.69] \$47.73	[\$46.73] \$47.77
4318	Full Day 65+ Cumulative Hours	[\$34.37] \$35.13	[\$34.40] \$35.16	[\$34.43] \$35.21
4325	Collateral Visit	[\$31.10] \$31.78	[\$28.02] \$28.64	[\$27.53] \$28.14
4331	Group Collateral Visit	[\$31.10] \$31.78	[\$28.02] \$28.64	[\$27.53] \$28.14
4337	Crisis Visit	[\$31.10] \$31.78	[\$28.02] \$28.64	[\$27.53] \$28.14
4346	Preadmission Visit	[\$31.10] \$31.78	[\$28.02] \$28.64	[\$27.53] \$28.14

TN 20-0014 Approval Date 6/24/20

Supersedes TN 16-0041 Effective Date January 1, 2020

**New York
3(j.1a)**

Effective April 1, 2020, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	\$32.20	\$29.02	\$28.51
4311	Half Day 41-64 Cumulative Hours	\$24.15	\$24.17	\$24.19
4312	Half Day 65+ Cumulative Hours	\$17.80	\$17.82	\$17.83
4316	Full Day 1-40 Cumulative Hours	\$64.42	\$58.01	\$56.99
4317	Full Day 41-64 Cumulative Hours	\$48.32	\$48.36	\$48.40
4318	Full Day 65+ Cumulative Hours	\$35.59	\$35.62	\$35.67
4325	Collateral Visit	\$32.20	\$29.02	\$28.51
4331	Group Collateral Visit	\$32.20	\$29.02	\$28.51
4337	Crisis Visit	\$32.20	\$29.02	\$28.51
4346	Preadmission Visit	\$32.20	\$29.02	\$28.51

[Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:]

[Statewide Continuing Day Treatment Rates for Freestanding Clinics (State-Operated)]

Rate Code	Description	Statewide Rate
4310	Half Day 1-40 Cumulative Hours	\$137.00
4311	Half Day 41-64 Cumulative Hours	\$102.75
4312	Half Day 65+ Cumulative Hours	\$75.35
4316	Full Day 1-40 Cumulative Hours	\$274.00
4317	Full Day 41-64 Cumulative Hours	\$205.50
4318	Full Day 65+ Cumulative Hours	\$150.70
4325	Collateral Visit	\$137.00
4331	Group Collateral Visit	\$137.00
4337	Crisis Visit	\$137.00
4346	Preadmission Visit	\$137.00]

TN 20-0014

Approval Date 6/24/20

Supersedes TN 10-0018

Effective Date January 1, 2020

**New York
3(j.2)**

Continuing Day Treatment Services:**Reimbursement Methodology for Outpatient Hospital Services****[Effective June 1, 2017]****Definitions:**

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service** - Half Day – Minimum two hours
Full Day – Minimum four hours
Collateral Visit – minimum of 30 minutes
Preadmission and Group Collateral Visits – minimum of one hour
Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

[Effective June 1, 2017, r] Reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers (Non-State Operated)

Rate Code	Description	Statewide Rate Effective 01/01/2020	Statewide Rate Effective 04/01/2020
4310	Half Day 1-40 Cumulative Hours	[\$41.73] \$42.66	\$43.22
4311	Half Day 41+ Cumulative Hours	[\$31.30] \$32.00	\$32.42
4316	Full Day 1-40 Cumulative Hours	[\$62.28] \$63.67	\$64.51
4317	Full Day 41+ Cumulative Hours	[\$46.71] \$47.75	\$48.38
4325	Collateral Visit	[\$41.73] \$42.66	\$43.22
4331	Group Collateral Visit	[\$41.73] \$42.66	\$43.22
4337	Crisis Visit	[\$41.73] \$42.66	\$43.22
4346	Preadmission Visit	[\$41.73] \$42.66	\$43.22

TN 20-0014
Supersedes TN #16-0041

Approval Date 6/24/20
Effective Date January 1, 2020

**New York
3(j.2a)**

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Statewide Continuing Day Treatment Rates for [Freestanding Clinics] Hospital-Based Outpatient Providers (State-Operated)

