



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Mr. Ray Halbritter
Nation Representative
Oneida Indian Nation
528 Patrick Road
Verona, NY 13478

Dear Mr. Halbritter:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

https://www.health.ny.gov/regulations/state_plans/tribal/

We appreciate the opportunity to share this information with you and if there are any comments or concerns please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower
US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Sidney Hill
Onondaga Nation Territory –
Administration
Hemlock Road, Box 319-B
Nedrow, NY 13120

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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NYSDOH American Indian Health Program



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SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Bryan Polite
Council of Trustees Chairman
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Polite:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,
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Medicaid Director
Office of Health Insurance Programs

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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Roger Hill, Council Chairman
Tonawanda Seneca Indian Nation
Administration Office
7027 Meadville Road
Basom, NY 14013

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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NYSDOH American Indian Health Program



Department of Health

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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Leo Henry, Clerk
Tuscarora Indian Nation
2006 Mount Hope Road
Lewiston, NY 14092

Dear Chief Henry:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Kenneth Patterson
Tuscarora Indian Nation
1967 Upper Mountain Road
Lewiston, NY 14092

Dear Chief Patterson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Office of Health Insurance Programs

Enclosures

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Michele Hamel
NYSDOH American Indian Health Program



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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Harry Wallace
Unkechaug Indian Territory
207 Poospatuck Lane
Mastic, NY 11950

Dear Chief Wallace:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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Vennetta Harrison
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Michele Hamel
NYSDOH American Indian Health Program



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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Mr. Clint Halftown
Nation Representative
Cayuga Nation
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Halftown:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,
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Medicaid Director
Office of Health Insurance Programs

Enclosures

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Vennetta Harrison
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NYSDOH American Indian Health Program



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Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Ronald Lafrance, Jr.
Saint Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Lafrance:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,
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Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Vennetta Harrison
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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Beverly Cook
St. Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Cook:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower
US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Chief Eric Thompson
Saint Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Dear Chief Thompson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

/s/

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Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower
US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Latasha Austin
Keeper of Records
Unkechaug Indian Territory
P.O. 86
Mastic, NY 11950

Dear Ms. Austin:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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Medicaid Director
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Enclosures

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US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Eugene E. Cuffee II
Sachem
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear Mr. Cuffee:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Tim Twoguns
Cayuga Nation
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Twoguns:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Sincerely,

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US Dept. of Health and Human Services

Vennetta Harrison
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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Gary Wheeler
Cayuga Nation
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear Mr. Wheeler:

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Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Maurice A. John Sr.
Seneca Nation of Indians
President
P.O. Box 231
Salamanca, NY 14779

Dear Mr. John:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 12, 2019

Ben Geboe
American Indian Community House
Interim Executive Director
39 Eldridge Street, 4th Floor
New York, NY 10002

Dear Mr. Geboe:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

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Office of Health Insurance Programs

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US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

SUMMARY
SPA #19-0053

This amendment proposes to revise the State Plan to provide that the State is in compliance with the new drug review and utilization requirements set forth in Section 1902(o) of the Act, as amended by Section 1004 of the SUPPORT for Patients and Communities Act and as requested by CMS in a letter to State Medicaid Directors dated 08/05/2019 (SMD18005).

DRAFT

New York
74d

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

K. Claim Review Limitations

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

Programs to monitor antipsychotic medications to children: Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

Fraud and abuse identification: The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.

TN #19-0053

Approval Date _____

Supersedes TN NEW

Effective Date _____

**New York
2(c.1)**

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

<https://www.emedny.org/info/formfile.aspx>

[13c. Preventive Services

New York State Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practitioner's office.

Preventive Services specified in section 4106 of the Affordable Care Act are all available under the State Plan and are covered under the physician, other practitioner, nurse-midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B.

The State will maintain documentation supporting expenditures claimed for these Preventive Services and ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.]

9. The State is in compliance with the drug review and utilization requirements under Section 1902 of the Social Security Act, section 1001(oo). DUR activities include but are not limited to the following:

Claims Review Limitations

Point of Sale edits:

- to prevent duplicate fill and early fill as per Social Services and Public Health Laws,
- to prevent claims over set quantity and dose limits per industry recommendations,
- to prevent overlapping claims over the MME limit as recommended by current CDC guidelines per member.

RetroDUR activities for both opioid and benzodiazepine and opioids and antipsychotics monitoring, polypharmacy identification, and includes the development and distribution of provider letters.

Program to Monitor Antipsychotic Medications by Children

Monitors and manages the utilization of antipsychotics in children and reports results annually to CMS.

Utilization is managed by utilizing age edits for each individual agent, based on FDA approved product information and Compendia support; confirmation of diagnoses that support concurrent use of central nervous system stimulants and oral second-generation antipsychotics clinical criteria for frequency, quantity and duration is implemented on select antipsychotic medications.

TN #19-0053 _____

Approval Date _____

Supersedes TN #13-0026 _____

Effective Date _____

**New York
2(c.1.a)**

9. (continued)

Fraud and Abuse Identification

Evaluates opioid utilization trends and submits referrals to the State Office of Medicaid Investigator General (OMIG) on monthly basis.

Medicaid Managed Care Organization Requirements

Medicaid MCO contracts include the requirement to be in compliance with the drug review and utilization activities specified under Section 1902 of the Social Security Act, section 1001(o).

13c. Preventive Services

New York State Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practitioner's office.

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TN #19-0053 _____

Supersedes TN #NEW _____

Approval Date _____

Effective Date _____

**New York
2(c.1)**

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Point of Sale edits:

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**New York
2(c.1.a)**

9. (continued)

Fraud and Abuse Identification

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Medicaid Managed Care Organization Requirements

Medicaid MCO contracts include the requirement to be in compliance with the drug review and utilization activities specified under Section 1902 of the Social Security Act, section 1001(o).

13c. Preventive Services

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TN #19-0053 _____

Supersedes TN #NEW _____

Approval Date _____

Effective Date _____

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for September 2019 will be conducted on September 18 and September 19 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. One, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Federal enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2019, this proposes to provide that the state is in compliance with new drug review and utilization requirements set forth in section 1902(oo) of the Act, as amended by Section 1004 of the SUPPORT for Patients and Communities Act.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the clarifying proposed amendments.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Oneida-Herkimer Solid Waste Management Authority

Draft Request For Proposals (RFP)

Purchase and/or Marketing of Processed
Paper Recyclables

For Oneida-Herkimer Solid Waste
Management Authority

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority desires to procure an agreement for 5 years beginning January 1, 2020 for the purchase and/or marketing of paper recyclables processed at the Oneida-Herkimer Recycling Center, Utica, NY. Written comments on the Draft RFP must be received by 1:00 P.M. on November 4, 2019.

