



Department of Health

ANDREW M. CUOMO
Governor

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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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

Nancy Grano
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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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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LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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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Office of Health Insurance Programs

Enclosures

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NYSDOH American Indian Health Program



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LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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Governor

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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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

Nancy Grano
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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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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Office of Health Insurance Programs

Enclosures

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Michele Hamel
NYSDOH American Indian Health Program



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Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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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Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

Tim Twoguns
Nation Representative
Cayuga Nation
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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Enclosures

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Nancy Grano
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Michele Hamel
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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

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

Dear Mr. Wheeler:

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LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

Maurice A. John Sr.
President
Seneca Nation of Indians
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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LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 15, 2020

Ben Geboe
Interim Executive Director
American Indian Community House
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

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

SUMMARY
SPA #20-0055

This State Plan Amendment proposes to revise the rate setting methodology for calculating the occupancy adjustment for ICFs/IID by limiting or eliminating the adjustment based on a system-wide assessment of vacancy utilization, impose a limit on the amount of administration that is recognized in the rate methodology, as well as consider other actions to limit reimbursement where individuals are not in residence.

DRAFT

New York

2

Residential Treatment Facilities for Children and Youth (RTFs)

All recipients eligible who have been institutionalized for 15 days during a current spell of illness, in the facility. There is no limitation on the number of therapy days a recipient may be absent. A therapy day is a day when the individual is away from the RTF and is not receiving services from the RTF and the absence is for the purpose of visiting with family or friends, or a vacation. Absences from all RTFs, other than for hospitalization, including therapy days, must be provided for in an individual's plan of care to be eligible for payment and the person may not receive another Medicaid-funded residential or inpatient service on that day.

(i) payments for reserved bed days for RTFs are paid at the same rate as occupied days.

The 15 day requirement may be waived with prior approval by a designee of the Commissioner of the Office of Mental Health.

B. RESERVED BEDS DURING PERIODS OF HOSPITALIZATION

All recipients eligible after 30 days in:

- 1) an NF;
- 2) an ICF/[MR]IID;
- 3) a specialty hospital;
- 4) a rehabilitation facility or rehabilitation units of general hospitals;
- 5) a hospice

All recipients eligible who have been institutionalized for at least 15 consecutive days in:

- 1) a psychiatric facility or psychiatric units of general hospitals;
- 2) an RTF

The 15 day requirement may be waived with prior approval by a designee of the Commissioner of the Office of Mental Health.

For other than Residential Treatment Facilities:

Without prior approval, not to exceed 15 days during period of hospitalization for acute conditions, for any single hospital stay, when patient returns immediately following a period during which their bed was reserved to his/her originating facility in 15 days or less. Effective October 1, 2020, a Non-state Government Owned & Operated ICF/IID provider is limited to billing 14 Medical Leave days per rate year, per individual, without prior authorization. Effective on or after October 1, 2020, Medical Leave days will be reimbursed at a rate of 50 percent of the provider's established rate.

TN #20-0055

Approval Date _____

Supersedes TN #18-0024

Effective Date October 1, 2020

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

Division of Criminal Justice Services
Commission on Forensic Science

Pursuant to Public Officers Law section 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Commission on Forensic Science to be held on:

Date: June 5, 2020
Time: 9:00 a.m. - 1:00 p.m.

Video Conference Only: The webcast information for this meeting will be posted on the Division of Criminal Justice website under the Newsroom, Open Meeting/ Webcasts.

<https://www.criminaljustice.ny.gov/pio/openmeetings.htm>

PUBLIC NOTICE

Division of Criminal Justice Services
Law Enforcement Agency Accreditation Council

Pursuant to Public Officers Law § 104, the NYS Division of Criminal Justice Services gives notice of a virtual meeting of the Law Enforcement Agency Accreditation Council to be held on:

Date: Thursday, June 4, 2020
Time: 10:00 a.m.

For further information, please contact: Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, 518-457-2667

Live Webcast will be available as soon as the meeting commences at: <http://www.criminaljustice.ny.gov/pio/openmeetings.htm>

PUBLIC NOTICE

Division of Criminal Justice Services
Municipal Police Training Council

Pursuant to Public Officers Law § 104, the NYS Division of Criminal Justice Services gives notice of a virtual meeting of the Municipal Police Training Council to be held on:

Date: Wednesday, June 3, 2020

Time: 10:00 a.m.

For further information, please contact: Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, 518-457-2667

Live Webcast will be available as soon as the meeting commences at: <http://www.criminaljustice.ny.gov/pio/openmeetings.htm>

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 and long term care services. Proposed changes are being made to effect certain rate setting provisions in the approved 2020-2021 New York State Budget, to reflect historical utilization and efficiencies, and to make other operational, technical and streamlining changes. The following changes are proposed:

Non-Institutional Services:

Effective on or after July 1, 2020 the Commissioner of Health in consultation with the Commissioner of the Office for People With Developmental Disabilities (OPWDD), will amend the State Plan for Health Home services to adjust reimbursement to reflect historical utilization and other efficiencies related to the transition to CCOs.

Long Term Care Services:

Effective on or after October 1, 2020, DOH and OPWDD propose to amend the State Plan, to revise the rate setting methodology for calculating the occupancy adjustment for Intermediate Care Facilities for Individuals with Intellectual Disabilities by limiting or eliminating the adjustment based on a system-wide assessment of vacancy utilization, impose a limit on the amount of administration that is recognized in the rate methodology, as well as consider other actions to limit reimbursement where individuals are not in residence.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2020-2021 is approximately (\$ 75.2 million).

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, NY 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 Health

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

The Department of Health (DOH) proposes to amend the Office for People With Developmental Disabilities (OPWDD) 1915(c) Home and Community-Based Services Comprehensive Waiver (NY.0238). Proposed changes are being made to effect certain rate setting provisions in the approved 2020-2021 New York State Budget and to make other operational changes and streamlining changes.

The Amendment will revise the rate setting methodology for calculating the occupancy adjustment for Supervised Residential Habilitation services by limiting or eliminating the adjustment based on a system-wide assessment of vacancy utilization, as well as consider other actions to limit reimbursement where individuals are not in residence. The rate setting regions for Community Prevocational Services will be realigned with the rate settings regions already in use for Community Habilitation services.

The description of Community Habilitation will be updated to reflect that OPWDD will implement clinical review tools to formalize a three-step review process for consistency and efficiency of decision making and fairness and equity of service authorizations for Community Habilitation. This amendment will also implement technical changes to streamline the completion of the Documentation of Choices form by eliminating the need for Regional Office staff to sign the form.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020-2021 is approximately \$103.8 million.

The public is invited to review and comment on this proposed HCBS Waiver Amendment, a copy of which will be available for public review on the OPWDD's website at: <https://opwdd.ny.gov/providers/home-and-community-based-services-waiver> as of June 1, 2020. Individuals without Internet access may view the proposed Amendment at any local (county) social services district.

Copies will be also be available at local Developmental Disabilities Regional Offices (DDRO) at the following addresses:

Finger Lakes DDRO
620 Westfall Rd./326 Sun St.
Rochester, NY 14620

Western NY DDRO
1200 East and West Rd., Building 16
West Seneca, NY 14224

Broome DDRO
249 Glenwood Rd.
Binghamton, NY 13905
Central NY DDRO
187 Northern Concourse

North Syracuse, NY 13212

Sunmount DDRO
2445 State Route 30
Tupper Lake, NY 12986

Capital District DDRO
500 Balltown Rd.
Schenectady, NY 12304

Hudson Valley DDRO
9 Wilbur Rd.
Thiells, NY 10984

Taconic DDRO
38 Firemens Way
Poughkeepsie, NY 12603

Bernard Fineson DDRO
80-45 Winchester Blvd, Building 80, 2nd Floor Administrative Suite
Queens Village, NY 11427

Metro NY DDRO/Bronx
2400 Halsey St.
Bronx, NY 10461

Brooklyn DDRO
888 Fountain Ave.
Bldg. 1, 2nd Floor
Brooklyn, NY 11239

Metro NY DDRO/Manhattan
25 Beaver St., 7th Floor
New York, NY 10004

Staten Island DDRO
930 Willowbrook Rd.
Staten Island, NY 10314

Long Island DDRO
415-A Oser Ave.
Hauppauge, NY 11788

Written comments will be accepted by email at peoplefirstwaiver@opwdd.ny.gov or by mail at Office for People With Developmental Disabilities, Division of Policy and Program Development, 44 Holland Avenue, Albany, NY 12229. All comments must be postmarked or emailed by July 1, 2020. Please indicate "OPWDD 1915(c) October 2020 Waiver Amendment Comments" in the subject line.

PUBLIC NOTICE

Department of State
F-2020-0084

Date of Issuance – May 27, 2020

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).

SUMMARY
SPA #20-0060

This State Plan Amendment proposes to authorize the Commissioner of Health to establish fees for the reimbursement of private duty nursing (PDN) services with approval from the director of budget. This will allow for more consistent fees throughout the various regions of New York state. Fees are currently set by the counties.

- Increase PDN fee-for-service reimbursement, for nursing services provided to medically fragile children, and individuals transitioning out of such category of care, for a period of 3 years until reaching the benchmark developed by the Commissioner of Health.
- Create a PDN directory of fee-for-service providers, who will receive an increased fee for the fee-for-service reimbursement of PDN services provided to medically fragile children, and individuals transitioning out of such category of care. Directory enrollment is offered to all PDN providers available to serve medically fragile children. Providers enrolling in the directory shall ensure the availability and delivery of and shall provide such services to those individuals as are in need of such services.
- Increased fee-for-service reimbursement and access to providers shall decrease the risk of unnecessary hospitalizations and institutionalization of medically fragile children.

DRAFT

**New York
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Personal Emergency Response Services

Reimbursement for Personal Emergency Response Services (PERS) will be provided under the auspices of SDSS through contractual arrangements between the LDSS and the provider. Locally negotiated rates must include the costs for renting or leasing PERS equipment, the installation, maintenance, and the removal of PERS equipment from the clients home. A second rate must also be negotiated by the local district for a monthly monitoring service charge. These two rates must not exceed the local prevailing rate or the SDSS established cap.

