

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-24-0057**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

September 18, 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 24-0057

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0057, which was submitted to CMS on June 28, 2024. This plan amendment updates the payment eligibility criteria for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are eligible for the Alternative Payment Methodology (APM).

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 April 1, 2024. 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 Jerica Bennett at 410-786-1167 or via email at [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 4 — 0 0 5 7 2. STATE NY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

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

4. PROPOSED EFFECTIVE DATE  
**April 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**§ 1905(a)(2)(B) and 1905(a)(2)(C)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 04/01/24-09/30/24 \$ 0  
b. FFY 10/01/24-09/30/25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B: Pages 2(c)(iv)(f), 2(c)(iv)(g)**

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B: Pages 2(c)(iv)(f), 2(c)(iv)(g)**

9. SUBJECT OF AMENDMENT

**FQHC APM-340B Revision**

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. STATE AGENCY OFFICIAL  
[Redacted] for  
12. TYPED NAME  
**Amir Bassiri**  
13. TITLE  
**Medicaid Director**  
14. DATE SUBMITTED  
**June 28, 2024**

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  
**06/28/2024**

17. DATE APPROVED  
**September 18, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**04/01/2024**

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review**

22. REMARKS

**New York  
2(c)(iv)(f)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers(FQHC)**

**APM: Payment in Addition to Pre-existing PPS Rate**

Effective April 1, 2023, eligible Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be designated as eligible by the Department to receive the additional payment under this section in order to preserve and improve beneficiary access to care and avoid loss of services in areas of concern.

The Department will routinely review eligible providers under this section and obtain information as it deems necessary to evaluate and determine need and effectiveness of previous payments. In the event of a change of ownership of the entire FQHC or RHC entity, the new owner will retain the most recently approved payment of the former owner.

For eligible providers, the annual amount of the additional payment that will be paid each state fiscal year, which runs April 1<sup>st</sup> through March 31<sup>st</sup>, on or before June 30<sup>th</sup> will be listed in the table which follows and will not be subject to subsequent adjustment or reconciliation. Furthermore, the FQHC/RHC payments made pursuant to this section are considered an alternative payment methodology (APM) and will be made in addition to the FQHC/RHC Prospective Payment System (PPS) rate. The APM will be agreed to by the Department of Health and the FQHC/RHC and will result in payment to the FQHC/RHC of an amount that is at least equal to the PPS rate. FQHCs/RHCs that do not choose an APM will be paid at their PPS per visit rate.

Additional payments have been approved for the following providers for the amounts listed:

<b>Provider Name</b>	<b>Gross APM Payment Amount</b>
Anthony L Jordan Health Center	\$6,515,434.43
APICHA Community Health Center	\$9,800,000.00
Beacon Christian Community Health Center	\$50,000.00
Bedford Stuyvesant Family Hlth Center	\$2,268,696.78
Betances Health Center	\$4,112,760.34
BronxCare Dr. Martin Luther King, Jr. Health Center	\$6,292,863.53
Brooklyn Plaza Medical Center	\$1,269,587.58
Brownsville Multi-Service Family Health Center	\$6,020,157.32
Care For The Homeless, Inc.	\$1,077,951.00
Community Health Center of Buffalo	\$2,255,800.00
Community Health Center of Richmond, Inc.	\$165,000.00
Community Health Initiatives Inc.	\$424,823.00
Community Healthcare Network	\$6,100,059.42
Cornerstone Family Healthcare	\$3,807,391.81
Cumberland Diagnostic & Treatment Center	\$2,247,276.86

**TN**     #24-0057                          **Approval Date**     September 18, 2024      
**Supersedes TN**     #23-0039                          **Effective Date**     April 1, 2024

**New York  
2(c)(iv)(g)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally  
Qualified Health Centers (FQHC)**

**Providers (continued)**

<b>Provider Name</b>	<b>Gross APM Payment Amount</b>
Damian Family Care Center	\$12,047,724.11
East Harlem Council for Human Services Inc.	\$2,380,215.86
East Hill Family Medical Inc.	\$399,946.08
East NY Diagnostic & Treatment Center	\$3,231,301.64
EHS, Inc.	\$15,251,688.05
Ezras Choilim Health Center Inc.	\$1,132,228.17
Finger Lakes Migrant Health	\$863,409.74
Floating Hospital	\$1,100,000.00
Gouverneur Diagnostic and Treatment Center	\$5,598,364.58
HASC Diagnostic & Treatment Ctr Inc.	\$330,000.00
Healthcare Choices NY, Inc.	\$100,000.00
Hempstead Community Health Center	\$500,000.00
Heritage Health Care	\$3,100,000.00
His Branches Inc	\$173,130.00
Hometown Health Centers	\$2,765,458.17
Housing Works East New York	\$10,805,223.00
Institute for Urban Family Health	\$13,667,424.59
Jericho Road Community Health Center	\$5,230,204.31
Joseph P Addabbo Family Health Center	\$5,759,415.57
La Casa De Salud, Inc.	\$2,540,748.91
Lasante Health Center	\$584,736.43
Long Island Select Healthcare	\$3,889,256.51
L'Refuah Medical & Rehabilitation Center	\$2,404,086.96
Michael Callen-Audre Lorde Community Health Center	\$16,833,184.55
Morris Heights Health Center	\$8,114,863.90
Morrisania Diagnostic & Treatment Center	\$1,886,219.55
Neighborhood Health Center of WNY, Inc.	\$4,945,114.91
Oak Orchard Community Health Center	\$2,559,330.00
ODA Primary Health Care Network, Inc.	\$2,365,531.36
Open Door Family Medical Center, Inc.	\$3,150,473.99
Premium Health	\$1,500,000.00

TN     #24-0057    

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