In order to promote its established Affirmative Action Plan, the Authority invites proposals from minority and women's business enterprises (M/WBE). Firms that are not M/WBE's responding to this RFP are strongly encouraged to consider partnering or creating other similar joint venture arrangements with certified M/WBE's. The directory of New York State Certified M/WBE's can be viewed at <http://www.esd.ny.gov/mwbe.html>. This Affirmative Action Policy regarding sealed bids and contracts applies to all persons without regard to race, color, creed, national origin, age, sex, or handicap. All qualified bidders will be afforded equal opportunities without discrimination.

Copies of the Draft RFP may be obtained at: www.ohswa.org or

through Emily M. Albright, Director of Recycling, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502, (315) 733-1224, e-mail: emilya@ohswa.org

PUBLIC NOTICE

Department of State
F-2019-0478

Date of Issuance – September 4, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2019-0478 or the “Yerganian Residence Dock”, the applicant Gary Yerganian, is proposing to replace an existing fixed dock in place and kind which includes a fixed dock, three floating docks and reinstalling the existing aluminum ramp. The applicant proposes to install three prefabricated 5 foot by 12 foot 7 inch jet ski floats. The project is located at 30 Spring Hollow Road, Town of Huntington, Suffolk County, Northport Harbor.

The applicant’s consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0478_Yerganian_Dock_App.pdf

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, September 19, 2019.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2019-0740

Date of Issuance – September 4, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant’s consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

4919 Noyac, LLC proposes to demolish a pre-existing wood dock. To construct a new dock for residential use that consists of a 4' x 10' ramp up; connecting to a 4' x 43' fixed pier catwalk measuring 4.5' above grade over vegetation (per ACOE) and 26" above MHW over open water; connecting to a 4' x 14' ramp down; connecting to a 6' x 20' float. Ramps and catwalk to be constructed with thru-flow decking to allow for light penetration. Pilings, girders, ledger, and float to be constructed with untreated tropical hardwood. The pier length seaward of MHW measures 60'. The project is located at 4519 Noyack Road, Southampton, NY 11968 on Ligonee Brook.

The applicant’s consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0740NoyacLLC.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or October 4, 2019.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2019-0775 (DA)

Date of Issuance – September 4, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent to the maximum extent practicable with the federally approved New York State Coastal Management Program (NYSCMP). The applicant’s consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2019-0775-DA, the U.S. Department of Commerce, National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service (NMFS) is proposing to enact an Omnibus Deep-Sea Coral Amendment which would affect several commercial fisheries operating in offshore Atlantic Ocean areas along the outer continental shelf and within two (2) designated areas in the Gulf of Maine. The purpose of the Omnibus Deep-Sea Coral Amendment is to implement measures that reduce impacts of fishing gear on deep-sea corals in these areas.

This action would prohibit the use of mobile bottom-tending gear (i.e. bottom trawls, dredges, bottom longlines, sink gillnets, or pots/traps) in two areas within the Gulf of Maine – 1) Mount Desert Rock and 2) Outer Schoodic Ridge – and would prohibit the use of all gear (with an exception for red crab pots) along the outer continental shelf in waters no shallower than 600 meters.

An Environmental Assessment (EA) has been prepared and is available at the New England Fishery Management Council (NEFMC) website at: <https://www.nefmc.org/library/omnibus-deep-sea-coral-amendment>

The federal agency’s consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York or at the following location: <https://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0775-DA.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or October 04, 2019.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

SUMMARY
SPA #19-0054

This State Plan Amendment proposes to assist safety net hospitals by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

DRAFT

New York
136(c.1)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St. Barnabas Hospital	\$ 2,588,278	01/01/2013 – 03/31/2013
	\$ 1,876,759	04/01/2013 – 03/31/2014
	\$ 1,322,597	04/01/2014 – 03/31/2015
	\$ 2,500,000	01/01/2017 – 03/31/2017
	\$10,000,000	04/01/2017 – 03/31/2018
	\$10,000,000	04/01/2018 – 03/31/2019
	\$ 7,500,000	04/01/2019 – 12/31/2019
	\$12,000,000	07/01/2018 – 03/31/2019
	\$12,000,000	10/03/2019 – 03/31/2020
	\$12,000,000	04/01/2020 – 03/31/2021
St. John’s Riverside-St. John’s Division	\$1,800,000	07/01/2018 – 03/31/2019
	\$ 700,000	04/01/2019 – 03/31/2020
	\$ 500,000	04/01/2020 – 03/31/2021
Soldiers & Sailors Memorial Hospital	\$ 19,625	02/01/2014 – 03/31/2014
	\$ 117,252	04/01/2014 – 03/31/2015
	\$ 134,923	04/01/2015 – 03/31/2016
South Nassau Communities Hospital	\$3,000,000	11/01/2014 – 03/31/2015
	\$1,000,000	04/01/2015 – 03/31/2016
	\$4,000,000	07/01/2018 – 03/31/2019
	\$4,000,000	04/01/2019 – 03/31/2020
Strong Memorial Hospital	\$4,163,227	04/01/2018 – 03/31/2019
	\$4,594,780	04/01/2019 – 03/31/2020
	\$4,370,030	04/01/2020 – 03/31/2021
Wyckoff Heights Medical Center	\$1,321,800	01/01/2014 – 03/31/2014
	\$1,314,158	04/01/2014 – 03/31/2015
	\$1,344,505	04/01/2015 – 03/31/2016

TN #19-0054
Supersedes TN #18-0054

Approval Date
Effective Date

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for October 2019 will be conducted on October 16 and October 17 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. One, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Department of Health

The New York State Department of Health (NYSDOH) is providing notice of the State's intent to request approval from the Centers for Medicare and Medicaid Services (CMS) for a four (4) year waiver amendment to further support the quality improvements and cost savings through the Delivery System Reform Incentive Payment (DSRIP) program. As with the original Medicaid Redesign Team (MRT) waiver, New York State seeks a continuation of DSRIP for the 1-year balance of the 1115 waiver ending on March 31, 2021 and conceptual agreement to an additional 3 years from April 2021 to March 31, 2024. Thus, the full four-year extension/renewal period (1-year extension and 3 years of renewal) would span from April 1, 2020 through March 31, 2024.