For the period April 1, 1995 through March 31, 1996, the Department of Social Services in consultation with the Department of Health [shall] will establish a state share medical assistance cost savings target for each certified home health agency, which is to be achieved as a result of the agency's development and implementation of personal emergency response services and shared aide efficiency initiatives. The aggregate of such state share targets [shall] will not exceed fifteen million five hundred thousand dollars.

Services Provided To Medically Fragile Children

For purposes of this section, for the period beginning October 1, 2020 and thereafter, a medically fragile child [shall] will mean a child, up to twenty-[one] three years of age, who is at risk of hospitalization or institutionalization for reasons that include but are not limited to the following: children who are technologically-dependent for life or health-sustaining functions; require complex medication regimen or medical interventions to maintain or improve their health status; or are in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk. These children are capable of being cared for at home if provided with appropriate home care services including but not limited to continuous nursing services.

For the period beginning January 1, 2007 and thereafter, rates of payment for continuous nursing services for medically fragile children provided by a certified home health agency, or by registered nurses or licensed practical nurses who are independent providers, [shall] will be established to ensure the availability of such services, and [shall] will be established at a rate that is thirty percent higher than the provider's current rate for private duty nursing services. A certified home health agency that receives such rates for continuous nursing services for medically fragile children [shall] will use such enhanced rates to increase payments to registered nurses and licensed practical nurses who provide these services. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

New York
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Nonprescription Drugs

Reimbursement is the lowest of:

- (1) the usual and customary price charged to the general public;
- (2) the price established by the Commissioner of Health as shown on the NYS List of Medicaid Reimbursable Drugs for that generic category and strength in the package size nearest to that ordered; and,
- (3) Acquisition cost plus dispensing fee.

Private Duty Nursing

[Fees determined by local districts and reviewed by the Department of Social Services.]
For the period beginning October 1, 2020 and thereafter, fees determined by the Commissioner of Health with the approval of the Director of the Budget.

The Commissioner of Health [shall] will adjust rates of payment for services provided by private duty nursing providers for the purpose of enhancing the provision, accessibility, quality, and/or efficiency of home care services. These rate adjustments [shall] will be for the purposes of assisting such providers, located in social services districts that do not include a city with a population of over one million persons, in meeting the cost of;

- (i) Increased use of technology in the delivery of services, including clinical and administrative management information systems;
- (ii) Specialty training of direct service personnel in dementia care, pediatric care, and/or the care of other conditions or populations with complex needs;
- (iii) Increased auto and travel expenses associated with rising fuel prices, including the increased cost of providing services in remote areas;
- (iv) Providing enhanced access to care for high need populations.

**New York
5(a)**

The Commissioner [shall] will increase the rates of payment for all eligible providers in an amount up to an aggregate of \$16,000,000 annually for the periods June 1, 2006 through March 31, 2007, April 1, 2007 through March 31, 2008, and April 1, 2008 through March 31, 2009.

Rates will be adjusted in the form of a uniform percentage add-on as calculated by the Department, based upon the proportion of total allocated dollars, to the total Medicaid expenditures for covered home care services provided in local social services districts that do not include a city with a population over one million. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

Services Provided to Medically Fragile Children

For purposes of this section, for the period beginning October 1, 2020 and thereafter, a medically fragile child [shall] will mean a child, up to twenty-[one] three years of age, who is at risk of hospitalization or institutionalization for reasons that include but are not limited to the following: children who are technologically-dependent for life or health-sustaining functions; require complex medication regimen or medical interventions to maintain or improve their health status; or are in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk. These children are capable of being cared for at home if provided with appropriate home care services including but not limited to continuous nursing services.

For the period January 1, 2007 through December 31, 2010, rates of payment for continuous nursing services for medically fragile children [shall] will be established to ensure the availability of such services or programs, and [shall] will be established at a rate that is thirty percent higher than the provider's current rate for private duty nursing services. Providers that receive such rates for continuous nursing services for medically fragile children must use these enhanced rates to increase payments to registered nurses or licensed practical nurses who provide these services to medically fragile children. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

For the period beginning October 1, 2020, providers who enroll in the medically fragile children private duty nursing provider directory will receive an enhanced rate of fifteen percent effective 10/1/2020; thirty percent effective 4/1/2021; and forty-five percent effective 4/1/2022.

Nursing Services (Limited)

The Commissioner of Health, subject to the approval of the Director of the Budget, establishes reimbursement rates for certain nursing services provided to eligible residents by a certified operator of an adult home or enriched housing program that has been issued a limited license by the Department. A limited license may be issued to the certified operator of an adult home or enriched housing program and allows such operator to directly provide certain

TN #20-0060

Approval Date _____

Supersedes TN #08-0028

Effective Date October 1, 2020

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 Health

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient, long term care, and non-institutional services to comply with recently proposed statutory provisions. The following significant changes are proposed:

All Services

Effective for dates of service April 1, 2020 through March 31, 2021, and each state fiscal year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by \$2.5 billion. Such reductions will be applied only to the extent that alternative methods that achieve Medicaid state share savings annually are not implemented. Medicaid payments that will be exempted from the uniform reduction include:

1. Payments whereby federal law precludes such reduction, including:
 - Federally Qualified Health Center services;
 - Indian Health Services and services provided to Native Americans;
 - Supplemental Medical Insurance – Part A and Part B;
 - State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
 - Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
 - Services provided to American citizen repatriates; and
 - Hospice Services.
2. Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:
 - Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
 - Certified public expenditure payments to the NYC Health and Hospital Corporation;
 - Certain disproportionate share payments to non-state operated or owned governmental hospitals;

- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
 - Services provided to inmates of local correctional facilities.
3. Other Payments that are not subject to the reduction include:
 - Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
 - Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
 - Early Intervention;
 - Payments for services provided by Other State Agencies including Office of Children and Family Services, State Education Department, and the Department of Corrections and Community Supervision.
 - Vital Access Providers and Vital Access Provider Assurance Program;
 - Physician Administered Drugs;
 - Court orders and judgments; and
 - Family Planning services.

Copies of the proposed state plan amendments will be on file in each local (county) social services district and available for public review.

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, non-institutional or long term care services to comply with proposed Medicaid Redesign Team II (MRT) initiatives. The following changes are proposed:

All Services

Effective for dates of service April 1, 2020 through March 31, 2021, and each State Fiscal Year (SFY) thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.875 percent. Medicaid payments that will be exempted from the uniform reduction include:

- Payments whereby federal law precludes such reduction, including:
 - Federally Qualified Health Center services;
 - Indian Health Services and services provided to Native Americans;
 - Supplemental Medical Insurance – Part A and Part B;
 - State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
 - Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
 - Services provided to American citizen repatriates; and
 - Hospice Services.
- Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:
 - Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
 - Certified public expenditure payments to the NYC Health and Hospitals Corporation;
 - Certain disproportionate share payments to non-state oper-

ated or owned governmental hospitals;

- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.
- Other Payments that are not subject to the reduction include:
 - Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
 - Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
 - Early Intervention;
 - Payments for services provided by Other State Agencies including Office of Children and Family Services, State Education Department, and the Department of Corrections and Community Supervision;
 - Vital Access Providers and Vital Access Provider Assurance Program;
 - Physician Administered Drugs;
 - Children and Family Treatment and Support Services (CFTSS);
 - Court orders and judgments; and
 - Family Planning services.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for SFY 2020-21 is (\$438 million).

Non-Institutional Services

Care Management

Effective on or after April 1, 2020 and SFY thereafter, these proposals will:

- **Implement Health Home Improvement, Efficiency, Consolidation and Standardization:** These efficiencies include eliminating outreach payments, reducing unnecessary documentation, revising the criteria for admission, and re-evaluating the benchmarks for stepping patients down to lower levels of care management or graduation from a Health Home. Finally, placing the most seriously mentally ill clients in care management arrangements with appropriate caseload sizes – overseen by the Office of Mental Health – while moving lower acuity members into less intensive care management arrangements will both improve program quality and achieve efficiencies.
- **Promote Further Adoption of Patient-Centered Medical Homes (PCMH):** Continues incentive payments at current levels for lower cost, higher value PCMH programs while incorporating a tiered quality component into the incentive payments to align with other State initiatives such as the Prevention Agenda.
- **Comprehensive Prevention and Management of Chronic Disease:** Advances the use of evidence-based prevention strategies to manage highly prevalent chronic diseases, including diabetes, hypertension, asthma, smoking, osteoarthritis, chronic kidney disease, HIV/AIDS, and sickle cell disease. Specifically, the proposal will: (1) promote the use of evidence-based, self-care education, and prevention strategies; (2) implement an awareness campaign to educate Medicaid Managed Care (MMC) Plans, providers, and Medicaid members on the various resources and programs that are available; (3) educate the provider community relative to adherence to established evidence-based practice guidelines; (4) optimize services that are already covered by Medicaid, including expanding who can provide services; (5) optimize pharmacist services and leverage the frequency of patient visits to the pharmacy by expanding Collaborative Drug Therapy Management (CDTM) to the community setting, enable pharmacists to administer point-of-care testing for designated CLIA-waived tests and to initiate prescriptions for certain medications; (6) focus on chronic condition management within Patient-Centered Medical Homes (PCMHs) and Health Homes; initially, focus treatment and care management resources on adults with diabetes and hypertension, and children with asthma.
- **Children's Preventive Care and Care Transitions:** Promotes behavioral health integration in pediatrics by continuing ongoing pilot work focused on pregnancy and early childhood (e.g., preschool screening and universal, light-touch home visits) and leverages participation in CMMI's Integrated Care for Kids (InCK) model of

integration of medical and behavioral health care, using resources already available in the community. In addition, this proposal improves care transitions for children with chronic medical and behavioral conditions, with a special focus on children with sickle cell disease (SCD) moving from pediatric to adult care settings.

