

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 21-0044**

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**

March 15, 2022

Brett R. Friedman  
Acting Medicaid Director  
99 Washington Ave – One Commerce Plaza Suite 1432  
Albany, NY 12210

RE: TN 21-0044

Dear Mr. Friedman:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 21-0044, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This plan amendment implements a 1% Cost of Living Adjustment to the reimbursement fees for the NYS office of Mental Health Licensed Outpatient and Rehabilitative programs.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. 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 Kristina Mack-Webb at 617-565-1225 or [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@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 4 4

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

July 1, 2021

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

§1902(a) of the Social Security Act, and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 07/01/21-09/30/21 \$ 864.36 648,271.00

b. FFY 10/01/21-09/30/22 \$ 2,593.10 2,593,083.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 4.19-B Page(s): 2(s.3), 3(j.1), 3(j.1a), 3(j.2), 3k(1a), 3k(1b), 3k(1b.1), 3k(2), 3k(2.a), 3k(4), 3L4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment: 4.19-B Page(s): 2(s.3), 3(j.1), 3(j.1a), 3(j.2), 3k(1a), 3k(1b), 3k(2), 3k(2.a), 3k(4), 3L4

10. SUBJECT OF AMENDMENT

1% COLA for OMH Licensed OP Programs  
(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 REGIONAL OFFICIAL

[Redacted Signature]

13. TYPED NAME

Brett Friedman

14. TITLE

Acting Medicaid Director, Department of Health

15. DATE SUBMITTED

~~September 30, 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

~~September 30, 2021~~

18. DATE APPROVED

March 15, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

03/03/22 The state authorized a pen and ink change to block 7.

**New York  
2(s.3)****1905(a)(9) Clinic Services****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**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH outpatient mental health services providers. The agency's fee schedule rate was set as of July 1, 2021, and is effective for services provided on or after that date. All rates are published on the State's website at: [https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

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

**1905(a)(9) Clinic Services  
Continuing Day Treatment**

▪ **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.

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

**1905(a)(9) Clinic Services****Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)**

Effective July 1, 2021, 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:

<b>Rate Code</b>	<b>Description</b>	<b>Downstate Region</b>	<b>Western Region</b>	<b>Upstate Region</b>
4310	Half Day 1-40 Cumulative Hours	\$32.58	\$29.36	\$28.85
4311	Half Day 41-64 Cumulative Hours	\$24.44	\$24.46	\$24.48
4312	Half Day 65+ Cumulative Hours	\$18.01	\$18.03	\$18.04
4316	Full Day 1-40 Cumulative Hours	\$65.18	\$58.70	\$57.66
4317	Full Day 41-64 Cumulative Hours	\$48.89	\$48.93	\$48.97
4318	Full Day 65+ Cumulative Hours	\$36.01	\$36.44	\$36.10
4325	Collateral Visit	\$32.58	\$29.36	\$28.85
4331	Group Collateral Visit	\$32.58	\$29.36	\$28.85
4337	Crisis Visit	\$32.58	\$29.36	\$28.85
4346	Preadmission Visit	\$32.58	\$29.36	\$28.85

TN 21-0044

Approval Date March 15, 2022

Supersedes TN 20-0014

Effective Date July 1, 2021

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

**1905(a)(9) Clinic Services****Continuing Day Treatment Services:****Reimbursement Methodology for Outpatient Hospital Services****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.

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)**

<b>Rate Code</b>	<b>Description</b>	<b>Statewide Rate Effective 07/01/2021</b>
4310	Half Day 1-40 Cumulative Hours	\$43.81
4311	Half Day 41+ Cumulative Hours	\$32.80
4316	Full Day 1-40 Cumulative Hours	\$65.27
4317	Full Day 41+ Cumulative Hours	\$48.95
4325	Collateral Visit	\$43.73
4331	Group Collateral Visit	\$43.73
4337	Crisis Visit	\$43.73
4346	Preadmission Visit	\$43.73

TN 21-0044  
Supersedes TN #20-0014

Approval Date March 15, 2022  
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**New York  
3k(1a)  
Reserved**

**TN 21-0044 Approval Date March 15, 2022**

**Supersedes TN 20-0014 Effective Date July 1, 2021**



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

**Reserved**

**TN 21-0044 Approval Date March 15, 2022**

**Supersedes TN 20-0014 Effective Date July 1, 2021**

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

**1905(a)(9) Clinic Services**

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital  
Partial Hospitalization Services effective July 1, 2021**