<u>Rate Code</u>	<u>Description</u>	<u>Statewide Rate</u>
<u>4310</u>	<u>Half Day 1-40 Cumulative Hours</u>	<u>\$137.00</u>
<u>4311</u>	<u>Half Day 41-64 Cumulative Hours</u>	<u>\$102.75</u>
<u>4312</u>	<u>Half Day 65+ Cumulative Hours</u>	<u>\$75.35</u>
<u>4316</u>	<u>Full Day 1-40 Cumulative Hours</u>	<u>\$274.00</u>
<u>4317</u>	<u>Full Day 41-64 Cumulative Hours</u>	<u>\$205.50</u>
<u>4318</u>	<u>Full Day 65+ Cumulative Hours</u>	<u>\$150.70</u>
<u>4325</u>	<u>Collateral Visit</u>	<u>\$137.00</u>
<u>4331</u>	<u>Group Collateral Visit</u>	<u>\$137.00</u>
<u>4337</u>	<u>Crisis Visit</u>	<u>\$137.00</u>
<u>4346</u>	<u>Preadmission Visit</u>	<u>\$137.00</u>

TN #20-0014 Approval Date 6/24/20

Supersedes TN 10-0018 Effective Date January 1, 2020

**New York
3k(1)**

RESERVED

[Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	\$116.62	\$153.20	\$128.66	\$88.67	\$109.34
4350	Service Duration 5 hours	\$145.78	\$191.51	\$160.82	\$110.84	\$136.67
4351	Service Duration 6 hours	\$174.93	\$229.81	\$192.99	\$133.01	\$164.01
4352	Service Duration 7 hours	\$204.09	\$268.11	\$225.15	\$155.18	\$191.34
4353	Collateral 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4354	Collateral 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67
4355	Group Collateral 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4356	Group Collateral 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67

Crisis effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4358	Crisis 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67
4359	Crisis 3 hours	\$87.47	\$114.90	\$96.49	\$66.50	\$82.00
4360	Crisis 4 hours	\$116.62	\$153.20	\$128.66	\$88.67	\$109.34
4361	Crisis 5 hours	\$145.78	\$191.51	\$160.82	\$110.84	\$136.67
4362	Crisis 6 hours	\$174.93	\$229.81	\$192.99	\$133.01	\$164.01
4363	Crisis 7 hours	\$204.09	\$268.11	\$225.15	\$155.18	\$191.34

Preadmission effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4358	Preadmission 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67
4359	Preadmission 3 hours	\$87.47	\$114.90	\$96.49	\$66.50	\$82.00
4349	Preadmission 4 hours	\$116.62	\$153.20	\$128.66	\$88.67	\$109.34
4350	Preadmission 5 hours	\$145.78	\$191.51	\$160.82	\$110.84	\$136.67
4351	Preadmission 6 hours	\$174.93	\$229.81	\$192.99	\$133.01	\$164.01
4352	Preadmission 7 hours	\$204.09	\$268.11	\$225.15	\$155.18	\$191.34

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TN 20-0014 Approval Date 6/24/20

Supersedes TN 16-0041 Effective Date January 1, 2020

**New York
3k(1a)**

Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective January 1, 2020

<u>Rate Code</u>	<u>Description</u>	<u>Long Island Region</u>	<u>NYC Region</u>	<u>Hudson River Region</u>	<u>Central Region</u>	<u>Western Region</u>
4349	Service Duration 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4350	Service Duration 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4351	Service Duration 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4352	Service Duration 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45
4353	Collateral 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4354	Collateral 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4355	Group Collateral 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4356	Group Collateral 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56

Crisis effective January 1, 2020

<u>Rate Code</u>	<u>Description</u>	<u>Long Island Region</u>	<u>NYC Region</u>	<u>Hudson River Region</u>	<u>Central Region</u>	<u>Western Region</u>
4357	Crisis 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4358	Crisis 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4359	Crisis 3 hours	\$88.89	\$116.77	\$98.06	\$67.58	\$83.33
4360	Crisis 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4361	Crisis 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4362	Crisis 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4363	Crisis 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45

Preadmission effective January 1, 2020

<u>Rate Code</u>	<u>Description</u>	<u>Long Island Region</u>	<u>NYC Region</u>	<u>Hudson River Region</u>	<u>Central Region</u>	<u>Western Region</u>
4357	Preadmission 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4358	Preadmission 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4359	Preadmission 3 hours	\$88.89	\$116.77	\$98.06	\$67.58	\$83.33
4349	Preadmission 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4350	Preadmission 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4351	Preadmission 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4352	Preadmission 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45

TN 20-0014 Approval Date 6/24/20

Supersedes TN NEW Effective Date January 1, 2020

**New York
3k(1b)**

Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective April 1, 2020

<u>Rate Code</u>	<u>Description</u>	<u>Long Island Region</u>	<u>NYC Region</u>	<u>Hudson River Region</u>	<u>Central Region</u>	<u>Western Region</u>
4349	Service Duration 4 hours	\$120.18	\$157.88	\$132.59	\$91.38	\$112.69
4350	Service Duration 5 hours	\$150.24	\$197.36	\$165.73	\$114.23	\$140.85
4351	Service Duration 6 hours	\$180.28	\$236.83	\$198.88	\$137.08	\$169.02
4352	Service Duration 7 hours	\$210.32	\$276.30	\$232.04	\$159.92	\$197.19
4353	Collateral 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4354	Collateral 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34
4355	Group Collateral 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4356	Group Collateral 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34