The New York DSRIP program has already reduced Potentially Preventable Admissions through June 2018 of 21%, well on its way to the goal of 25% by the end of the demonstration. The waiver amendment seeks additional time and funding support for the community collaborations to be sustained and fully mature to successfully transition the DSRIP Promising Practices into Value Based Payment (VBP)

arrangements. The State will focus on higher-value practices that are clearly aligned with federal priorities. These federal priority areas include: Substance Use Disorder (SUD) treatment and the Opioid Crisis; Serious Mental Illness and Severe Emotional Disturbance (SMI/SED); Social Determinants of Health; Primary Care Improvement and Value-Driving Payment Models.

In addition, the DSRIP promising practices would expand to certain high-need and high-cost populations, such as higher-risk children and members needing long-term care. A continuation of workforce investments is essential to be responsive in meeting future needs, especially in the long-term care sector, as well as aid to financially distressed hospitals to help accelerate the transformation of acute and ambulatory health care.

A draft of the amendment proposal is available for review at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2019/amendment_req.htm

Written comments will be accepted by email at: 1115waivers@health.ny.gov or by mail at the address below. All comments must be postmarked or emailed by November 4, 2019.

Department of Health
Office of Health Insurance Programs
Waiver Management Unit
99 Washington Ave.
12th Fl., Suite 1208
Albany, NY 12210

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

The temporary rate adjustments have been reviewed and approved for the St. Barnabas Hospital with aggregate payment amounts totaling up to \$12,000,000 for the period October 3, 2019 through March 31, 2020, \$12,000,000 for the period April 1, 2020 through March 31, 2021 and \$12,000,000 for the period April 1, 2021 through March 31, 2022.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State
F-2019-0844-DA

Date of Issuance – October 2, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent to the maximum extent practicable with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2019-0844-DA, the U.S. Department of Commerce, National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service (NMFS) is proposing to approve an amendment to the Atlantic Herring Fishery Management Plan (FMP) which has been adopted and submitted to the federal agency by the New England Fishery Management Council (NEFMC).

If approved, Amendment 8 would establish a long-term acceptable biological catch control rule that considers Atlantic herring's role in the ecosystem and would prohibit midwater trawling in inshore waters from Canada to Connecticut.

Details of the action, including a Final Environmental Impact Statement (FEIS), can be found at <https://www.nefmc.org/library/amendment-8-2>

The federal agency's consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York or may be accessed at the following hyperlink <https://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0844-DA.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or October 17, 2019.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2019-0498 Matter of Ralph Carbone, 635 Tudor Drive, Cheshire, CT 06410, for a variance concerning safety requirements, including the installation of a partial automatic sprinkler system in lieu of a required automatic sprinkler system throughout the building. Involved is an existing single family dwelling, located at 6227 Castle Road; Town of Southold, NY 06390 County of Suffolk, State of New York.

2019-0541 Matter of Guido & Susan Bonelli, Three Hester Lane, Ronkonkoma, NY 11779, for a variance concerning safety requirements, including the height under a girder. Involved is an existing one family dwelling located at Three Hester Lane; Town of Brookhaven, NY 11779 County of Suffolk, State of New York.

2019-0553 Matter of Topgolf Holtsville USA, LLC, Tanner Micheli, 8750 N. Central Exwy., Suite 1200, Dallas, TX 75231, for a variance concerning safety requirements, including a required guard rail for raised platforms in a golf facility located at NYS 495 Long Island Exwy. - North Service; Town of Brookhaven, NY 11742 County of Suffolk, State of New York.

2019-0554 Matter of Robert & Michelle Cervoni, 14 Sandpiper Court, Old Westbury, NY 11568, for a variance concerning safety requirements, including the location of a buried 1,000 gallon lp tank. Involved is an existing single family dwelling, located at 754 Dune Road; V. West Hampton Dunes, NY 11978 County of Suffolk, State of New York.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2019-0511 Matter of Brian Davis Residence, located at 309 N. Ivyhurst, Town of Amherst (County of Erie), NY, for a variance concerning ceiling height requirements. (Routine Variance).

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

SUMMARY
SPA #19-0055

This State Plan Amendment proposes to assist safety net nursing home by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

DRAFT

**New York
47(aa)(7)**

Nursing Homes (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Island Nursing and Rehab	\$3,375,000	12/13/2019 – 03/31/2020
	\$4,200,000	04/01/2020 – 03/31/2021
	\$4,275,000	04/01/2021 – 03/31/2022
Jamaica Hospital Nursing Home Co Inc*	\$764,892	01/01/2015 – 03/31/2015
	\$775,195	04/01/2015 – 03/31/2016
	\$773,481	04/01/2016 – 03/31/2017
Jewish Home Lifecare Henry and Jeanette Weinberg Campus Bronx*	\$2,939,255	01/01/2015 – 03/31/2015
	\$2,978,848	04/01/2015 – 03/31/2016
	\$2,972,260	04/01/2016 – 03/31/2017
Jewish Home LifeCare Manhattan*	\$1,947,662	01/01/2015 – 03/31/2015
	\$1,973,898	04/01/2015 – 03/31/2016
	\$1,969,532	04/01/2016 – 03/31/2017
Jewish Home LifeCare Sarah Neuman Center*	\$1,169,410	01/01/2015 – 03/31/2015
	\$1,185,162	04/01/2015 – 03/31/2016
	\$1,182,541	04/01/2016 – 03/31/2017
Lutheran Augustana Center for Extended Care & Rehab*	\$1,016,961	01/01/2015 – 03/31/2015
	\$1,030,660	04/01/2015 – 03/31/2016
	\$1,028,381	04/01/2016 – 03/31/2017
Margaret Tietz Center For Nursing Care Inc*	\$700,877	01/01/2015 – 03/31/2015
	\$710,318	04/01/2015 – 03/31/2016
	\$708,747	04/01/2016 – 03/31/2017
Mary Manning Walsh Nursing Home Co Inc*	\$1,453,160	01/01/2015 – 03/31/2015
	\$1,472,735	04/01/2015 – 03-31-2016
	\$1,469,478	04/01/2016 – 03-31-2017
Menorah Home And Hospital For Rehabilitation and Nursing*	\$1,210,053	01/01/2015 – 03/31/2015
	\$1,226,353	04/01/2015 – 03/31/2016
	\$1,223,641	04/01/2016 – 03/31/2017
Methodist Home for Nursing and Rehabilitation*	\$441,177	01/01/2015 – 03/31/2015
	\$447,120	04/01/2015 – 03/31/2016
	\$446,131	04/01/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.