- **Children and Family Treatment and Support Services (CFTSS) - Restores specialized transition rates for CFTSS.**
 - **Invest in Medically Fragile Children:** Invests Medicaid resources to improve access to private duty nursing (PDN) for medically fragile children in order to prevent hospitalization and emergency visits, by leveraging additional utilization of telehealth, commercial insurance coverage for PDN, further PDN network development and enhanced rates. Specifically, the proposal would increase fee-for-service PDN rates over a three year period to benchmark to the current Medicaid Managed Care rates; create a PDN Network whereby PDN providers would receive a negotiated enhanced rate of payment for PDN services.
 - **Preventive Dentistry:** Promotes evidence-based preventative dentistry using fluoride varnish and silver diamine fluoride. Specifically, the proposal increases the application of fluoride varnish by primary care providers, including Registered Nurses, which will decrease early childhood decay and associated restorative costs. In addition, the proposal expands Medicaid dental coverage to include silver diamine fluoride which stops tooth decay and prevents additional oral complications.
 - **Emergency Room Avoidance and Cost Reductions:** this proposal reduces unnecessary Emergency Department (ED) utilization and/or cost by redesigning care pathways for high ED utilizing patients and transitions navigation to community services by: allowing sharing of individualized patient treatment plans for chronic conditions (through Qualified Entity (QEs)); expanding access to Urgent Care Centers by increasing co-location with Emergency Rooms; requiring Urgent Care Centers to accept Medicaid; and exploring a lower ED triage fee for non-emergency conditions.
 - **Addressing Barriers to Opioid Care:** Implements a series of Opioid related interventions to address certain barriers to care for Medicaid members, including but not limited to, better bundled payments that support opiate treatment through the adjustment of Ambulatory Patient Groups (APG) payments to eliminate unnecessary volume incentive and to promote more appropriate access including take home medication, when clinically appropriate; reduced Medicaid Coverage Limits for Rehabilitation Services as pathway to nonpharmacologic treatment alternative for pain management, and increased utilization of the Opioid Medical Maintenance (OMM) Model.
 - **Promote Maternal Health to Reduce Maternal Mortality:** Focuses on optimizing the health of individuals of reproductive age, including discussions on comprehensive family planning and patient centered primary and preventive care. The proposal aims to improve access to quality prenatal care, free from implicit bias, and ensuring postpartum home visits are available to all individuals who agree have a home visit after giving birth, by working with Medicaid Managed Care plans to identify and address the barriers to achieving these goals. The proposal also includes ensuring all pregnant individuals have access to childbirth education and supports the participation of birthing centers in the Perinatal Quality Collaborative.
- The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$86 million and for SFY 2021-2022 is \$140 million.

Pharmacy

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- **Reduce Drug Cap Growth by Enhancing Purchasing Power to Lower Drug Costs** by providing the ability to negotiate supplemental rebates for new blockbuster drugs and gene therapies that do not yet have utilization; and the authority to negotiate value-based agreements with manufacturers.
- **Reducing coverage of certain OTC products and increasing copayments** (with exceptions for the most vulnerable populations).

- Eliminating Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program and to selected drug classes for managed care plans. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020/2021 is \$142 million and for SFY 2021/2022 is \$428 million.

Transportation

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Transition the State to a single Medicaid Transportation Broker to ensure that consumers receive reliable, high quality transportation services using the mode that is appropriate for the consumer.
- Discontinue the Supplemental Ambulance Rebate Payments to emergency medical transportation (EMT) providers since updating and rationalized the ambulance fee schedule consistent with the Department of Health's Ambulance Rate Adequacy Study.
- Carve transportation out of the MLTC Benefit (excluding PACE) and into fee-for-service to create efficiencies and consistency in purchasing, arranging and managing transportation services across the Medicaid program.
- Maximize Public Transit in New York City and other urban areas to encourage the use of public transportation as an alternative to livery when appropriate for the consumer.
- Reduce Taxi/Livery Rates and promoting other modes of transportation to reflect market rates for transportation services.
- Implement an ambulance diversion - Triage, Treat and Transport (ET3) - support program to reduce avoidable hospitalizations, subject to any necessary federal approvals.
- Pursue a Certified Public Expenditure program to maximize federal reimbursement for NEMT services incurred by municipalities.
- Create a Community Paramedicine Program to expand the roles of Emergency Medical Technicians (EMTs) and Paramedics by providing medical care to patients at home to avoid unnecessary trips to the Emergency Department (ED). EMTs and Paramedics would provide additional patient health and safety services (e.g., food, medications, fall precautions) and clinical assessment and diagnostic testing in consultation with online medical control/telemedicine physicians/advanced practitioners to avoid unnecessary trips to the hospital.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$188 million and for SFY 2021-2022 is \$488 million.

Telehealth

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Expand Utilization of Telehealth services and reimbursement models, specifically to address behavioral health, oral health, maternity care and other high-need populations. The proposal contemplates a state-wide, hosted telehealth platform to help mitigate interoperability barriers, as well as to enhance broadband to ensure telehealth connectivity in rural areas.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$15 million and for SFY 2021-2022 is \$25.4 million.

Institutional Services

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Reduce the size of the voluntary hospital Indigent Care Pool by \$75 million (State share);
- Eliminate the Indigent Care Pool "Transition Collar", which generates an additional \$12.5 million in State share savings; and
- Eliminate the Public Hospitals Indigent Care Pool, which generates \$70 million in State savings;

- Convert the value of Upper Payment Limit (UPL) payments received by public hospitals in a city with a population over a million into Medicaid reimbursement rates;

- Reduce hospital inpatient capital rate add-on by 5 percent and capital reconciliation payments by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$728 million and for SFY 2021-2022 is \$743 million.

Long Term Care Services

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Modify the current eligibility criteria for individuals to receive Personal Care Services and Consumer Directed Personal Assistance Services (CDPAS) as a Medicaid benefit, regardless of whether such services are received through fee-for-service, Mainstream Managed Care plans, or Managed Long Term Care (MLTC) plans. In order to be eligible to receive such services, an individual must be assessed to need assistance with more than two activities of daily living (ADLs) (ranging from limited assistance to total dependence).
- Institute a Home and Community Based Services lookback period of 60 months for asset transfers in determining eligibility for Medicaid for those seeking home and community based long term care services and supports as currently applies to those seeking Medicaid eligibility for nursing home care.
- Eliminate the ability of spouses living together in the community, and parents living with their child, to refuse to make their income and resources available during the determination of an applicant's eligibility for Medicaid.
- Utilize an independent clinician panel, similar to the State's Conflict Free Evaluation and Enrollment Center, to assess patients and order PCS and CDPAS under a clear set of standards and protocols.
- Implement an enhanced utilization review process by an independent assessor for any individuals who are assessed to need more than 12 hours per day on average in a given month (i.e., 360 hours per month for a 30-day month) to ensure that it remains safe for that individual to remain in the community.
- Change the frequency in which the Community Health Assessment is conducted from every six months to once annually, subject to requiring reassessments based on changes in health condition or status.
- Implement a uniform tasking tool for use by plans and Local Departments of Social Services (LDSS) to help determine service utilization, including the hours of Personal Care Services and CDPAS required each day.
- Employ the provider "choice" model to proceed with the implementation and electronic visit verification (EVV) system, as required by the Federal 21st Century Cures Act.
- Eliminate requirements that plans and LDSS educate consumers about the availability of the CDPAP program semi-annually. Develop standards and protocols to determine whether consumers are self-directing and, if applicable, their designated representative is able to fulfill their obligations appropriately.
- Delay the implementation date of certain permissible Consumer First Choice Option Services (CFCO) services from January 1, 2020 to April 1, 2022.
- Incorporate additional transparency, compliance, and accountability standards to ensure that entities receiving wage parity payments are appropriately using those funds for the benefit home care aides.
- Reduce Workforce Recruitment and Retention funding for home health care workers.
- Migrate the completion of all Community Health Assessments (CHA) and reassessments to a single, statewide Independent Assessor (IA).
- Modify the minimum community spouse resource amount, which is used to determine the Medicaid eligibility of an applicant under spousal impoverishment budgeting.
- Reduce funding associated with nursing home capital reim-

bursment by 5 percent and eliminate funding associated with return on equity payments to for-profit nursing homes.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020/2021 is \$854 million and for SFY 2021/2022 is \$1.672 billion.

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

New York City Deferred Compensation Plan & NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide master custodial services to the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Wednesday, March 18, 2020. Responses are due no later than 4:30 p.m. Eastern Time on Thursday, May 28, 2020. To obtain a copy of the RFP, please visit the Plan's web site at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Department of State

F-2019-1176

Date of Issuance – April 1, 2020

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-2019-1176 or the "Morgenstern Residence", the applicant Richard Morgenstern, is proposing to maintain as completed 4' x 100.5' pier with 4' x 15' "T" and 3'6" x 10' steps. Maintain as completed 4'8" of additional 4' wide "T", 6' davit, 4'-5' x 31.6" pier and 4' x 32'6" pier, one boat lift, two boat whips and two safety ladders. The authorized work is located at 300 Riviera Drive, Town of Oyster Bay, Nassau County, Great South Bay.

The applicant's consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-1176_Morgenstern_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, May 1, 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

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.

2020-0134 Matter of William Szmala, Nine Cedar Avenue, Medford, NY 11763, for a variance concerning safety requirements, including the height under a girder/soffit. Involved is an existing one family dwelling located at 269 Hampton Avenue, Town of Brookhaven, NY 11772, County of Suffolk, State of New York.

2020-0141 Matter of Nassau Expeditors Inc., Scott Tirone, 75 Albertson Avenue, Albertson, NY 11507, for a variance concerning safety requirements, including the heights under a girder/soffit. Involved is an existing one family dwelling located at 190 Stratford Road, Town of North Hempstead, NY 11040, County of Nassau, State of New York.

2020-0144 Matter of JL Drafting, John Lagoudes, 707 Route 110, Suite A, Farmingdale, NY 11735, for a variance concerning safety requirements, including the height under a girder/soffit. Involved is an existing one family dwelling located at 474 Wolf Hill Road, Town Of Huntington, NY 11746, County of Suffolk, State of New York.

2020-0153 Matter of Todd Oconnell Architect PC, Todd Oconnell, 1200 Veteran Memorial Hwy. S120, Hauppauge, NY 11788, for a variance concerning safety requirements, including the height under a girder/soffit. Involved is an existing one family dwelling located at Six Whitney Court, Town of Huntington, NY 11746, 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 other-

wise 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.

2020-0145 In the matter of David and Donna Wexler, 209 Roat Street, Ithaca, NY 14850 for a variance concerning requirements for a reduced ceiling height for use as habitable space.

Involved is an existing one-family residence occupancy, two stories in height, located at 209 Roat Street, Town of Ithaca, County of Tompkins, 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.