Crisis effective April 1, 2020

<u>Rate Code</u>	<u>Description</u>	<u>Long Island Region</u>	<u>NYC Region</u>	<u>Hudson River Region</u>	<u>Central Region</u>	<u>Western Region</u>
4357	Crisis 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4358	Crisis 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34
4359	Crisis 3 hours	\$90.14	\$118.42	\$99.44	\$68.53	\$84.50
4360	Crisis 4 hours	\$120.18	\$157.88	\$132.59	\$91.38	\$112.69
4361	Crisis 5 hours	\$150.24	\$197.36	\$165.73	\$114.23	\$140.85
4362	Crisis 6 hours	\$180.28	\$236.83	\$198.88	\$137.08	\$169.02
4363	Crisis 7 hours	\$210.32	\$276.30	\$232.04	\$159.92	\$197.19

Preadmission effective April 1, 2020

<u>Rate Code</u>	<u>Description</u>	<u>Long Island Region</u>	<u>NYC Region</u>	<u>Hudson River Region</u>	<u>Central Region</u>	<u>Western Region</u>
4357	Preadmission 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4358	Preadmission 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34
4359	Preadmission 3 hours	\$90.14	\$118.42	\$99.44	\$68.53	\$84.50
4349	Preadmission 4 hours	\$120.18	\$157.88	\$132.59	\$91.38	\$112.69
4350	Preadmission 5 hours	\$150.24	\$197.36	\$165.73	\$114.23	\$140.85
4351	Preadmission 6 hours	\$180.28	\$236.83	\$198.88	\$137.08	\$169.02
4352	Preadmission 7 hours	\$210.32	\$276.30	\$232.04	\$159.92	\$197.19

TN 20-0014 Approval Date 6/24/20

Supersedes TN NEW Effective Date January 1, 2020

**New York
3k(2)**

[Comprehensive Outpatient Programs – 14 NYCRR Part 592 - Reimbursement Methodology

OMH will develop provider specific rate supplements to fees for outpatient mental health programs licensed exclusively by OMH and rates promulgated by OMH for outpatient mental health programs operated by general hospitals and licensed by OMH based upon expenditures approved by OMH to outpatient programs licensed pursuant to 14 NYCRR Parts 585 and 587 which are designated by county mental health departments or OMH. The method of reimbursement identified in this paragraph sunsets on October 31, 2013.]

Day Treatment Services for Children:

Reimbursement Methodology for Freestanding Clinics

Definitions:

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.
Rest of State: All other counties in the State of New York
- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours
Half Day, including Preadmission Half Day – Three to five hours
Brief Day – At least one but less than three hours
Collateral Visit – minimum of 30 minutes
Crisis Visit – minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective [June 1, 2017] January 1, 2020, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4061	Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] <u>\$48.63</u>
4062	Brief Day	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4064	Crisis Visit	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4065	Preadmission Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4066	Collateral Visit	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4067	Preadmission Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] <u>\$48.63</u>

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**New York
3k(2a)**

Day Treatment Services for Children:

Effective April 1, 2020, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

<u>Rate Code</u>	<u>Description</u>	<u>New York City</u>	<u>Rest of State</u>
<u>4060</u>	<u>Full Day</u>	<u>\$102.48</u>	<u>\$99.07</u>
<u>4061</u>	<u>Half Day</u>	<u>\$51.26</u>	<u>\$49.53</u>
<u>4062</u>	<u>Brief Day</u>	<u>\$34.17</u>	<u>\$32.96</u>
<u>4064</u>	<u>Crisis Visit</u>	<u>\$102.48</u>	<u>\$99.07</u>
<u>4065</u>	<u>Preadmission Full Day</u>	<u>\$102.48</u>	<u>\$99.07</u>
<u>4066</u>	<u>Collateral Visit</u>	<u>\$34.17</u>	<u>\$32.96</u>
<u>4067</u>	<u>Preadmission Half Day</u>	<u>\$51.26</u>	<u>\$49.53</u>

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**New York
3k(3)**

Day Treatment Services for Children:**Reimbursement Methodology for Outpatient Hospital Services****Definitions:**

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.
Rest of State: All other counties in the State of New York
- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours
Half Day, including Preadmission Half Day – Three to five hours
Brief Day – At least one but less than three hours
Collateral Visit – minimum of 30 minutes
Crisis Visit – minimum of 30 minutes
Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective June 1, 2017, reimbursement rates for State-operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Statewide Day Treatment Services for Children Rates for State-Operated Providers

Rate Code	Description	Statewide Rate
4060	Full Day	\$375.00
4061	Half Day	\$187.85
4062	Brief Day	\$124.55
4064	Crisis Service	\$375.00
4065	Preadmission Full Day	\$375.00
4066	Collateral	\$124.55
4067	Preadmission Half Day	\$187.50

Reimbursement does not include a per-visit payment for the cost of capital.