TN #19-0055

Approval Date _____

Supersedes TN #15-0030

Effective Date _____

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Office of General Services

Pursuant to Section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Transportation has determined that the property designated as Parcel No. 102, Hamilton Gore, in the 17th Township of Scriba's Patent, City of Oswego, County of Oswego, State of New York consisting of 10,945± square feet is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

The temporary rate adjustments have been reviewed and approved for the Island Rehabilitation and Nursing Center with aggregate payment amounts totaling up to \$3,375,000 for the period December 13, 2019 through March 31, 2020, \$4,200,000 for the period April 1, 2020 through March 31, 2021 and \$4,275,000 for the period April 1, 2021 through March 31, 2022.

The public is invited to review and comment on this proposed State

Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE Department of State F-2019-0782

Date of Issuance – December 11, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2019-0782, Heinz Wahl is proposing to construct two sections of concrete seawall, a 30 foot and a 60 foot section. The wall will be 10 inches thick and stand 4 feet high with a 3 foot by 5 inch footer. Rock rip-rap will be placed along the entire project area. The project

is located at 36147 NYS Route 12E, Clayton, NY 13624 on the St. Lawrence River.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0782Wahl.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or January 10, 2020.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2019-0817

Date of Issuance – December 11, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2019-0817, Daniel and Joan Profetta are proposing shoreline stabilization measures at their property at 3112 Bay Front Lane in the Town of Irondequoit.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0817ForPN.pdf>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, January 9, 2020.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2019-0841

Date of Issuance – December 11, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2019-0841 or the "575 Hill Road Dock", the applicant Emma Van Rooyen, is proposing to rebuild an existing dock in place with modifications. Total length of dock to be 57 linear feet. A new 13.7 foot by 4-foot fixed ramp with thru flow decking to a rebuilt existing 28.5 foot by 4-foot wood frame fixed pier with thru flow decking, to a

new 3 foot by 14.2-foot wood frame hinged ramp, to a new 6 foot by 20-foot wood frame floating dock. New wood frame bench seat to be built in fixed pier. Seat to be 8.7 foot by 2.6 foot. All wood pilings to be pressure treated. New/existing floating docks not to rest upon bottom of creek. The authorized work is located at 575 Hill Road, Town of Southold Suffolk County, Jockey Creek.

The applicant's consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0841_575_Hill_Rd_Dock_App.pdf

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, January 10, 2020.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2019-0914

Date of Issuance – December 11, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2019-0914, Russell Thomas is proposing to replace in-place ~88 linear feet of existing wood tie breakwall and ~34 linear feet of grouted rock breakwall with steel sheet pile. In addition, the application proposes to install 8-12" toe stone extending up to 2' waterward of the new wall.

The proposal is for the applicant's property at 6420 Ann Lee Drive in the Town of Huron, Wayne County.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0915ForPN.pdf>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, January 9, 2020.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2019-1042

Date of Issuance – December 11, 2019

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities

SUMMARY
SPA #20-0001

This State Plan Amendment proposes to revise provisions of Early & Periodic Screening, Diagnostic & Treatment Services (EPSDT) related to the expansion of behavioral health services provided to individuals under age 21 on and after January 1, 2020 by adding the following services:

- Crisis Intervention
- Youth Peer Support and Training

DRAFT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency’s rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency’s rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency’s rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

DRAFT

TN # #20-0001

Approval Date _____

Supersedes TN # 19-0003

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency’s rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency’s rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency’s rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date. All rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN # #20-0001

Approval Date _____

Supersedes TN # 19-0003

Effective Date _____

New York
3b-13

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services

1905(a) (13)
42 CFR 440.130(d)

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

Assurances:

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902 (a) (10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

- educational, vocational and job training services;
- room and board;
- habilitation services;
- services to inmates in public institutions as defined in 42 CFR §435.1010;
- services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
- recreational and social activities; and-
- services that must be covered elsewhere in the state Medicaid plan.

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or

TN #20-0001
Supersedes TN #19-0003

Approval Date _____
Effective Date _____

New York
3b-14
[Reserved]

Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. CI includes developing crisis diversion plans, safety plans or relapse prevention plans, providing support during and after a crisis and connecting an individual with identified supports and linkages to community services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of resolving and/or stabilizing the crisis episode and diverting an emergency room visit and/or inpatient admission, when appropriate

CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically competent, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; and Licensed Mental Health Counselor.

Practitioner qualifications: Behavioral Health Professionals are practitioners possessing a license from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include one of the following individuals licensed in NYS: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse/; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Unlicensed Psychologist employed by State or County Government; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; and Licensed Creative Arts Therapist.

New York
3b-15

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Provider Qualifications (Continued):

Practitioners who are not Behavioral Health Professionals include practitioners who are at least 18 years of age and have a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS); with one of the following:

- Two years experience in children’s mental health, addiction, or foster care,
- A limited staff permit issued by New York State of Education Department,
- A student within a DOH approved New York State of Education Department program,
- A Licensed Practical Nurse,
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC), or
- Qualified Peer Specialist

Staff who are not Behavioral Health Professionals are eligible to provide crisis intervention services within their scope of practice when under supervision of Behavioral Health Professionals. Non-licensed staff including Qualified Peer Specialists may accompany a licensed practitioner providing a mobile crisis and may also assist with developing, crisis diversion plans, safety plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with identified supports and linkages to community services.

A Qualified Peer Specialist must have the following credentials:

- A practitioner who is at least 18 years of age and has a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS). Note: The educational requirement can be waived by DOH or its designee if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification,
- Demonstrate ‘lived experience’ as an individual who has experienced social, emotional, developmental, health and/or behavioral health care needs or as a parent, primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with and/or behavioral healthcare needs, and
- Credentialed as one of the following:
 - Family Peer Advocate who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years. An FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional family peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years.
 - Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes the certification’s required hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - A practitioner who has completed the required training and has a current certification from the New York State Peer Specialist Certification Board.

New York
3b-16
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training on the administration of Naloxone (Narcan).

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse (RN), or Nurse Practitioner operating within the scope of their practice, with at least 2- years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law.

Provider Agency Qualifications: CI practitioners must work within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide the crisis services referenced in the definition.