2020-0150 In the matter of Fabbri Engineers & Surveyors, Lawrence Fabbri, One Settlement Way, Ithaca, NY for Heritage Park Townhouses, Inc., for a variance concerning requirements to allow an increase in setback distance of an aerial fire apparatus access road to the building.

Involved is the construction of a one-family residential occupancy, three stories in height, located at 126 West Falls Street, City of Ithaca, County of Tompkins, 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.

2020-0155 In the matter of Herbert Dwyer, P.O. Box 603, Ithaca, NY 14851, concerning safety requirements including a variance for reduction in required height of existing interior handrails and guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 211-213 Cornell Street, City of Ithaca, County of Tompkins, 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, N.Y. 12231, (518) 474-4073 to make appropriate arrangements.

2020-0157 In the matter of Purplfish Properties, LLC, James Merod, 513 West Buffalo Street, Ithaca, NY 14850, concerning safety requirements including a variance for reduction in required height of existing interior guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 225 South Albany Street, City of Ithaca, County of Tompkins, New York.

PUBLIC NOTICE

Susquehanna River Basin Commission

Actions Taken at March 13, 2020, Meeting

SUMMARY: As part of its regular business meeting held on March 13, 2020, in Harrisburg, Pennsylvania, the Commission approved the applications of certain water resources projects, and took additional actions, as set forth in the Supplementary Information below.

DATES: March 16, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 N. Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary, telephone: (717) 238-0423, ext. 1312, fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address. See also Commission website at www.srbc.net.

SUPPLEMENTARY INFORMATION: In addition to the actions taken on projects identified in the summary above and the listings below, the following items were also presented or acted upon at the business meeting: (1) Resolution 2020-01 adopting the Commission's Fiscal Year 2021 Budget Reconciliation; (2) ratification/approval of contracts/grants; (3) Resolution 2020-02 adopting Final Rulemaking regarding consumptive use mitigation and adopting Consumptive Use Mitigation Policy; (4) Resolution 2020-03 adopting Guidance For The Preparation Of A Metering Plan & A Groundwater Elevation Monitoring Plan For Withdrawals, Consumptive Uses And Diversions ("Metering Plan Guidance"); and (5) Regulatory Program projects.

Project Applications Approved:

1. Project Sponsor and Facility: ARD Operating, LLC (Lycoming Creek), Lewis Township, Lycoming County, Pa. Application for renewal of surface water withdrawal of up to 1.340 mgd (peak day) (Docket No. 20160301).

2. Project Sponsor and Facility: EQT Production Company (Wilson Creek), Duncan Township, Tioga County, Pa. Application for renewal of surface water withdrawal of up to 0.720 mgd (peak day) (Docket No. 20160305).

3. Project Sponsor and Facility: New Holland Borough Authority, New Holland Borough, Lancaster County, Pa. Application for groundwater withdrawal of up to 0.860 mgd (30-day average) from Well 5.

4. Project Sponsor and Facility: SWN Production Company, LLC (Susquehanna River), Oakland Township, Susquehanna County, Pa. Application for renewal of surface water withdrawal of up to 3.000 mgd (peak day) (Docket No. 20160310).

5. Project Sponsor and Facility: SWN Production Company, LLC (Tunkhannock Creek), Lenox Township, Susquehanna County, Pa. Application for renewal of surface water withdrawal of up to 1.218 mgd (peak day) (Docket No. 20160311).

6. Project Sponsor and Facility: Towanda Municipal Authority, Albany Township, Bradford County, Pa. Application for groundwater withdrawal of up to 0.551 mgd (30-day average) from the Eilenberger Spring.

7. Project Sponsor: York Haven Power Company, LLC. Project Facility: York Haven Hydroelectric Project, Londonderry Township, Dauphin County; Conoy Township, Lancaster County; and York Haven Borough and Newberry Township, York County, Pa. Application for approval of an existing hydroelectric facility.

Project Approved Involving a Diversion

1. Project Sponsor: Gas Field Specialists, Inc. Project Facility: Wayne Gravel Products Quarry, Ceres Township, McKean County, Pa. Application for renewal of an into-basin diversion from the Ohio River Basin of up to 1.170 mgd (peak day) (Docket No. 20160312).

Commission Initiated Project Approval Modifications

1. Project Sponsor and Facility: Susquehanna Valley Country Club, Monroe Township, Snyder County, Pa. Conforming the grandfathering amount with the forthcoming determination for a groundwater withdrawal up to 0.162 mgd (30-day average) from the Front Nine Well (Docket No. 20020814).

2. Project Sponsor and Facility: New Morgan Borough Utilities Authority, New Morgan Borough, Berks County, Pa. Modification to remove expired Well PW-3 and to recognize the interconnection with Caernarvon Township Authority. Well PW-3 automatically expired consistent with Condition 25 of the approval due to lack of commencement of withdrawal (Docket No. 20141207).

In addition, as a part of Resolution 2020-02, which was adopted, the Executive Director has the authority necessary to carry out the implementation of the final rulemaking and policy, including where necessary approving any Commission-initiated modifications to consumptive use approvals to modify the mitigation requirements for evaporative losses from ponds and other on-site structures that meet the mitigation standard in Policy No. 2020-01. As such, notice is hereby given that the Executive Director is initiating such modifications. A list of modifications under review by Commission staff and date for public comment on those modifications can be found at the Commission's website at www.srbc.net, <https://www.srbc.net/about/meetings-events/meeting-comment/default.aspx?type=9&cat=29>.

AUTHORITY: Pub.L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Grandfathering (GF) Registration Notice

SUMMARY: This notice lists Grandfathering Registration for projects by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: February 1-29, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries May be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists GF Registration for projects, described below, pursuant to 18 CFR 806, Subpart E for the time period specified above:

Grandfathering Registration Under 18 CFR part 806, Subpart E:

1. Elmhurst Country Club, GF Certificate No. GF-202002083, Roaring Brook Township, Lackawanna County, Pa.; Wells 1 and 2; Issue Date: February 3, 2020.

2. Weaverland Valley Authority – Terre Hill Water System, GF Certificate No. GF-202002084, Terre Hill Borough and East Earl Township, Lancaster County, Pa.; Wells 1 and 3; Issue Date: February 3, 2020.

3. Williamsport Country Club Inc. – Williamsport Country Club, GF Certificate No. GF-202002085, Loyalsock Township, Lycoming County, Pa.; Wells 1 and 2, and consumptive use; Issue Date: February 18, 2020.

4. Town of Kirkwood – Public Water Supply System, GF Certificate No. GF-202002086, Town of Kirkwood, Broome County, N.Y.; Well 1; Issue Date: February 24, 2020.

5. Pennsylvania Fish & Boat Commission – Bellefonte State Fish Hatchery, GF Certificate No. GF-202002087, Benner Township, Centre County, Pa.; the Spring, and Wells 1 and 2; Issue Date: February 24, 2020.

6. Pennsylvania Fish & Boat Commission – Benner Spring State

Fish Hatchery, GF Certificate No. GF-202002088, Benner Township, Centre County, Pa.; Benner Spring and Spring Creek; Issue Date: February 24, 2020.

7. Tunkhannock Borough Municipal Authority – Public Water Supply System, GF Certificate No. GF-202002089, Tunkhannock Borough, Wyoming County, Pa.; Well 1 (Hill Well 1) and Well 4 (Ravine); Issue Date: February 24, 2020.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR parts 806 and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: December 1-31, 2019.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries May be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22 (f)(13) and 18 CFR § 806.22 (f) for the time period specified above:

Water Source Approval – Issued Under 18 CFR 806.22(f):

1. Repsol Oil & Gas USA, LLC; Pad ID: Wilcox #1; ABR-20090803.R2; Covington Township, Tioga County, Pa.; Consumptive Use of Up to 0.9999 mgd; Approval Date: December 9, 2019.

2. Repsol Oil & Gas USA, LLC; Pad ID: KLEIN (01 014) R; ABR-20090810.R2; Armenia Township, Bradford County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: December 9, 2019.

3. Seneca Resources Company, LLC; Pad ID: B09-I; ABR-201912001; Shippen Township, Cameron County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: December 10, 2019.

4. Chief Oil & Gas, LLC; Pad ID: Polovitch Unit #1H; ABR-20090826.R2; Nicholson Township, Wyoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: December 20, 2019.

5. Range Resources – Appalachia, LLC; Pad ID: Roup 1H – 2H; ABR-201407018.R1; Mifflin Township, Lycoming County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: December 20, 2019.

6. Chesapeake Appalachia, L.L.C.; Pad ID: Doss; ABR-20091109.R2; Albany Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: December 23, 2019.

7. Chesapeake Appalachia, L.L.C.; Pad ID: CSI; ABR-20091112.R2; Burlington Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: December 23, 2019.

8. Chief Oil & Gas, LLC; Pad ID: Kuziak B Drilling Pad; ABR-201409004.R1; Elkland Township, Sullivan County, Pa.; Consumptive Use of Up to 2.5000 mgd; Approval Date: December 23, 2019.

9. Cabot Oil & Gas Corporation; Pad ID: WeissM P1; ABR-201407003.R1; Gibson Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: December 31, 2019.

10. SWN Production Company, LLC; Pad ID: Greenzweig (GU C Pad); ABR-201407004.R1; Herrick Township, Bradford County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: December 31, 2019.

11. SWN Production Company, LLC; Pad ID: NR-20-COLWELL-

PAD; ABR-201407010.R1; Oakland Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: December 31, 2019.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: January 1-31, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries May be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22 (f)(13) and 18 CFR § 806.22 (f) for the time period specified above:

Water Source Approval – Issued Under 18 CFR 806.22(f):

1. Cabot Oil & Gas Corporation; Pad ID: BrooksW P1; ABR-20090701.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

2. Cabot Oil & Gas Corporation; Pad ID: HullR P1; ABR-20090702.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

3. Cabot Oil & Gas Corporation; Pad ID: Heitsman P1A; ABR-20090703.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

4. Cabot Oil & Gas Corporation; Pad ID: Gesford P2; ABR-20090705.R2; Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

5. SWN Production Company, LLC; Pad ID: Carrar Pad Site; ABR-20090725.R2; Liberty Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

6. Repsol Oil & Gas USA, LLC; Pad ID: DCNR 587 (02 002); ABR-20090811.R2; Ward Township, Tioga County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

7. Repsol Oil & Gas USA, LLC; Pad ID: DCNR 587 (02 004); ABR-20090812.R2; Ward Township, Tioga County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

8. Repsol Oil & Gas USA, LLC; Pad ID: DCNR 587 (02 017); ABR-20090932.R2; Ward Township, Tioga County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

9. Chief Oil & Gas, LLC; Pad ID: Teel Unit #1H; ABR-20091115.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

10. Range Resources - Appalachia, LLC; Pad ID: Cornwall 6H-8H; ABR-201407017.R1; Lewis Township, Lycoming County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: January 14, 2020.

