

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 22-0046**

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**

June 27, 2022

Amir Bassiri  
Acting Medicaid Director  
99 Washington Ave – One Commerce Plaza Suite 1432  
Albany, NY 12210

RE: TN 22-0046

Dear Mr. Amir Bassiri:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 22-0046, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2022. This plan amendment provides a temporary rate increase of 11.5 percent through New York's American Rescue Plan Act of 2021 for Outpatient Mental Health (OMH) Rehabilitative Services for workforce recruitment and retention activities.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2022. 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,

A solid black rectangular box used to redact the signature of the sender.

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 2 — 0 0 4 6

2. STATE

N Y

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

February 01, 2022

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 02/01/22-09/30/22 \$ 25,555,980  
b. FFY 10/01/22-09/30/23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page: 8(b)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

OMH Outpatient Rehab ARPA Workforce Recruitment and Retention Rate Increase (11.5%)

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

[Redacted Signature]

12. TYPED NAME

Brett R. Friedman

13. TITLE

Acting Medicaid Director

14. DATE SUBMITTED

March 31, 2022

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

March 31, 2022

17. DATE APPROVED

June 27, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

February 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

**New York  
8(b)**

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

**Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services-  
Reimbursement Methodology continued**

**American Rescue Plan Act Section 9817 for Home and Community-Based Services:**

The agency increases payment for providers of services referenced in New York's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan. Providers are Social Security Act Section 1905(a) Rehabilitative Services providers listed in Appendix B of the American Rescue Plan Act, State Medicaid Director Letter, SMD# 21-003 Implementation of American Rescue Plan Act of 2021 Section 9817.

The time-limited rate increases described in this section will be used to expand, enhance or strengthen mental health rehabilitative services programs consistent with New York's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan. Rate increases will not extend beyond September 30, 2022.

The rates were updated for the period February 1, 2022, through September 30, 2022.

All rates are published on the Office of Mental Health 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)

TN           #22-0046          

Approval Date           June 27, 2022          

Supersedes TN           # NEW          

Effective Date           February 1, 2022