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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **23-0073**

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 30, 2023

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 1605
Albany, NY 12237

Re: New York State Plan Amendment (SPA) 23-0073

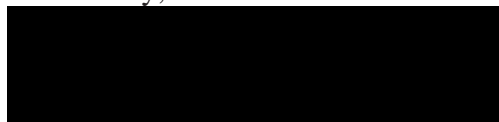
Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0073. This amendment proposes to expand Applied Behavior Analysis services provided by New York State Licensed Behavior Analysts to all Medicaid eligible individuals, regardless of age, as the current State Plan limits Applied Behavior Analysis services to individuals under 21 years of age.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 23-0073 was approved on October 30, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,



Division of Program Operations

cc: Regina Deyette, NYDOH

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 7 3

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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(6) Medical Care, or Any Other Type of Remedial Care

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 07/01/23-09/30/23 \$ 19,440,000
b. FFY 10/01/23-09/30/24 \$ 77,760,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 3.1-A - Supplement, Page 2(xv)(2)
Attachment: 3.1-B - Supplement, Page 2(xv)(2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment: 3.1-A - Supplement, Page 2(xv)(2)
Attachment: 3.1-B - Supplement, Page 2(xv)(2)

9. SUBJECT OF AMENDMENT

Applied Behavior Analysis Services Expansion

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

10/30/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2023

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**New York
2(xv)(2)**

1905(a)(6) Medical care, or Any Other Type of Remedial Care

6.d(i). Other Licensed Practitioners

Licensed Behavior Analysts

In accordance with 42 CFR 440.60(a), Medical assistance will include services provided by Licensed Behavior Analysts (LBA), and/or Certified Behavior Analyst Assistants (CBAA) under the supervision of an LBA, when services are provided within their scope of practice as defined by New York State Education law.

TN #23-0073

Supersedes TN #19-0046

Approval Date 10/30/2023

Effective Date July 1, 2023

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