Crisis Intervention includes three modalities:

- Mobile Crisis is a face-to-face intervention typically comprised of mobile two-person response teams that includes telephonic triage and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. The service is available with 24 hours a day, 7 days a week and 365 days a year with capacity to respond immediately or within three hours of determination of need. Qualifications: Mobile Crisis is provided by a trauma informed, culturally and linguistically competent, multidisciplinary team of two team members, for programmatic or safety purposes unless otherwise determined through triage. One member of a two-person mobile crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage that only one team member is needed to respond, an experienced behavioral health professional must respond. This can be an unlicensed Psychologist employed by State or County Government. Similarly, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may respond to a Substance Use Disorder crisis with a licensed practitioner available via phone. A Qualified Peer Specialist or other unlicensed practitioner may not respond alone, except for the CASAC as noted.

New York
3b-17

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Stabilization/Residential Supports

- Short-term Crisis Stabilization/Residential Supports is a voluntary non-hospital sub-acute crisis intervention provided for up to 28 days to stabilize and resolve the crisis episode, with 24-hour supervision. Qualifications: Short-term Crisis Stabilization/Residential Supports is staffed to meet the high need of children experiencing a crisis through a multidisciplinary team that focus on crisis stabilization and well-coordinated transitions into services that align with the on-going needs of the individual.

Crisis Intervention may include the following components:

- Mental Health and Substance use Disorder Assessment
- Service Planning
- Therapeutic Communication and Interaction (Individual and family Counseling)
- Care Coordination
- Peer/family Support

Mental Health and Substance Abuse Services Assessment includes both Initial and on-going assessments to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted treatments for substance use
- Presenting problem and review of immediate needs; and
- Identification of supports.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

New York
3b-18

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention Components:

Service Planning includes:

- Development of a crisis diversion plan, safety plan or crisis relapse prevention plan;
- Connecting an individual with identified supports and linkages to community services including referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care,
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD such as 24/7 open access centers, respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder (SUD) inpatient hospitalization.

Qualifications: A behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist as defined above in this section.

Therapeutic communication and interaction (Individual and Family) Counseling/Therapy includes alleviating psychiatric or substance use symptoms, maintaining stabilization following a crisis episode, and preventing escalation of BH symptoms. It also includes psychiatric consultation and urgent psychopharmacology intervention, as needed. It includes conflict resolution, de-escalation and, monitoring of high-risk behavior.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant , Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist may also provide support during and after a crisis.

New York
3b-19

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued)
Components (Continued)

Care Coordination:

Description: Care coordination includes:

- Involvement of identified family and friends to resolve the individual's crisis
- Follow up and documentation of follow up with child and family/caregiver within 24 hours of initial contact/response and up to 14 days post contact/response.
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a behavioral health professional including individuals with two years of experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse; or a Qualified Peer Specialist may assist with connecting an individual with identified supports and linkages to community services.).

Peer/Family Peer Supports including crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider including engagement; assistance with developing crisis diversion plans or relapse prevention plans; and assistance with the identification of natural supports and access to community services during and after a crisis. Qualifications: Qualified Peer Specialist as defined above in this section.

New York
3b-26

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:

Description: Youth support and training services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

New York
3b-27
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training: (Continued)

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Credentialed as one of the following:
 - Youth Peer Advocate who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes 20 hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. Annually the practitioner completes 20 hours of continuing education and renews their credential every two years.

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3b-28

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training (Continued):
Practitioner qualifications (Continued):

Supervisor Qualifications: YPAs will be supervised by:

- 1) A credentialed YPA with three years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
- 2) A credentialed FPA with 3 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs and be capable of training staff regarding these issues.

New York
3b-29

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid youth peer support and training will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

New York
3b-13

Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services

1905(a) (13)
42 CFR 440.130(d)

Item 4.b, EPSDT services - **Rehabilitative Services: 42 CFR 440.130(d)**

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and as described in this section:

Provided as an Early and Periodic Screening, Diagnostic and Treatment service for individuals who are eligible under the plan and are under the age of 21 1902(a) (43), 1905(a) (4) (B) and 1905(r)).

Rehabilitative Services Description

The rehabilitative service (or services) described below is:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Youth Peer Support and Training
- Family Peer Support

Assurances:

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902 (a) (10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a) (13) of the Act.

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR §435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
- F. recreational and social activities; and-
- G. services that must be covered elsewhere in the state Medicaid plan.

Program Name - Crisis Intervention:

Description: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A behavioral health professional will do an assessment of risk and mental status, in order to determine whether or

TN #20-0001
Supersedes TN #19-0003

Approval Date _____
Effective Date _____

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3b-14
[Reserved]

Rehabilitative Services: EPSDT only (Continued)

Crisis Intervention (Continued):

Description (Continued):

not additional crisis response services are required to further evaluate, resolve, and/or stabilize the crisis. CI services are designed to interrupt and/or ameliorate the crisis experience and include an assessment that is culturally and linguistically competent and result in immediate crisis resolution and de-escalation, and development of a crisis plan. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. CI includes developing crisis diversion plans, safety plans or relapse prevention plans, providing support during and after a crisis and connecting an individual with identified supports and linkages to community services. All activities must occur within the context of a potential or actual behavioral health crisis with a desired outcome of resolving and/or stabilizing the crisis episode and diverting an emergency room visit and/or inpatient admission, when appropriate

CI includes engagement with the child, family/caregiver or other collateral sources (e.g., school personnel) that is culturally and linguistically competent, child centered, and family focused in addition to trauma informed to determine level of safety, risk, and to plan for the next level of services. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

The service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice of their State license, who may or may not be part of the crisis intervention team: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; and Licensed Mental Health Counselor.

Practitioner qualifications: Behavioral Health Professionals are practitioners possessing a license from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness. For Crisis Intervention, these behavioral health professionals include one of the following individuals licensed in NYS: Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist; Nurse Practitioner; Registered Nurse/; Clinical Nurse Specialist; Physician Assistant; Licensed Psychologist; Unlicensed Psychologist employed by State or County Government; Licensed Psychoanalyst; Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW); Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; and Licensed Creative Arts Therapist.

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3b-15

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Provider Qualifications (Continued):

Practitioners who are not Behavioral Health Professionals include practitioners who are at least 18 years of age and have a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS); with one of the following:

- Two years experience in children’s mental health, addiction, or foster care,
- A limited staff permit issued by New York State of Education Department,
- A student within a DOH approved New York State of Education Department program,
- A Licensed Practical Nurse,
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC), or
- Qualified Peer Specialist

Staff who are not Behavioral Health Professionals are eligible to provide crisis intervention services within their scope of practice when under supervision of Behavioral Health Professionals. Non-licensed staff including Qualified Peer Specialists may accompany a licensed practitioner providing a mobile crisis and may also assist with developing, crisis diversion plans, safety plans or relapse prevention plans, provide support during and after a crisis and assist with connecting an individual with identified supports and linkages to community services.

