

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

November 15, 2021

Brett Friedman  
Acting State Medicaid Director  
New York State Department of Health  
One Commerce Plaza, Suite 1432  
Albany, NY 12210

RE: TN 21-0057

Dear Mr. Friedman:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0057, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. New York State Department of Health amends Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Tuberculosis TB and Interpreter Rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2021. 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 Tamara Sampson at 214-767-6431 or [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,



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 1 — 0 0 5 7

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

September 1, 2021

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 09/01/21-9/30/21 \$ 0  
b. FFY 10/01/21-9/30/22 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: Att 4.19-B - Page 1(a)(iii)(2.1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment:  
Att 4.19-B - Page 1(a)(iii)(2.1)

10. SUBJECT OF AMENDMENT

EPSTD TB and Interpreter Rates  
(FMAP=50%)

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Brett Friedman

14. TITLE

Acting Medicaid Director, Department of Health

15. DATE SUBMITTED September 30, 2021

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 **September 30, 2021**

18. DATE APPROVED  
November 15, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**September 1, 2021**

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

New York  
Page 1(a)(iii)(2.1)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

Effective as of February 1, 2021, reimbursement for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services listed below and provided by providers with a 29-I license as described in Attachment 3.1-A, Item 4b and Attachment 3.1-B, Item 4b will be paid based upon a Medicaid fee schedule established by the State of New York Department of Health for the following services:

- Alcohol and/or Drug Screening, Testing, Treatment, 15 min unit, Upstate and Downstate rates
- Developmental Test Administration, 15 min unit, Upstate and Downstate rates
- Psychotherapy (Individual and Family), 15 min unit, Upstate and Downstate rates
- Psychotherapy Group, 15 min unit, Upstate and Downstate rates
- Neuropsychological Testing/Evaluation Services, 15 min unit, Upstate and Downstate rates
- Psychiatric Diagnostic Examination, 15 min unit, Upstate and Downstate rates
- Office Visit, 15 min unit, Upstate and Downstate rates
- Smoking Cessation treatment, 15 min unit, Upstate and Downstate rates
- ECG, per occurrence, statewide rate
- Screening-Developmental/Emotional/Behavioral, per occurrence, Upstate and Downstate rates
- Hearing and Evaluation of Speech, 15 min unit, statewide rate
- Lab Services, statewide rate, see 29-I Health Facility Laboratory Fee Schedule for complete list of waived laboratory services and pricing

The following rates are effective as of September 1, 2021:

- Tuberculosis TB Rate
- Medical Language Interpretation

Payments are made in accordance with a fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedules are the same for both governmental and private providers of these services, which are included under physician, other licensed practitioner, clinic and laboratory services. The agency's fee schedule was set as of February 1, 2021 and is effective for services provided on or after that date. These services are already covered under the State Plan with multiple fee schedules. All fees are published on the Department of Health website at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/vol\\_foster\\_trans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm)

<b>TN# 21-0057</b> _____	<b>Approval Date</b> <u>November 15, 2021</u>
<b>Supersedes TN# 21-0003</b> _____	<b>Effective Date</b> <u>September 1, 2021</u>