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State/Territory Name: NY

State Plan Amendment (SPA): NY-23-0087

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

June 28, 2024

Amir Bassiri
New York State Medicaid Director
Department of Health (DOH)
99 Washington Ave-One Commerce Plaza Suite 1432
Albany, NY 12210

RE: TN 23-0087

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) NY-23-0087 to Attachment 4.19-B, which was submitted to CMS on September 29, 2023. This plan amendment increases the reimbursement rates for Early Intervention (EI) transportation service one-way trips to authorized EI services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 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 410-786-1167 or via email at 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 <u>2 3</u> — <u>0 0 8 7</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)4(B) Early and Periodic Screening, Diagnostic, and Treatment

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 07/01/23-09/30/23 \$ 0
b. FFY 10/01/23-09/30/24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B: Page 1(a)(iii)(2)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B: Page 1(a)(iii)(2)

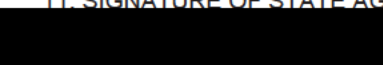
9. SUBJECT OF AMENDMENT

Transportation Rate Increase for Early Intervention

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director


14. DATE SUBMITTED
September 29, 2023

15. 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 CMS USE ONLY

16. DATE RECEIVED 09/29/2023	17. DATE APPROVED June 28, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York**

1905(a)4(B) Early and Periodic Screening, Diagnostic, and Treatment services

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

EPSDT provided as EPSDT Early Intervention (EI) Services

Early and periodic screening, diagnostic and treatment services (EPSDT) for individuals under 21 years of age, and treatment of conditions found.

EPSDT EI services are delivered by Department of Health-approved early intervention service providers in each county of the State or the City of New York and include the following Medicaid services as described in Item 6.d(i) of Section 3.1-A and 3.1-B of the Medicaid State Plan.

- 1) Screening Services, 2) Evaluation Services, 3) Audiology Services, 4) Nursing Services, 5) Nutrition Services, 6) Occupational Therapy Services, 7) Physical Therapy Services, 8) Psychological Services, 9) Social Work Services, 10) Special Instruction/Developmental, Services, 11) Speech-Language Pathology Services, 12) Medical Equipment and Appliances, 13) Vision Services, 14) Applied Behavioral Analysis Services, 15) Transportation Services.

Fees established by the Department of Health and in effect on July 1, 2018, will be used to pay for EPSDT EI services furnished on or after July 1, 2018. The fees are available on the Department of Health’s website at the following links:

EPSDT EI Services (other than DME and transportation):
www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Fees established by the Department of Health and in effect on July 1, 2023, will be used to pay for EPSDT EI transportation services furnished on or after July 1, 2023. The fees are available on the Department of Health’s website at the following links:

EPSDT EI transportation services:
www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Medical equipment and appliances are reimbursed in accordance with the methodology in place for Durable Medical Equipment on page 6(a)(viii) of the State Plan.

TN #23-0087

Approval Date June 28, 2024

Supersedes TN #18-0039

Effective Date July 1, 2023