## **Table of Contents**

# **State/Territory Name: NY**

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

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
Approved SPA Page

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

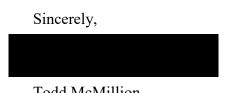
### RE: New York Plan Amendment (SPA) Transmittal Number 23-0003

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 30<sup>th</sup>, 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 1<sup>st</sup>, 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.



Todd McMillion Director Division of Reimbursement Review

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER   2. STATE     2   3. —   0   0   3.     3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL     SECURITY ACT   XIX   XXI     4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES	March 01, 2023
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehab	b FFV 40/01/23-09/30/24 \$ 10,478
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page: 10(a.1)(b)	Attachment: NEW
9. SUBJECT OF AMENDMENT OASAS Part 820 March 2023 Residential Rate Increase	
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	O OTHER, AS SPECIFIED:
	5. RETURN TO
	lew York State Department of Health Division of Finance and Rate Setting
12. TYPED NAME Amir Bassiri	9 Washington Ave – One Commerce Plaza
13. TITLE	uite 1432 Ibany, NY 12210
Medicaid Director	
14. DATE SUBMITTED March 30, 2023	
FOR CMS USE ONLY	
16. DATE RECEIVED 1 March 30, 2023	7. DATE APPROVED June 15, 2023
PLAN APPROVED - ON	
	9. SIGNATURE OF APPROVING OFFICIAL
March 1, 2023	
20. TYPED NAME OF APPROVING OFFICIAL	1. 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

ΤN	#23-0003

Supersedes TN <u>#NEW</u>

Approval DateJune 15, 2023Effective DateMarch 1, 2023