

## **Table of Contents**

**State/Territory Name: NY**

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

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



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**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 29<sup>th</sup>, 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 1<sup>st</sup>, 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](mailto: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

2 1 — 0 0 3 1

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

April 01, 2021

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION ~~§1902(r)(5) of the Social Security Act, and 42 CFR 447~~ §1905(a)(9) Clinic Services

7. FEDERAL BUDGET IMPACT

a. FFY 04/01/21-09/30/21 \$ 690.65 **\$625,853.00**b. FFY 10/01/21-09/30/22 \$ 690.65 **\$625,853.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: Page 2(v)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B: Page 2(v)

10. SUBJECT OF AMENDMENT

2021 Clinic UPL Payments  
(FMAP=50%)11. 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. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

June 29, 2021

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

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

06/29/2021

18. DATE APPROVED

April 10, 2023

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

Pen and Ink Changes-Box 6 to update the Federal Statute/Regulation Citation 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.