[Day Treatment Services for Children:**Reimbursement Methodology for Outpatient Hospital Services**

Effective June 1, 2017, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Definitions:

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.
Rest of State: All other counties in the State of New York
- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours
Half Day, including Preadmission Half Day – Three to five hours
Brief Day – At least one but less than three hours
Collateral Visit – minimum of 30 minutes
Crisis Visit – minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.]

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**New York
3k(4)**

**Regional Day Treatment for Children Rates for Outpatient Hospital Services
(Non-State Operated)**

Effective January 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
4060	Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4061	Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] <u>\$48.63</u>
4062	Brief Day	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4064	Crisis Visit	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4065	Pre-Admission Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4066	Collateral Visit	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4067	Pre-Admission Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] <u>\$48.63</u>

Effective April 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
<u>4060</u>	<u>Full Day</u>	<u>\$102.48</u>	<u>\$99.07</u>
<u>4061</u>	<u>Half Day</u>	<u>\$51.26</u>	<u>\$49.53</u>
<u>4062</u>	<u>Brief Day</u>	<u>\$34.17</u>	<u>\$32.96</u>
<u>4064</u>	<u>Crisis Visit</u>	<u>\$102.48</u>	<u>\$99.07</u>
<u>4065</u>	<u>Pre-Admission Full Day</u>	<u>\$102.48</u>	<u>\$99.07</u>
<u>4066</u>	<u>Collateral Visit</u>	<u>\$34.17</u>	<u>\$32.96</u>
<u>4067</u>	<u>Pre-Admission Half Day</u>	<u>\$51.26</u>	<u>\$49.53</u>

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

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- b. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for minimum wage costs by multiplying rates then in effect by the minimum wage increase percentage as determined pursuant to section (a), above.
- c. After the end of each CFR reporting year beginning in 2018, the Office of Mental Health will review providers' CFR submissions to ensure the average hourly wages of employees in all occupational titles comply with minimum wage standards. OMH may reconcile and recoup minimum wage rate increases paid to providers that do not submit their CFRs according to established reporting deadlines or that are found not to be in compliance with wage standards if the Office of Mental Health deems such recoupment to be cost effective. In addition, OMH will investigate provider compliance with applicable labor laws and refer noncompliant providers to the Office of the Medicaid Inspector General.

[II. Direct Support, Direct Care and Clinical Professionals Compensation Increases

Effective on both January 1, 2018 and April 1, 2018, a direct care compensation increase will be developed and implemented for Direct Support and Direct Care Professionals. Also, effective April 1, 2018, a clinical compensation increase will be developed and implemented for Clinical Professionals. Such increases will apply to the rates for OMH-licensed Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children, except rates for State-operated. Employee wage information is based on 2014-2015 CFR cost report data.

- a. Rate increases effective January 1, 2018 are calculated as follows:
- i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases) are increased by 3.25%.
 - ii. Such wage increase is divided by the total operating expenditures reported in the CFR to derive a direct care compensation factor.
 - iii. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for direct care compensation by multiplying the rates then in effect by the direct care compensation factor calculated pursuant to subsection a(ii).
- b. Rate increases effective April 1, 2018 are calculated as follows:
- i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases and the increase specified in subsection (a)(i), above) are increased by 3.25%.
 - ii. The total wages of employees in Clinical Professional occupational titles are increased by 3.25%.
 - iii. Wage increases calculated pursuant to subsections (b)(i) and (ii), above are combined and then the sum is divided by the total operating expenditures reported in the CFR to derive a direct care and clinical compensation factor.
 - iv. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for direct care and clinical compensation by multiplying the rates then in effect by the direct care and clinical compensation factor calculated pursuant to subsection b(iii).]

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Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider shall not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: PROS rates of payment are adjusted, effective January 1, 2020 for the minimum wage increase and direct care compensation increases. PROS rates of payment are adjusted, effective April 1, 2020, for direct care and clinical compensation increases.

PROS rates of payment are available on the OMH website at:
http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

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