

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/ Division of Reimbursement Review

March 3, 2020

Donna Frescatore
Medicaid Director
NYS Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

RE: TN 19-0018

Dear Ms Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B, NY-19-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2019. This plan amendment revises the rate setting methodology for NYS Office of Alcoholism and Substance Abuse Services (OASAS) freestanding Chemical Dependence Rehabilitation (IPR) facilities.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2019. 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 Charlene Holzbaaur at (609) 882-4796 or Charlene.holzbaaur@cms.hhs.gov.

Sincerely,



Todd McMillion
Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1</u> <u>9</u> — <u>0</u> <u>0</u> <u>1</u> <u>8</u>	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 January 1, 2019
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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 Section: 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY 01/01/19-09/30/19 \$ 132.80 b. FFY 10/01/19-09/30/20 \$ 177.08
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment: 4.19-B Pages: 10(a.6)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment:
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10. SUBJECT OF AMENDMENT
OASAS Residential Rehabilitation
(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 STATE AGENCY OFFICIAL 	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
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED March 29, 2019	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED March 29 2019	18. DATE APPROVED 3/3/20

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Acting Director, Division of Reimbursement Review

23. REMARKS

**New York
10(a.6)**

Chemical Dependence Freestanding Residential Rehabilitation Services

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) establishes rates of reimbursement for the provision of rehabilitative services to persons in freestanding chemical dependence residential rehabilitation facilities. The fee methodology described here will apply only to freestanding (non-hospital) facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law. This methodology will not apply to Article 28 facilities.

Medicaid fees will be based on both bed size and the county in which the facility is located. The fees will be inclusive of both operating and capital reimbursement. There will be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs. These fees will be effective on and after January 1, 2019 and will replace those of all prior methodologies for this service.

For existing and new freestanding residential rehabilitation facilities, the "bed size" will be based on the OASAS-certified capacity of the program site. The statewide fee will be taken from the following table and then adjusted by the applicable regional factor. If the certified bed size changes, the fee will be revised accordingly and will be effective on the date of the bed size change. Facilities with fewer than 14 certified beds will use the 14 bed fee.

Bed Size	Resid. Rehab. Fees
14	\$ 327.14
15	\$ 324.07
16	\$ 321.21

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific freestanding CD residential rehabilitation fees are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange, Putnam
4	1.1009	Dutchess
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

TN #19-0018 _____

Supersedes TN #NEW _____

Approval Date March 3, 2020

Effective Date January 1, 2019