A Qualified Peer Specialist must have the following credentials:

- A practitioner who is at least 18 years of age and has a high school diploma, high school equivalency preferred, or State Education Commencement Credential (e.g. SACC or CDOS). Note: The educational requirement can be waived by DOH or its designee if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification,
- Demonstrate ‘lived experience’ as an individual who has experienced social, emotional, developmental, health and/or behavioral health care needs or as a parent, primary caregiver who has navigated multiple child serving systems on behalf of their child (ren) with and/or behavioral healthcare needs, and
- Credentialed as one of the following:
 - Family Peer Advocate who has completed Level One and Level Two of the Parent Empowerment Program Training or approved comparable training. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years. An FPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional family peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. The practitioner completes the certification’s required hours of continuing education annually and renews their credential every two years.
 - Youth Peer Advocate (YPA) who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes the certification’s required hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - A practitioner who has completed the required training and has a current certification from the New York State Peer Specialist Certification Board.

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3b-16
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued):
Practitioner qualifications (Continued):

Crisis Intervention Team Training: All members of the Crisis Intervention team are required to have training on the administration of Naloxone (Narcan).

Supervisor Qualifications: The supervisor is a competent mental health professional and must provide regularly scheduled supervision for all team members including peers. The supervisor must have the qualifications of at least a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse (RN), or Nurse Practitioner operating within the scope of their practice, with at least 2- years of work experience. The supervisor must practice within the State health practice laws and ensure that providers are supervised as required under state law.

Provider Agency Qualifications: CI practitioners must work within a child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OMH, OASAS, OCFS or DOH or its designee to provide the crisis services referenced in the definition.

Crisis Intervention includes three modalities:

- Mobile Crisis is a face-to-face intervention typically comprised of mobile two-person response teams that includes telephonic triage and can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. The service is available with 24 hours a day, 7 days a week and 365 days a year with capacity to respond immediately or within three hours of determination of need. Qualifications: Mobile Crisis is provided by a trauma informed, culturally and linguistically competent, multidisciplinary team of two team members, for programmatic or safety purposes unless otherwise determined through triage. One member of a two-person mobile crisis intervention team must be a behavioral health professional and have experience with crisis intervention service delivery. If determined through triage that only one team member is needed to respond, an experienced behavioral health professional must respond. This can be an unlicensed Psychologist employed by State or County Government. Similarly, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) may respond to a Substance Use Disorder crisis with a licensed practitioner available via phone. A Qualified Peer Specialist or other unlicensed practitioner may not respond alone, except for the CASAC as noted.

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3b-17

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):

Crisis Intervention (Continued):

Practitioner qualifications (Continued):

Crisis Stabilization/Residential Supports

- Short-term Crisis Stabilization/Residential Supports is a voluntary non-hospital sub-acute crisis intervention provided for up to 28 days to stabilize and resolve the crisis episode, with 24-hour supervision. Qualifications: Short-term Crisis Stabilization/Residential Supports is staffed to meet the high need of children experiencing a crisis through a multidisciplinary team that focus on crisis stabilization and well-coordinated transitions into services that align with the on-going needs of the individual.

Crisis Intervention may include the following components:

- Mental Health and Substance use Disorder Assessment
- Service Planning
- Therapeutic Communication and Interaction (Individual and family Counseling)
- Care Coordination
- Peer/family Support

Mental Health and Substance Abuse Services Assessment includes both Initial and on-going assessments to determine the need for further evaluation, and to make treatment recommendations and/or referral to other health and/or behavioral health services as clinically indicated. The expectation is that the assessment includes, but may not be limited to:

- Risk of harm to self or others, current mental status, current and recent history of substance use, assessment of intoxication and potential for serious withdrawal;
- History of psychiatric treatment and medical stability;
- Prescribed medications, including medical, psychiatric and medication assisted treatments for substance use
- Presenting problem and review of immediate needs; and
- Identification of supports.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

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3b-18

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention Components:

Service Planning includes:

- Development of a crisis diversion plan, safety plan or crisis relapse prevention plan;
- Connecting an individual with identified supports and linkages to community services including referral and linkage to appropriate behavioral health community services as an alternative to more restrictive levels of care,
- Facilitating timely access to services required to address the crisis-related needs of the individual, including mobile crisis, observation, stabilization, withdrawal management, local SUD such as 24/7 open access centers, respite, and/or secure access to higher levels of care, if required such as psychiatric or substance use disorder (SUD) inpatient hospitalization.

Qualifications: A behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist as defined above in this section.

Therapeutic communication and interaction (Individual and Family) Counseling/Therapy includes alleviating psychiatric or substance use symptoms, maintaining stabilization following a crisis episode, and preventing escalation of BH symptoms. It also includes psychiatric consultation and urgent psychopharmacology intervention, as needed. It includes conflict resolution, de-escalation and, monitoring of high-risk behavior.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse/, Clinical Nurse Specialist, Physician Assistant , Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist) or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a Behavioral Health Professional including individuals with two-years experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse, a Credentialed Alcoholism and Substance Abuse Counselor (CASAC); or a Qualified Peer Specialist may also provide support during and after a crisis.

New York
3b-19

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Crisis Intervention (Continued)
Components (Continued)

Care Coordination:

Description: Care coordination includes:

- Involvement of identified family and friends to resolve the individual's crisis
- Follow up and documentation of follow up with child and family/caregiver within 24 hours of initial contact/response and up to 14 days post contact/response.
- Facilitation of engagement in outpatient BH services, care coordination, medical health or basic needs related to the original crisis service;
- Confirmation with service providers of connections to care and support to the recipient in the community while he or she is awaiting initiation or resumption of services;
- Contact with the individual's existing primary care and BH treatment providers, adult or children's Single Point of Access (SPOA) where applicable, and and/or care coordinator of the developed crisis plan;
- Contact with the individual's natural support network with consent;
- Referral and engagement/re-engagement with health homes and appropriate BH community and certified peer services to avoid more restrictive levels of treatment, and
- Follow-up with the individual and the individual's family/support network to confirm enrollment in care coordination, outpatient treatment, or other community services has occurred or is scheduled.