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	\$121.39	\$159.46	\$133.92	\$92.30	\$113.82
4350	Service Duration 5 hours	\$151.75	\$199.34	\$167.40	\$115.37	\$142.26
4351	Service Duration 6 hours	\$182.08	\$239.20	\$200.88	\$138.45	\$170.72
4352	Service Duration 7 hours	\$212.43	\$279.06	\$234.36	\$161.53	\$199.17
4353	Collateral 1 hour	\$30.35	\$39.86	\$33.47	\$23.08	\$28.44
4354	Collateral 2 hours	\$60.70	\$79.73	\$66.96	\$46.15	\$56.91
4355	Group Collateral 1 hour	\$30.35	\$39.86	\$33.47	\$23.08	\$28.44
4356	Group Collateral 2 hours	\$60.70	\$79.73	\$66.96	\$46.15	\$56.91

**Crisis effective July 1, 2021**

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	\$30.35	\$39.86	\$33.47	\$23.08	\$28.44
4358	Crisis 2 hours	\$60.70	\$79.73	\$66.96	\$46.15	\$56.91
4359	Crisis 3 hours	\$91.05	\$119.60	\$100.44	\$69.22	\$85.35
4360	Crisis 4 hours	\$121.39	\$159.46	\$133.92	\$92.30	\$113.82
4361	Crisis 5 hours	\$151.75	\$199.34	\$167.40	\$115.37	\$142.26
4362	Crisis 6 hours	\$182.08	\$239.20	\$200.88	\$138.45	\$170.72
4363	Crisis 7 hours	\$212.43	\$279.06	\$234.36	\$161.53	\$199.17

**Preadmission effective July 1, 2021**

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	\$30.35	\$39.86	\$33.47	\$23.08	\$28.44
4358	Preadmission 2 hours	\$60.70	\$79.73	\$66.96	\$46.15	\$56.91
4359	Preadmission 3 hours	\$91.05	\$119.60	\$100.44	\$69.22	\$85.35
4349	Preadmission 4 hours	\$121.39	\$159.46	\$133.92	\$92.30	\$113.82
4350	Preadmission 5 hours	\$151.75	\$199.34	\$167.40	\$115.37	\$142.26
4351	Preadmission 6 hours	\$182.08	\$239.20	\$200.88	\$138.45	\$170.72
4352	Preadmission 7 hours	\$212.43	\$279.06	\$234.36	\$161.53	\$199.17

TN 21-0044Approval Date March 15, 2022Supersedes TN NEWEffective Date July 1, 2021

**New York  
3k(2)**

**1905(a)(9) Clinic Services**

**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.

TN 21-0044

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New York  
3k(2a)

1905(a)(9) Clinic Services  
Day Treatment Services for Children:

Effective July 1, 2021, 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	\$103.51	\$100.17
4061	Half Day	\$51.77	\$50.09
4062	Brief Day	\$34.52	\$33.33
4064	Crisis Visit	\$103.51	\$100.17
4065	Preadmission Full Day	\$103.51	\$100.17
4066	Collateral Visit	\$34.52	\$33.33
4067	Preadmission Half Day	\$51.77	\$50.09

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**New York  
3k(4)**

**1905(a)(9) Clinic Services  
Regional Day Treatment for Children Rates for Outpatient Hospital Services  
(Non-State Operated)**

Effective July 1, 2021, 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:

<b>Rate Code</b>	<b>Description</b>	<b>New York City</b>	<b>Rest of State</b>
4060	Full Day	\$103.51	\$100.17
4061	Half Day	\$51.77	\$50.09
4062	Brief Day	\$34.52	\$33.33
4064	Crisis Visit	\$103.51	\$100.17
4065	Pre-Admission Full Day	\$103.51	\$100.17
4066	Collateral Visit	\$34.52	\$33.33
4067	Pre-Admission Half Day	\$51.77	\$50.09

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.

TN 21-0044 Approval Date March 15, 2022

Supersedes TN 20-0014 Effective Date July 1, 2021

New York  
3L-4

**1905(a)(13) Rehabilitative Services**

**Intensive Rehabilitation (IR):**

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will 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 will 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 will 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 July 1, 2021, for a one percent cost of living adjustment increase. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

PROS rates of payment are available on the OMH website at:  
[http://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](http://www.omh.ny.gov/omhweb/medicaid_reimbursement/)

**TN**   #21-0044  

**Approval Date**   March 15, 2022  

**Supersedes TN**   #21-0019  

**Effective Date**   July 1, 2021