

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **23-0067**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



September 27, 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) 23-0067

Dear Director Bassiri:

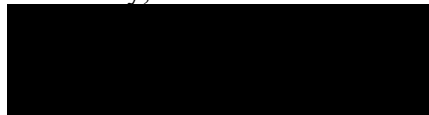
The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-23-0067. This amendment proposes to add a new Section 7.4-B, to temporarily extend private duty nursing provided to fee-for-service individuals who have aged out of the medically fragile children's reimbursement program originally approved in Disaster Relief SPA NY-21-0073.

This amendment also proposes to add a new Section 7.4.C to temporarily extend reimbursement for COVID-19 tests originally approved in Disaster Relief SPA NY-20-0048 with the following modification: reimbursement for COVID-19 tests will be 60 percent of the Medicare fee instead of 100 percent of the Medicare fee.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that New York's Medicaid SPA Transmittal Number 23-0067 is approved effective May 12, 2023.


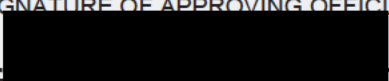
If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at [Melvina.Harrison@cms.hhs.gov](mailto:Melvina.Harrison@cms.hhs.gov).

Sincerely,



Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 6 7</u></p>	<p>2. STATE <u>NY</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>§1905(a)(3) and 1905(a)(8)</u></p>		<p>4. PROPOSED EFFECTIVE DATE <u>May 12, 2023</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 7.4-B Page 1</u> <u>Attachment 7.4-C Page 1</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>05/12/23-09/30/23</u> \$ <u>7,600,433</u> b. FFY <u>10/01/23-09/30/24</u> \$ <u>19,741,038</u></p>	
<p>9. SUBJECT OF AMENDMENT  <u>Disaster Relief- ARPA Initiative Extensions: PDN_C19 Test and Specimen Collection</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>N/A</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <span style="margin-left: 200px;"><input type="radio"/> OTHER, AS SPECIFIED:</span></p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>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</p>		
<p>12. TYPED NAME <u>Amir Bassiri</u></p>	<p>14. DATE SUBMITTED <u>June 30, 2023</u></p>		
<p>13. TITLE <u>Medicaid Director</u></p>	<p><b>FOR CMS USE ONLY</b></p>		
<p>16. DATE RECEIVED <u>06/30/2023</u></p>	<p>17. DATE APPROVED <u>09/27/2023</u></p>		
<p><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <u>05/12/2023</u></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>		
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy On Behalf of Anne Marie Costello</u></p>	<p>21. TITLE OF APPROVING OFFICIAL <u>Deputy Director, Center for Medicaid and CHIP Services</u></p>		
<p>22. REMARKS</p>			

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Temporary Extension to the Disaster Relief Policies for the COVID-19 National  
Emergency

Effective May 12, 2023 until March 31, 2024, New York State temporarily extends the following election(s) of section 7.4 (approved on June 28, 2023 in SPA #21-0073) of the state plan:

Section E – Payments

2.  The agency increases payment rates for the following services:

Private duty nursing provided to fee-for-service individuals who have aged out of the medically fragile children’s reimbursement program. Fees will be increased as described in a., b.i., and b.ii. below.

a.  Payment increases are targeted based on the following criteria:

Individuals are 23 and older, receiving private duty nursing services.

b. Payments are increased through:

i.  A supplemental payment or add-on within applicable upper payment limits:

This is an add-on payment for providers who are enrolled in the program, are willing to be listed in a web-based database available to the public, and who provide services to medically fragile adults.

ii.  An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage:

Location (list published location):

[https://health.ny.gov/health\\_care/medicaid/redesign/pdn\\_children/providers/regional\\_fees.htm](https://health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/regional_fees.htm)

[https://health.ny.gov/health\\_care/medicaid/redesign/pdn\\_children/providers/directory\\_benefits.htm](https://health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/directory_benefits.htm)

TN #23-0067

Approval Date: 09/27/2023

Supersedes TN NEW

Effective Date: May 12, 2023

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**Temporary Policies in Effect Following the COVID-19 Nation Emergency**

Effective May 12, 2023 until September 30, 2024, New York State temporarily extends the following election(s) of section 7.4 (approved on May 12, 2021 in SPA #20-0048) of the state plan, with modifications:

**Section E – Payments**

1.  New York State establishes the payment rate for the following service:

Reimbursement for COVID-19 tests will be 60% of the Medicare fees. Lab/testing fees are located in the Laboratory Fee Schedule at: <https://www.emedny.org/ProviderManuals/Laboratory/index.aspx>

**TN #23-0067**

**Supersedes TN NEW**

**Approval Date: 09/27/2023**

**Effective Date: May 12, 2023**