11. Chief Oil & Gas, LLC; Pad ID: S. A. Wilson Drilling Pad; ABR-201411001.R1; Overton Township, Bradford County, Pa.; Consumptive Use of Up to 2.5000 mgd; Approval Date: January 14, 2020.

12. Cabot Oil & Gas Corporation; Pad ID: Teel P7; ABR-20090704.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 15, 2020.

13. Cabot Oil & Gas Corporation; Pad ID: LaRueC P1; ABR-20090706.R2; Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 15, 2020.

14. Cabot Oil & Gas Corporation; Pad ID: SmithR P2; ABR-20090707.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 15, 2020.

15. SWEPI LP; Pad ID: 212 1H; ABR-20090727.R2; Charleston Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 16, 2020.

16. SWEPI LP; Pad ID: 235A 1H; ABR-20090728.R2; Sullivan Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 16, 2020.

17. SWEPI LP; Pad ID: Courtney 129 1H-2H; ABR-20090729.R2; Richmond Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 17, 2020.

18. SWEPI LP; Pad ID: Courtney H 255-1H; ABR-20090730.R2; Richmond Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 17, 2020.

19. Rockdale Marcellus, LLC; Pad ID: Palmer 112; ABR-20091006.R2; Canton Township, Bradford County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: January 17, 2020.

20. SWEPI LP; Pad ID: Neal 134D; ABR-20090731.R2; Richmond Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 20, 2020.

21. SWEPI LP; Pad ID: Kipferl 261-1H; ABR-20090732.R2; Jackson Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 20, 2020.

22. Cabot Oil & Gas Corporation; Pad ID: GrimsleyJ P1; ABR-20090805.R2; Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.5750 mgd; Approval Date: January 20, 2020.

23. Rockdale Marcellus, LLC; Pad ID: Fitch 115-1H; ABR-20091005.R2; Union Township, Tioga County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: January 20, 2020.

24. Repsol Oil & Gas USA, LLC; Pad ID: KOHLER (02 191); ABR-202001001; Liberty Township, Tioga County, Pa.; Consumptive Use of Up to 6.0000 mgd; Approval Date: January 20, 2020.

25. Rockdale Marcellus, LLC; Pad ID: Bear Claw; ABR-202001002; McIntyre Township, Lycoming County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 20, 2020.

26. EXCO Resources (PA), LLC; Pad ID: Bower Unit #1H Drilling Pad; ABR-20090815.R2; Penn Township, Lycoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 22, 2020.

27. BKV Operating, LLC; Pad ID: Procter & Gamble Mehoopany Plant 2 1H; ABR-20091104.R2; Washington Township, Wyoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 22, 2020.

28. BKV Operating, LLC; Pad ID: Procter and Gamble Mehoopany Plant 1V; ABR-20091014.R2; Washington Township, Wyoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 22, 2020.

29. Cabot Oil & Gas Corporation; Pad ID: ColwellA P1; ABR-201408004.R1; Jackson Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 22, 2020.

30. EXCO Resources (PA), LLC; Pad ID: Warburton Unit #1H Drilling Pad; ABR-20090816.R2; Penn Township, Lycoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

31. ARD Operating, LLC; Pad ID: COP Tr 678 #1000H; ABR-20090820.R2; Noyes Township, Clinton County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

32. ARD Operating, LLC; Pad ID: COP Tr 678 #1001H & #1002H;

ABR-20090821.R2; Noyes Township, Clinton County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

33. ARD Operating, LLC; Pad ID: Tx Gulf B #1H; ABR-20090822.R2; Beech Creek Township, Clinton County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

34. SWN Production Company, LLC; Pad ID: NR-23-FOUR BUCKS-PAD; ABR-201408005.R1; Great Bend Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 28, 2020.

35. Seneca Resources Company, LLC; Pad ID: D09-M; ABR-202001003; Jones Township, Elk County; and Sergeant Township, McKean County; Pa.; Consumptive Use of Up to 2.5000 mgd; Approval Date: January 28, 2020.

36. SWEPI LP; Pad ID: Smith 253 1H; ABR-20090825.R2; Sullivan Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 29, 2020.

37. Cabot Oil & Gas Corporation; Pad ID: FontanaC P1; ABR-201408009.R1; Bridgewater Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 29, 2020.

38. Cabot Oil & Gas Corporation; Pad ID: DysonW P1; ABR-201408010.R1; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 29, 2020.

39. Cabot Oil & Gas Corporation; Pad ID: LernerG P1; ABR-201408011.R1; Ararat Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 29, 2020.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Minor Modifications

SUMMARY: This notice lists the minor modifications approved for a previously approved project by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: February 1-29, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists previously approved projects, receiving approval of minor modifications, described below, pursuant to 18 CFR § 806.18 for the time period specified above:

Minor Modifications Issued Under 18 CFR § 806.18

1. New York State Canal Corporation, Docket No. 20191210, Towns of DeRuyter and Cazenovia, Madison County, and Town of Fabius, Onondaga County, N.Y.; approval to extend docket conditions (Special Conditions 14 and 15) in regard to the submittal of a comprehensive metering and monitoring plan and a final intake design; Approval Date: February 3, 2020.

2. Lancaster County Solid Waste Management Authority, Docket No. 20180908, Conoy Township, Lancaster County, Pa.; approval to correct a typographical error in Section 3 referencing the related special condition number; Approval Date: February 19, 2020.

AUTHORITY: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Revocation of Approvals

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: December 1-31, 2019.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, that have been revoked for the time period specified above:

Revocation of Approvals by Rule – Issued Under 18 CFR 806.22(f):

1. XPR Resources, LLC; Pad ID: Resource Recovery Well #1; ABR-201010059.R1; Snow Shoe Township, Centre County, Pa.; Revocation of Approval Date: December 24, 2019.

2. Seneca Resources Company, LLC; Pad ID: Gamble Pad G; ABR-201906005; Gamble Township, Lycoming County, Pa.; Revocation of Approval Date: December 26, 2019.

3. Seneca Resources Company, LLC; Pad ID: C09-E; ABR-201512009; Shippen Township, Cameron County, Pa.; Revocation of Approval Date: December 26, 2019.

4. Chief Oil & Gas, LLC; Pad ID: Andrus Drilling Pad #1; ABR-201101023.R1; Franklin and Granville Townships, Bradford County, Pa.; Revocation of Approval Date: December 30, 2019.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

SUMMARY
SPA #20-0069

This State Plan Amendment is a temporary amendment in response to COVID-19 Emergency Relief.

DRAFT

Section 7 – General Provisions

7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

- X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:
- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
 - b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

New York will reduce the tribal consultation to zero days before submission to CMS. Tribal consultation will still be completed and mailed as per guidelines in New York's approved state plan.

Section A – Eligibility

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. The agency adopts a total of months (not to exceed 12 months) continuous eligibility for children under age enter age (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. The agency uses a simplified paper application.
 - b. The agency uses a simplified online application.
 - c. The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. The agency suspends enrollment fees, premiums and similar charges for:
- a. All beneficiaries

- b. The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. The agency makes the following adjustments to benefits currently covered in the state plan:

3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. Individuals receiving services under ABPs will not receive these newly added

and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

- a. Published fee schedules –
Effective date (enter date of change): _____

Location (list published location): _____

- b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

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

Alternate Level of Care (ALC) Medicaid per diem rates in an acute hospital setting.

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

Establish new COVID-19 ALC Medicaid per diem reimbursement rates for ALC hospital stays for patients who meet all of the following criteria: the patient was admitted as an inpatient to the same hospital immediately prior to the ALC stay with COVID-19 as a primary or secondary diagnosis; the patient has been determined appropriate for discharge from the hospital, however, subacute care is medically necessary; the patient continues to test positive for COVID-19 and cannot be discharged or transferred to a nursing home or other setting.

- b. Payments are increased through:

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

Publicly owned or operated ground emergency medical transportation (ambulance) providers are currently reimbursed on a fee-for-service basis, but at a rate that is far less than the actual cost of providing these services. The current national emergency has exacerbated this fiscal gap, by increasing the operating costs of publicly owned or operated ground emergency medical transportation (ambulance) providers, while simultaneously increasing the public need for the vital services that they provide. This proposed amendment is intended to help bridge this fiscal gap.

Effective March 1, 2020, and throughout the duration of the declared national emergency; subject to Federal financial participation, a supplemental reimbursement program for publicly owned or operated ground emergency medical transportation (ambulance) providers would be established.

Concurrent with the adoption of this amendment, publicly owned or operated ground emergency medical transportation (ambulance) providers, which are participating in the inpatient supplemental reimbursement program, will no longer be reimbursed through the inpatient rates as a non-comparable add-on to the acute per discharge rate. This will eliminate the risk overpayments to providers.

Additionally, in accordance with 42 C.F.R. section 433.51, or any successor regulation(s), the claimed expenditures for the ground emergency medical transportation services eligible for federal financial participation, when combined with amounts received from all other sources of reimbursement from the Medicaid program, shall not exceed one hundred percent of the public providers' actual cost of providing ground emergency transportation (ambulance) services.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Six mutually exclusive COVID-19 ALC Medicaid per diem rates will be established for COVID-19 ALC patient days as shown below. These new ALC rates will vary based on geographic location of the patient and whether the patient is on a ventilator and/or is receiving dialysis. Hospitals will be required to test patients in COVID-19 ALC stays twice a week. The COVID-19 ALC Medicaid per diem rates will be paid for each ALC day in the hospital until the day following the day on which the first negative COVID-19 test results are available to the hospital. After such time, should the patient remain in an ALC stay, the per diem rates shall revert to the current lower ALC per diem rates under the previously approved State Plan Amendment.