Qualifications: A Behavioral Health Professional (Physician (MD), including Psychiatrist and Addictionologist/Addiction Specialist, Nurse Practitioner, Registered Nurse, Clinical Nurse Specialist, Physician Assistant, Licensed Psychologist, Unlicensed Psychologist employed by State or County Government, Licensed Psychoanalyst, Licensed Social Worker (Licensed Masters Social Worker – LMSW or Licensed Clinical Social Worker- LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, or a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). A practitioner not meeting the qualifications of a behavioral health professional including individuals with two years of experience, a limited staff permit issued by New York State of Education Department, a student within a DOH approved New York State of Education Department program, a Licensed Practical Nurse; or a Qualified Peer Specialist may assist with connecting an individual with identified supports and linkages to community services.).

Peer/Family Peer Supports including crisis resolution with the identified Medicaid eligible child, the child's family/caregiver and the treatment provider including engagement; assistance with developing crisis diversion plans or relapse prevention plans; and assistance with the identification of natural supports and access to community services during and after a crisis. Qualifications: Qualified Peer Specialist as defined above in this section.

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3b-26

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:

The PSR provider must receive regularly scheduled supervision from a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support and Training:

Description: Youth support and training services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support and training is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

New York
3b-27
[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training: (Continued)

Youth Peer Support and Training is recommended by any following licensed practitioners of the healing arts operating within the scope of their practice under State license: a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, Nurse Practitioner. Activities may include: Restoration, rehabilitation, and support to develop skills for coping with and managing psychiatric symptoms, trauma and substance use disorders; promote skills for wellness and recovery support; develop skills to independently navigate the service systems; develop skills to set goals; and build community living skills. To enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy; Self-Advocacy & Empowerment skill building to develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community; serve as an advocate, mentor or facilitator for resolution of issues; and, assist in navigating the service system including assisting with engagement and bridging during transitions in care.

Practitioner qualifications:

YPST is delivered by a New York State Credentialed Youth Peer Advocate. To be eligible for the Youth Peer Advocate Professional Credential, an individual must:

- Be an individual 18 to 30 years who has self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges
- Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the credentialing agency if the person has demonstrated competencies and has relevant life experience sufficient for the youth peer-credential.
- Credentialed as one of the following:
 - Youth Peer Advocate who has completed Level One and Level Two of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs, work-related experience, and provided evidence of supervision. The practitioner completes 20 hours of continuing education and renews their credential every two years. An YPA may obtain a provisional credential for no longer than 18 months to complete all requirements of the professional youth peer advocate.
 - Certified Recovery Peer Advocate who has completed their content specific training, work-related experience, evidence of supervision, and passed the Peer Advocate Exam or other exam by an OASAS designated certifying body. Annually the practitioner completes 20 hours of continuing education and renews their credential every two years.

New York
3b-28

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued)
Youth Peer Support and Training (Continued):
Practitioner qualifications (Continued):

Supervisor Qualifications: YPAs will be supervised by:

- 1) A credentialed YPA with three years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization OR
- 2) A credentialed FPA with 3 years of experience providing FPSS that has been trained in YPST services and the role of the YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPAs within the organization.
- 3) A qualified "mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs and efforts are made as the YPST service gains maturity in NYS to transition to supervision by an experienced credentialed YPA within the organization.

Additional Supervisor Qualifications:

- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs and be capable of training staff regarding these issues.

New York
3b-29

[Reserved]

13d. Rehabilitative Services: EPSDT only (Continued):
Youth Peer Support and Training (Continued):

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Group should not exceed more than 8 members. Medicaid youth peer support and training will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment plan/recovery plan goals, objectives, and approved services will not be reimbursed.

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Office of Children and Family Services

The Office of Children and Family Services (OCFS) Bureau of Waiver Management (BWM) will soon submit an application to the Federal Centers for Medicare and Medicaid Services (CMS) to renew the three Home and Community Based Services (HCBS) Bridges to Health (B2H) Medicaid Waiver Programs for children and adolescents with Serious Emotional Disturbance (SED), Developmental Disabilities (DD) or who are Medically Fragile (MedF). The OCFS B2H Waiver Programs have been in operation since 2008 serving children and adolescents who are or have been in the NYS Child Welfare System. They are extremely important components in the spectrum of services for New York State's children with serious emotional disturbance, developmental disabilities, and who are medically fragile, by providing necessary support for these children and adolescents to remain in the community in the most integrated setting as an alternative to institutionalization.

There is one proposed change to the B2H Waiver Programs. Currently, the DD slots and the MedF slots are allocated to each of the 6 NYS Regions and managed by Home Office BWM B2H staff. The proposed change would pool together the DD and MedF slots currently allocated to the 5 Upstate Regions. Those pooled slots would then be managed by Home Office BWM B2H staff. This change does not affect the number of slots. Additionally, there would be no change to slots allocated to Region 6 – New York City.

We want to advise you of this opportunity to comment because feedback from the community is essential in our renewal process. The current B2H SED, DD and MedF waivers are available for viewing on the OCFS website at <http://ocfs.ny.gov/main/b2h/>. Comments may be forwarded within the next thirty days as we work toward the renewal of this important waiver program. Please direct all comments to:

Mimi Weber, Director, Bureau of Waiver Management, Office of Children and Family Services, 52 Washington St., Rensselaer, NY 12144, or e-mail: ocfs.sm.B2Hpubliccomment@ocfs.ny.gov, (518) 408-4064

Kimberly Jefferson, Assistant Director, Bureau of Waiver Management, Office of Children and Family Services, 52 Washington St., Rensselaer, NY 12144, or e-mail: ocfs.sm.B2Hpubliccomment@ocfs.ny.gov, (518) 408-4064

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for May 2015 will be conducted on May 12 and May 13 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology on or after July 1, 2015. The following changes are proposed:

The Ambulatory Patient Group (APG) reimbursement methodology is revised to mitigate fiscal disincentives for rendering multiple service visits at integrated service clinics certified pursuant to Part 404 Subchapter A of Chapter V of 10 NYCRR. Multiple minor changes to the APG reimbursement methodology will be implemented for these clinics which include eliminating multiple behavioral health service discounting and multiple Evaluation and Management (E&M) service consolidation so that the second E&M pays at a discounted rate rather than consolidating.

The estimated annual impact of these changes will be nominal since less than one percent of claims will be affected.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Early and Periodic Screening Diagnosis and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under age 21 years on or after May 1, 2015 by adding the following new services:

- Crisis Intervention;
- Other Licensed Practitioner;
- Community Psychiatric Supports & Treatment;
- Psychosocial Rehabilitation Services;
- Family Peer Support Services; and
- Youth Peer Support and Training.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at: http://www.health.ny.gov/regulations/state_plans/status.

