

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 20-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

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September 1, 2020

Donna Frescatore  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210

RE: Approval of New York State Plan Amendment Transmittal Number 20-0020

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) Transmittal Number #20-0020 was approved on August 7, 2020 for adoption into the State Medicaid Plan with an effective date of April 1, 2020. This SPA removes course of treatment and annual limitations on partial hospitalization services.

Enclosed are copies of the approved SPA # 20-0020.

If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov. Ms. Tabakov may be reached at (212) 616-2503.

Sincerely,



Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 2 0

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

April 1, 2020

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

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

7. FEDERAL BUDGET IMPACT

a. FFY 04/01/20-09/30/20 \$ 0.00

b. FFY 10/01/20-09/30/21 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement: Page 2(a)(vi)  
Attachment 3.1-B Supplement: Page 2(a)(vi)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A Supplement: Page 2(a)(vi)  
Attachment 3.1-B Supplement: Page 2(a)(vi)

10. SUBJECT OF AMENDMENT

Partial Hospitalization Services  
(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

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

June 30, 2020

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

June 30, 2020

18. DATE APPROVED

August 7, 2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 01, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director,  
Division of Program Operations

23. REMARKS

**New York  
2(a)(vi)**

Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal Therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support Services; and Discharge Planning Services.

Partial Hospitalization services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary. Collateral and group collateral visits are limited to two hours per day.

Other limitations on amount and duration of Partial Hospitalization Services include:  
[

- i. Reimbursement is limited to no more than 180 hours per course of treatment. A course of treatment shall not exceed six calendar weeks, unless during the course of treatment the recipient is admitted to an inpatient psychiatric facility. Such course of treatment may be extended to include the number of days of inpatient treatment, up to a maximum of 30 days. Partial Hospitalization Services provided during crisis, collateral or group collateral visits do not count towards the 180 hour maximum.
- ii. Reimbursement is limited to 360 hours per calendar year. Services provided during crisis, collateral or group collateral visits do not count towards the 360 hour maximum.]

[iii.] i. Reimbursement is limited to one visit, including preadmission visits (of up to 7 hours) and one individual or group collateral visit (of up to 2 hours) per individual per day. Additional Partial Hospitalization Services may be provided on the same day during a crisis visit, or as medically necessary.

**3. Continuing Day Treatment Services**

Continuing Day Treatment Services are mental health preventive, diagnostic, therapeutic, and rehabilitative services. Continuing Day Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Continuing Day Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Continuing Day

TN #20-0020 Approval Date August 7, 2020

Supersedes TN #10-0018 Effective Date April 1, 2020

**New York  
2(a)(vi)**

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