	Non-Ventilator Dependent	Ventilator Dependent	Ventilator w Dialysis
Upstate	\$657.84	\$955.63	\$1,066.72
Downstate	\$859.23	\$1,212.25	\$1,353.34

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. Are not otherwise paid under the Medicaid state plan;
 - b. Differ from payments for the same services when provided face to face;

State/Territory: New York

- c. Differ from current state plan provisions governing reimbursement for telehealth;

Page 25

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
- a. The individual's total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____
2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

SUMMARY
SPA #20-0072

This amendment proposes to revise the State Plan to provide for a supplemental payment to nursing home facilities for full restoration of the alternative methods of cost containment associated with the across the board two per cent annual uniform reduction of Medicaid payments.

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**New York
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Supplemental Payments

- (1) Effective July 1, 2015 and State Fiscal Years thereafter, supplemental payments will be distributed to all nursing home facilities through lump sum [or monthly] payments and calculated as follows:
 - a) An individual facility revenue will be calculated by taking each facility's promulgated rate in effect for the given period multiplied by actual Medicaid days for the corresponding period as reported in the facility's cost report or an estimate of Medicaid days based on most recent available data. If a facility fails to submit a timely filed cost report, the most recent cost report will be utilized.
 - b) The resulting individual facility revenue will be divided by total Medicaid revenues of all facilities. The result will be multiplied by the appropriate total dollar amount to be distributed per the chart below to determine each facility's portion of the supplemental payment.
- 2) After the end of each State Fiscal Year, a reconciliation of any estimated Medicaid days to actual Medicaid days will be conducted. Any resulting payment adjustments will be made within the 2-year claiming rule.

Supplemental Payment Schedule

State Fiscal Year	Rate Period	Amount in Millions	Distribution
2018-2019	07/01/15 - 12/31/15	\$52.5	Lump Sum
2018-2019	01/01/16 - 12/31/16	\$70.0	Lump Sum
2018-2019	01/01/17 - 03/31/17	\$17.5	Lump Sum
Total		\$140.0	
2019-2020	04/01/17 - 12/31/17	\$52.5	Lump Sum
2019-2020	01/01/18 - 12/31/18	\$70.0	Lump Sum
2019-2020	01/01/19 - 03/31/19	\$17.5	Lump Sum
Total		\$140.0	
2020-2021	04/01/19 - 12/31/19	\$52.5	Lump Sum
2020-2021	01/01/20 - 03/31/20	\$17.5	Lump Sum
2020-2021	04/01/20 - [12/31/20] 10/31/20	[\$52.5] \$40.8	[Monthly] Lump Sum
2020-2021	11/1/20 - 12/31/20	\$64.2	Lump Sum
2020-2021	01/01/21 - 03/31/21	[\$17.5] \$35.0	[Monthly] Lump Sum
Total		[\$140.0] \$210.0	
2021-2022	04/01/21 - 12/31/21	[\$105.0] \$157.5	[Monthly] Lump Sum
2021-2022	01/01/22 - 03/31/22	[\$35.0] \$52.5	[Monthly] Lump Sum
Total		[\$140.00] \$210.0	
2022-2023 and SFYs thereafter	04/01/22 - 12/31/22	[\$52.5] \$105.0	[Monthly] Lump Sum
2022-2023 and SFYs thereafter	01/01/23 - 03/31/23	[\$17.5] \$35.0	[Monthly] Lump Sum
Total		[\$70.00] \$140.0	

TN #20-0072
Supersedes TN #15-0056

Approval Date _____
Effective Date November 1, 2020

The Secretary of State hereby provides notice that the following foreign corporations were erroneously included in proclamations declaring their authority to do business in this state annulled. The State Tax Commission has duly certified to the Secretary of State that the names of the following foreign corporations were erroneously included in such proclamations. The appropriate entries have been made on the records of the Department of State.

COUNTY: BRONX

ENTITY NAME: J P RESTORATION CORP.
 JURIS: NEW JERSEY
 REINSTATE: 07/09/20
 ANNUL OF AUTH: 10/26/11

COUNTY: NEW YORK

ENTITY NAME: JINTI, INC.
 JURIS: DELAWARE
 REINSTATE: 09/18/20
 ANNUL OF AUTH: 06/29/16

**NOTICE OF CANCELLATION
 OF ANNULMENT OF AUTHORITY OF
 CERTAIN FOREIGN CORPORATIONS**

Under the Provisions of Section 203-b of the Tax Law, As Amended

The Secretary of State hereby provides notice that the following foreign corporations, which had their authority to do business in this state annulled in the manner prescribed by Section 203-b of the Tax Law, have complied with the provisions of subdivision (7) of Section 203-b of the Tax Law, annulling all of the proceedings theretofore taken for the annulment of authority of each such corporation. The appropriate entries have been made on the records of the Department of State.

COUNTY: ALBANY

ENTITY NAME: NBIS CONSTRUCTION & TRANSPORT INSURANCE SERVICES, INC.
 FICT NAME: NBIS CONSTRUCTION & TRANSPORT UNDERWRITERS SERVICES
 JURIS: DELAWARE
 REINSTATE: 09/28/20 ANNUL OF AUTH: 07/27/11

COUNTY: NEW YORK

ENTITY NAME: DEQUE SYSTEMS INC.
 JURIS: VIRGINIA
 REINSTATE: 08/10/20
 ANNUL OF AUTH: 07/28/10

ENTITY NAME: GEORGIA SURETY COMPANY, INC.
 FICT NAME: GEORGIA SURETY AGENCY
 JURIS: GEORGIA
 REINSTATE: 09/18/20
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: GUCCI GROUP WATCHES, INC.
 JURIS: DELAWARE
 REINSTATE: 09/14/20
 ANNUL OF AUTH: 01/26/11

ENTITY NAME: LINCARE PHARMACY SERVICES INC.
 JURIS: DELAWARE
 REINSTATE: 07/17/20
 ANNUL OF AUTH: 01/26/11

ENTITY NAME: MESLEE INSURANCE SERVICES, INC.
 JURIS: CALIFORNIA
 REINSTATE: 08/12/20
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: OUTDOOR UNDERWRITERS, INC.
 FICT NAME: OUTDOOR UNDERWRITERS AGENCY
 JURIS: GEORGIA
 REINSTATE: 09/03/20
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: SDL INC.
 FICT NAME: SDL ENTERPRISE TECHNOLOGIES
 JURIS: DELAWARE
 REINSTATE: 08/13/20
 ANNUL OF AUTH: 10/26/16

COUNTY: ORANGE

ENTITY NAME: HANSON & RYAN, INC.
 JURIS: NEW JERSEY
 REINSTATE: 09/04/20
 ANNUL OF AUTH: 06/27/01

COUNTY: RICHMOND

ENTITY NAME: CONTRACT HARDWARE, INC.
 JURIS: GEORGIA
 REINSTATE: 08/31/20
 ANNUL OF AUTH: 10/26/16

COUNTY: SUFFOLK

ENTITY NAME: ALL POINTS BROKERAGE, INC.
 JURIS: NEVADA
 REINSTATE: 08/27/20
 ANNUL OF AUTH: 10/26/16

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 November 2020 will be conducted on November 18 and November 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 long term care services. The following changes are proposed:

Long-Term Care Services

Effective on or after November 1, 2020, this amendment provides for a supplemental payment to nursing home facilities for full restoration of the alternative methods of cost containment associated with the across the board two percent annual uniform reduction of Medicaid payments.

The estimated annual increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2020/2021 is \$70 million.

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 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 Title 14 NYCRR Parts 822 and 841 and 42 CFR 440.130(d). The following changes are proposed:

Non-Institutional Services

The COVID emergency SPA covering the NYS Office of Addiction Services and Supports (OASAS) Opioid Treatment Programs (OTPs) ends on January 21, 2021. That SPA permitted billing weekly OTP (Opioid Treatment Programs) bundles under a methodology similar to that of Medicare. Effective on or after January 1, 2021, OASAS proposed to establish those bundled rates as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. Each week, for any given patient, the provider must choose to bill under either the APG methodology or the bundled weekly rates, generally based on the amount of face-to-face contact with the patient during that week and the specific services provided.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

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

Town of North Hempstead Solid Waste Management Authority

Pursuant to Section 120-w of the New York General Municipal Law, the Town of North Hempstead Solid Waste Management Authority hereby gives notice of the following:

On October 8, 2020, the Town of North Hempstead Solid Waste Management Authority awarded a contract to Covanta Sustainable Solutions LLC pursuant to section one hundred twenty-w of the General Municipal Law for the transportation and disposal of solid waste from the North Hempstead Transfer Station, Port Washington, New York. The validity of this contract or the procedures which led to its award may be hereafter contested only by action, suit or proceeding commenced within sixty days after the date of this notice and only upon the ground or grounds that: (1) such award or procedure was not authorized pursuant to that section, or (2) any of the provisions of that section which should be complied with at the date of this publication have not been substantially complied with, or (3) a conflict of interest can be shown in the manner in which the contract was awarded; or by action, suit or proceeding commenced on the grounds that such contract was awarded in violation of the provisions of the Constitution.

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, December 3rd, 2020 at Peebles Island State Park, 1 Delaware Avenue, Cohoes, NY 12047.

The following properties will be considered:

1. Main Street Historic District, Niagara Falls, Niagara County
2. Nassau County Courthouse, Mineola, Nassau County
3. Eagle's Nest, William K. Vanderbilt II Estate Boundary Expansion, Centerport, Suffolk County
4. Brockport West Side Historic District, Brockport, Monroe County
5. St. Stephen's Chapel, Morris, Otsego County
6. Sperry Rand, Ilion, Herkimer County
7. A.M.E. Zion Church of Kingston, Ulster County
8. New York Central & Hudson River Railroad Power Station, Westchester County
9. Wethersfield, Dutchess County
10. Harder Mill, Rensselaer, Rensselaer County

SUMMARY
SPA #20-0074

This State Plan Amendment proposes to codify and comprehensively describe existing service coverage, eligibility and reimbursement standards.

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New York
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[13.d Assertive Community Treatment (ACT)]

13.d. Rehabilitative Services

Assertive Community Treatment (ACT)

[Assertive Community Treatment (ACT) programs will provide case management, treatment and rehabilitation to persons with a serious psychiatric disorder who exhibit a pattern of institutional utilization and/or are at risk of a severely dysfunctional lifestyle; present symptoms and impairments not effectively remedied by other available treatment; do not or cannot be engaged in treatment in other outpatient settings as a result of their mental illness; or cannot maintain consistency in treatment through other outpatient services.