For the New York City district, copies will be available at the following places:

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For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Federally Qualified Health Center (FQHC) reimbursement methodology. The following changes are proposed:

Effective on May 1, 2015 and each October 1 thereafter, rates of payment for the group psychotherapy and individual off-site services will be increased by the percentage increase in the Medicare Economic Index (MEI) for FQHC providers only. Also, the reimbursement methodology for out-of-state FQHCs will be that the Department may use the currently approved FQHC rate of the provider's home state. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2015/2016 is \$2,417.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

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Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), or e-mail: spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to Title 9, Article 54 of the Environmental Conservation Law, the New York State Office of Parks, Recreation and Historic Preservation hereby gives public notice of the following:

Notice is hereby given, pursuant to Section 49-0305 (9) of the Environmental Conservation Law, that the State of New York acting by and through the New York State Office of Parks, Recreation and Historic Preservation intends to acquire a Conservation Easement from the following: Finger Lakes Land Trust, Inc. in Town of Spaford, Onondaga County, New York; D&H Canal Historical Society, Inc. in Town of Marletown, Ulster County, New York; County of Erie in City of Buffalo, New York.

For further information, contact: Beatrice Gamache, Regional

- ESG U.S. equity strategies using the Russell 3000, Russell 1000 or S&P 500 as their primary benchmark will be considered. Strategies with an extreme style bias, sector focus or small cap orientation will not be considered.

The RFP process for both the Opportunistic Growth and ESG options is open to evaluating mutual funds, CIT's, or other daily valued, daily liquid pooled vehicles that are funded and able to accept NYSDC participant assets. Separate accounts and unfunded commingled vehicles will not be considered for these RFPs.

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

The following clarification to the April 29, 2015, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after July 1, 2018.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports
- Family Peer Support Services, and
- Youth Peer Support and Training

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

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Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

Effective on or after October 1, 2017, the Commissioner of Health will amend the State Plan for Health Home services to reduce the per member per month (pmpm) "outreach" payment for members in the case finding group that have been assigned to a Health Home from \$135 (pmpm) to a rate no less than \$100. In addition, the billing cycles applicable to outreach will be modified, and may include limiting payments for outreach to two consecutive months and requiring a face-to-face meeting in the second month.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

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95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

The New York State Department of Health is submitting a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend New York State's Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver.

Beginning no earlier than January 1, 2018, New York is seeking approval with this demonstration amendment to:

- Expand the 1115 benefit package to include those OPWDD Medicaid services targeted for individuals with intellectual and developmental disabilities not previously included in the waiver benefit package.

- Transition coverage under the Office for People with Development Disabilities (OPWDD) 1915(c) Comprehensive Home and Community Based Services (HCBS) waiver to the 1115 demonstration.

- Remove the exemption from mandatory enrollment into Medicaid Managed Care (MMC) for Medicaid eligible persons who have an intellectual and/or developmental disability (IDD) as defined in Mental Hygiene Law 1.03, unless the individual is otherwise excluded from enrollment, i.e., available comprehensive Third Party Health Insurance and/or Medicare. Individuals who have an intellectual and/or

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services. The following changes are proposed:

The following clarification to the June 14, 2017, notice provision to revise provisions of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years to add the following six new services will take effect on or after January 1, 2019.

- Crisis Intervention
- Other Licensed Providers
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitative Supports

- Family Peer Support Services, and
- Youth Peer Support and Training

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will be available at the following places:

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Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE Department of State F-2018-0034

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York, and are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0034ForPN>

In F-2018-0034, Carver Realty, LLC proposes to stabilize ~490 linear feet of Coeymans Creek shoreline using heavy armor stone and plantings. When complete the bank will have a 2:1 to 3:1 slope. A portion of the proposed work would be conducted below the Mean High Tide Line. The activity is proposed along the southern shoreline of Coeymans Creek near the creek's confluence with the Hudson River. The property is owned by the applicant and is operated as the Coeymans Landing Marina.

The stated purpose of the proposed activity is to provide bank stabilization along the bank of Coeymans Creek and reduce further erosion of the stream bank.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2018-0736

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0736_Application.pdf

In F-2018-0736, Ciarletta Enterprises, LLC, is proposing waterfront enhancements in the Great South Bay at 32 Unqua Place, Village of Amityville, Nassau County. The applicant proposes to install a boat ramp, reconstruct a 119-linear foot vinyl bulkhead landward of the existing concrete rip-rap shoreline, replace the existing concrete debris seaward of the bulkhead with native stone/boulder, and install a fixed pier (30 feet by 4 feet), offshore deck (12 feet by 12 feet), and a ramp (15 feet by 3 feet) to a float (20 feet by 6 feet) in a similar location as a prior dock that was damaged by Hurricane Sandy. A boat lift and jet ski lift would be affixed to the proposed offshore deck. Access stairs to the water that were damaged by Hurricane Sandy would also be constructed.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or November 22, 2018.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2018-0757

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities

described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2018-0757, the applicant, Village of Kings Point, proposes to remove invasive vegetation at several locations immediately east of and along the East Shore Road (approximately 620 feet north of the intersection of Ravine Road and East Shore Road) in Kings Point, Nassau County. The project area borders the Manhasset Bay and all property is owned by the Village of Kings Point. Invasive species targeted include several invasive trees, shrubs, and vines as well as invasive common reed or Phragmites. Mechanical and chemical treatment with EPA approved herbicide glyphosate is proposed and long-term management of the various species will be employed as well as planting of the areas with native vegetation. Mechanical means will be employed to the maximum extent practicable. A 32+/- linear foot root barrier at the southern portion of the site will be installed to prevent further Phragmites spreading. Best management practices include use of coir matting and silt fencing as needed. Native trees and plants will be protected during the treatment of invasive target species. All work is to be completed in one phase.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 22, 2018.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Comments can also be submitted electronically via e-mail to: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2018-0777

Date of Issuance – November 7, 2018

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2018-0777GosierCantileverSystem.pdf>

In F-2018-0777, or the "Gosier Cantilever System", the applicant – Mary Gosier – proposes to construct a cantilever system at ground level. The proposed cantilever system includes a 300 square foot composite deck built on steel super structure. The project includes steel stairs from the steel structure to the water. The steel beam structure will be a total of 37 feet long by 11 feet-eight inches wide. The project is located at 20849 Hess Shore Drive in the Town of Hounsfield, Jefferson County, New York on Black River Bay. The application states purpose of the project is "to provide stairs for access to the water from the property. To also provide a deck and means to pull a boat out of the water."

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, December 7, 2018.