Programs will be licensed under 14 NYCRR Part 508. Services will be provided primarily in the community. Services will be provided by a licensed multi-disciplinary team under the supervision of a psychiatrist which meets with the recipient or the recipient's significant others a minimum of six times per month. Of these six contacts, at least three of the contacts must be with the Medicaid recipient. Step down services may be provided to clients found by the team to be no longer in need of full ACT team services. A client who is receiving ACT step down must receive a minimum of two face to face contacts per month. Individuals shall be allowed to alternate between the full ACT team services and step-down services depending on the level of services needed to remain in the community.]

Definition:

Assertive Community Treatment is an evidence-based practice model recognized by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services for the treatment of individuals diagnosed with serious mental illness and who suffer from serious functional impairment whose needs have not been met by traditional service delivery approaches. ACT Services are intended to benefit individuals with serious behavioral health challenges and a treatment history that includes psychiatric hospitalization and emergency room visits, involvement with the criminal justice system, alcohol or substance abuse, homelessness, at risk of, or history of institutional level of care or residential placement, or lack of engagement in traditional outpatient services. ACT services are provided to both adults and children.

ACT is a community-based, multidisciplinary, mobile team intervention and uses assertive community outreach as the main methodology, as well as psychotherapy, medication therapy, verbal therapy, crisis intervention, rehabilitative counseling, psychoeducation, skills training, and peer support services. ACT services support individual recovery through an assertive, person-centered approach that assists individuals to cope with the symptoms of their mental illness or serious emotional disturbance and reacquire the skills necessary to function and remain integrated in the community. ACT teams also provide case management services and 24-hour coverage for crisis services.

**New York
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13d. Rehabilitative Services
Assertive Community Treatment (ACT) (Continued)

Provider Qualifications:

ACT Services are provided by professional and paraprofessional staff under the supervision of professional staff. Paraprofessionals who are peer specialists and credentialed family peer advocates and youth peer advocates are supervised by competent mental health professionals, who are defined as Professional staff below.

Professional staff include: Physicians; Psychiatrists; Physician's Assistants; Nurse Practitioners; Psychiatric Nurse Practitioners; Registered Professional Nurses; Licensed Practical Nurses; Licensed Psychologists; Psychologists with Master's degree under the supervision of a Licensed Psychologist; Licensed Clinical Social Workers; Licensed Master Social Workers or Social Workers who have attained a Master's Degree in Social Work, who are each supervised by a Licensed Clinical Social Worker, Licensed Psychologist, or Psychiatrist; Licensed Mental Health Counselors; Mental Health Counselors who have attained a Master's Degree and are supervised by a Physician, Physician's Assistant, Licensed Clinical Social Worker, Licensed Master Social Worker, or a Licensed Mental Health Counselor; Licensed Marriage and Family Therapists; Licensed Psychoanalysts; Licensed Creative Arts Therapists; and Licensed Occupational Therapists. Professional staff may also include Credentialed Alcoholism and Substance Abuse Counselors certified pursuant to New York State regulations codified at 14 NYCRR Part 853, Pastoral Counselors; Rehabilitation Counselors; or Therapeutic Recreation Specialists; who have obtained the required education and professional certifications. Other practitioners licensed or permitted by New York State Department of Education who have specified training or experience in the treatment of individuals diagnosed with mental illness may be included as professional staff with the prior written approval of the Office of Mental Health.

Paraprofessional staff must have attained a bachelor's degree or have attained at least 18 years of age, a high-school diploma or equivalent, and at least six months of direct care experience with individuals with Serious Mental Illness or Serious Emotional Disturbance. ACT Services providers are also encouraged to employ peer specialists, who are individuals who have themselves experienced mental illness, substance use, or trauma conditions. Peer specialists must have attained a bachelor's degree or have attained at least 18 years of age, a high-school diploma or equivalent and have received specialized training.

Youth ACT Service providers also include family peer advocates who are parents or caregivers who are raising or have raised a child with serious mental health concerns and are personally familiar with the associated challenges and available community resources for children and families. Family peer advocates possess a credential recognized by the Office of Mental Health and have received specialized training and continuing education related to the delivery of peer services.

**New York
3b-1.2**

13d. Rehabilitative Services
Assertive Community Treatment (ACT) (Continued)

Provider Qualifications (continued):

Youth ACT service providers may also include youth peer advocates who are individuals, aged 18 to 30, who self-identify as a person with first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges. At a minimum, a youth peer advocate must have a high school diploma, high school equivalency or a State Education commencement credential, possess a peer credential recognized by the Office of Mental Health, and have received specialized training and continuing education related to the delivery of peer services.

Staff Supervision and Training Requirements

Professional staff supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally, through regular organizational and service planning meetings, which are a hallmark of the ACT evidence-based practice model. All ACT Services providers, including professionals, paraprofessionals, and peers are required to complete an ACT core training curriculum for Adult or Youth ACT teams.

Services:

ACT Services will be provided based upon the assessment of an individual's mental, physical and behavioral condition and history, which will be the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary ACT Services will be documented in a Person-Centered Service Plan ("Service Plan"). Collateral contacts will occur with the recipient's family, and others significant in their life, that provide a direct benefit to the recipient and are conducted in accordance with, and for the purpose of advancing the recipient's Service Plan; and for coordination of services with other community mental health and medical providers.

New York
3b-1.3

13d. Rehabilitative Services
Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services include:

- a. Assessment
- b. Assertive Engagement
- c. Person Centered Planning
- d. Case Management
- e. Crisis Intervention Services
- f. Community Integration
- g. Health Services and Health Screening Services
- h. Medication Management (evaluation/prescription/monitoring/education)
- i. Consumer and Family Psychoeducation
- j. Integrated Dual Disorder Treatment
- k. Individual, Group, and/or Family Counseling/Therapy
- l. Self-Help and Peer Support Services
- m. Health and Wellness Self-management
- n. Psychosocial Rehabilitative services
- o. Vocational/Educational Support Services
- p. Family Peer Support Services

DRAFT

New York
3b-1

[13.d Assertive Community Treatment (ACT)]

13.d. Rehabilitative Services

Assertive Community Treatment (ACT)

[Assertive Community Treatment (ACT) programs will provide case management, treatment and rehabilitation to persons with a serious psychiatric disorder who exhibit a pattern of institutional utilization and/or are at risk of a severely dysfunctional lifestyle; present symptoms and impairments not effectively remedied by other available treatment; do not or cannot be engaged in treatment in other outpatient settings as a result of their mental illness; or cannot maintain consistency in treatment through other outpatient services.

Programs will be licensed under 14 NYCRR Part 508. Services will be provided primarily in the community. Services will be provided by a licensed multi-disciplinary team under the supervision of a psychiatrist which meets with the recipient or the recipient's significant others a minimum of six times per month. Of these six contacts, at least three of the contacts must be with the Medicaid recipient. Step down services may be provided to clients found by the team to be no longer in need of full ACT team services. A client who is receiving ACT step down must receive a minimum of two face to face contacts per month. Individuals shall be allowed to alternate between the full ACT team services and step-down services depending on the level of services needed to remain in the community.]

Definition:

Assertive Community Treatment is an evidence-based practice model recognized by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services for the treatment of individuals diagnosed with serious mental illness and who suffer from serious functional impairment whose needs have not been met by traditional service delivery approaches. ACT Services are intended to benefit individuals with serious behavioral health challenges and a treatment history that includes psychiatric hospitalization and emergency room visits, involvement with the criminal justice system, alcohol or substance abuse, homelessness, at risk of, or history of institutional level of care or residential placement, or lack of engagement in traditional outpatient services. ACT services are provided to both adults and children.

ACT is a community-based, multidisciplinary, mobile team intervention and uses assertive community outreach as the main methodology, as well as psychotherapy, medication therapy, verbal therapy, crisis intervention, rehabilitative counseling, psychoeducation, skills training, and peer support services. ACT services support individual recovery through an assertive, person-centered approach that assists individuals to cope with the symptoms of their mental illness or serious emotional disturbance and reacquire the skills necessary to function and remain integrated in the community. ACT teams also provide case management services and 24-hour coverage for crisis services.

TN #20-0074

Approval Date _____

Supersedes TN #01-01

Effective Date December 31, 2020

**New York
3b-1.1**

13d. Rehabilitative Services
Assertive Community Treatment (ACT) (Continued)

Provider Qualifications:

ACT Services are provided by professional and paraprofessional staff under the supervision of professional staff. Paraprofessionals who are peer specialists and credentialed family peer advocates and youth peer advocates are supervised by competent mental health professionals, who are defined as Professional staff below.

Professional staff include: Physicians; Psychiatrists; Physician's Assistants; Nurse Practitioners; Psychiatric Nurse Practitioners; Registered Professional Nurses; Licensed Practical Nurses; Licensed Psychologists; Psychologists with Master's degree under the supervision of a Licensed Psychologist; Licensed Clinical Social Workers; Licensed Master Social Workers or Social Workers who have attained a Master's Degree in Social Work, who are each supervised by a Licensed Clinical Social Worker, Licensed Psychologist, or Psychiatrist; Licensed Mental Health Counselors; Mental Health Counselors who have attained a Master's Degree and are supervised by a Physician, Physician's Assistant, Licensed Clinical Social Worker, Licensed Master Social Worker, or a Licensed Mental Health Counselor; Licensed Marriage and Family Therapists; Licensed Psychoanalysts; Licensed Creative Arts Therapists; and Licensed Occupational Therapists. Professional staff may also include Credentialed Alcoholism and Substance Abuse Counselors certified pursuant to New York State regulations codified at 14 NYCRR Part 853, Pastoral Counselors; Rehabilitation Counselors; or Therapeutic Recreation Specialists; who have obtained the required education and professional certifications. Other practitioners licensed or permitted by New York State Department of Education who have specified training or experience in the treatment of individuals diagnosed with mental illness may be included as professional staff with the prior written approval of the Office of Mental Health.

Paraprofessional staff must have attained a bachelor's degree or have attained at least 18 years of age, a high-school diploma or equivalent, and at least six months of direct care experience with individuals with Serious Mental Illness or Serious Emotional Disturbance. ACT Services providers are also encouraged to employ peer specialists, who are individuals who have themselves experienced mental illness, substance use, or trauma conditions. Peer specialists must have attained a bachelor's degree or have attained at least 18 years of age, a high-school diploma or equivalent and have received specialized training.

Youth ACT Service providers also include family peer advocates who are parents or caregivers who are raising or have raised a child with serious mental health concerns and are personally familiar with the associated challenges and available community resources for children and families. Family peer advocates possess a credential recognized by the Office of Mental Health and have received specialized training and continuing education related to the delivery of peer services.

**New York
3b-1.2**

13d. Rehabilitative Services
Assertive Community Treatment (ACT) (Continued)

Provider Qualifications (continued):

Youth ACT service providers may also include youth peer advocates who are individuals, aged 18 to 30, who self-identify as a person with first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges. At a minimum, a youth peer advocate must have a high school diploma, high school equivalency or a State Education commencement credential, possess a peer credential recognized by the Office of Mental Health, and have received specialized training and continuing education related to the delivery of peer services.

Staff Supervision and Training Requirements

Professional staff supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally, through regular organizational and service planning meetings, which are a hallmark of the ACT evidence-based practice model. All ACT Services providers, including professionals, paraprofessionals, and peers are required to complete an ACT core training curriculum for Adult or Youth ACT teams.

Services:

ACT Services will be provided based upon the assessment of an individual's mental, physical and behavioral condition and history, which will be the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary ACT Services will be documented in a Person-Centered Service Plan ("Service Plan"). Collateral contacts will occur with the recipient's family, and others significant in their life, that provide a direct benefit to the recipient and are conducted in accordance with, and for the purpose of advancing the recipient's Service Plan; and for coordination of services with other community mental health and medical providers.

New York
3b-1.3

13d. Rehabilitative Services
Assertive Community Treatment (ACT) (Continued)

Medically necessary ACT Services include:

- a. Assessment
- b. Assertive Engagement
- c. Person Centered Planning
- d. Case Management
- e. Crisis Intervention Services
- f. Community Integration
- g. Health Services and Health Screening Services
- h. Medication Management (evaluation/prescription/monitoring/education)
- i. Consumer and Family Psychoeducation
- j. Integrated Dual Disorder Treatment
- k. Individual, Group, and/or Family Counseling/Therapy
- l. Self-Help and Peer Support Services
- m. Health and Wellness Self-management
- n. Psychosocial Rehabilitative services
- o. Vocational/Educational Support Services
- p. Family Peer Support Services

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New York
3M

Assertive Community Treatment (ACT) Reimbursement

[Services will be provided primarily in the community by a licensed multi-disciplinary team under the supervision of a psychiatrist which meets with the recipient or the recipient’s significant others a minimum of six times per month for full ACT payment, or two time per month for ACT step-down payment. For full ACT payment, at least three of the six contacts must be with the Medicaid recipient. For ACT step-down services, both of the two required contacts must be with the client.

Monthly fees as approved by Division of Budget will be set by dividing total gross approved costs by twelve months and the number of clients and will include a vacancy factor of 10% OMH will consult with DOH regarding any changes to the fees.]

ACT services are reimbursed regional monthly fees per individual for ACT teams serving either 36, 48, or 68 individuals, as follows. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. Up-to-date ACT service reimbursement rates can be found at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx

Monthly fees are based on projected costs necessary to operate an ACT team of each size and are calculated by dividing allowable projected annual costs by 12 months and by team size. Such monthly fee is then adjusted by a vacancy factor to account for actual fluctuations in case load or when the provider cannot submit full or partial month claims because the minimum contact threshold cannot be met.

ACT services are reimbursed either the full, partial/stepdown, or inpatient fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided. Providers may not bill more than one monthly fee, including the full, partial/stepdown, and inpatient fees, for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one face-to-face contact with an individual and one collateral contact.

TN #20-0074 Approval Date _____
Supersedes TN #01-01 Effective Date December 31, 2020

New York
3M.1

Assertive Community Treatment (ACT) Reimbursement (Continued)

If an individual is admitted to an inpatient facility, ACT services are reimbursed the inpatient fee for a minimum of two contacts per month with enrolled individuals during an inpatient facility admission and are reimbursed the inpatient fee for up to five months. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge. ACT services may be reimbursed the full or partial/stepdown fee during the months of the individual's admission and discharge dates from the inpatient facility, based on the combined number of community and inpatient contacts, as follows:

- The full fee is reimbursable if the provider meets the minimum of six contacts per month, of which up to two contacts may be provided in the inpatient setting.
- The partial/stepdown fee is reimbursable if the provider meets the minimum of two contacts per month, of which up to one may be provided in the inpatient setting.

No more than one contact per day is counted for reimbursement purposes, except if two separate face-to-face contacts are provided to an individual/youth and a collateral on the same day.

DRAFT

Public Notice
NYS 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 consistent with New York State Mental Hygiene Laws §7.15 and §43.02. The following changes are proposed:

Non-Institutional Services

Effective on or after December 31, 2020, the New York State Offices of Mental Health will amend the New York Medicaid State Plan for rehabilitation services provided by Assertive Community Treatment (ACT) programs. The amendments are intended to codify and comprehensively describe existing service coverage, eligibility and reimbursement standards.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

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:

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, New York 12210
spa_inquiries@health.ny.gov

SUMMARY
SPA #20-0076

This amendment proposes to revise the State Plan to remove Medicaid Coverage Limits for Rehabilitation Services – Physical Therapy, Occupational Therapy, and Speech Pathology as pathway to nonpharmacologic treatment alternative for pain management.

DRAFT



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical therapy - rehabilitative/habilitative

Source:

Secretary-Approved Other

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of: 20 PT visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by a physical therapist for the maximum reduction of physical disability and restoration to the patient's best functional level. Habilitative services are provided to the patient to acquire a skill and avert the loss of functions.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (11) (a) ~~limitations and BC/BS Standard Optional limitations apply:~~

~~Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 physical therapy visits in a benefit year may access additional physical therapy services up to 20 visits. Physical therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.~~

~~Any enrollee who reaches 20 physical therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional physical therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.~~

~~The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.~~

~~There is no outpatient visit limit for physical therapy for persons with a developmental disability or persons with a traumatic brain injury.~~

~~Includes Cognitive Rehabilitative Therapy services.~~

~~Habilitative services are not provided as part of the home care benefit.~~

Benefit Provided:

Occupational therapy - rehabilitative/habilitative

Source:

Secretary-Approved Other

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of: 20 OT visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by an occupational therapist for the maximum reduction of physical disability and



Alternative Benefit Plan

restoration to the patient's best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (11) (b) limitations and BC/BS Standard Optional limitations apply:

~~Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 occupational therapy visits in a benefit year may access additional occupational therapy services up to 20 visits. Occupational therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.~~

~~Any enrollee who reaches 20 occupational therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional occupational therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.~~

~~The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.~~

~~There is no outpatient visit limit for occupational therapy for persons with a developmental disability or persons with a traumatic brain injury.~~

~~Includes Cognitive Rehabilitative Therapy services.~~

~~Habilitative services are not provided as part of the home care benefit.~~

Benefit Provided:

Speech and Language Services - rehab/hab

Source:

Secretary-Approved Other

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of: 20 ST visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by a speech-language pathologist for the maximum reduction of physical disability and restoration to the best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (11) (c) limitations and BC/BS Standard Optional limitations apply:

~~Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 speech therapy visits in a benefit year may access additional speech therapy services up to 20 visits. Speech therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 speech therapy visits per year limitation.~~

~~Any enrollee who reaches 20 speech therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional speech therapy services up to the~~



Alternative Benefit Plan

~~75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.~~

Remove

~~The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.~~

~~There is no outpatient visit limit for speech therapy for persons with a developmental disability or persons with a traumatic brain injury.~~

~~Includes Cognitive Rehabilitative Therapy services.~~

~~Habilitative services are not provided as part of the home care benefit.~~



Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Includes nursing services, physical therapy, occupational therapy, or speech pathology, audiology and health aides services supervised by a registered nurse or therapist.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A 7(a)

Benefit Provided:

Home Health Services - Supplies and Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Medical necessary supplies, equipment and appliances, suitable for use in the home prescribed by a physician, consistent with 440.70. Includes durable medical equipment.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A 7(c)

Public Notice **NYS 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 Social Services Law Section 365-a. The following changes for the Medicaid Alternative Benefit Plan (ABP) are proposed. The ABP includes all mandatory and optional benefits defined in the New York Medicaid State Plan under the categorically needy population designation.

Non-Institutional Services

Effective on or after October 1, 2020 the Department is proposing to remove the annual physical therapy, occupational therapy, and speech therapy visit caps and replace with authorization based on medical necessity. Revision of the physical therapy, occupational therapy and speech annual cap will provide members an opportunity to obtain additional rehabilitation therapy as a pathway to nonpharmacologic treatment alternative for pain management. The Department assures access to early and periodic screening, diagnostic and treatment (EPSDT) services will continue unchanged.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

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:

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, New York 12210
spa_inquiries@health.ny.gov

SUMMARY
SPA #21-0004

This State Plan Amendment proposes to implement Medicaid coverage for acupuncture and chiropractor services for patients with chronic lower back pain. Statewide coverage will be phased in, with initial coverage offered in select regions of the State and will be expanded as the Program gains experience in service delivery and member access. Early SPA submission is requested so that the State has an opportunity to discuss with CMS the merits of a phased in approach for program implementation.

DRAFT

New York
3

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

Provided: No limitations With limitations *

c. Chiropractors' services. (EPSDT/CLBP only)

Provided: No limitations With limitations *

Not Provided.

d. Acupuncture services. (CLBP only)

Provided: No limitations With Limitations *

Not Provided.

[d.] e. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

(i). Other Licensed Practitioner services. (EPSDT only.)

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

7. Home health services.**a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

Provided: No limitations With limitations *

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations *

* Description provided on attachment.

TN #21-0004
Supersedes TN #19-0003

Approval Date _____
Effective Date **January 1, 2021**

New York
3

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Optometrists' services.

Provided: No limitations With limitations *

c. Chiropractors' services. (EPSDT/CLBP only)

Provided: No limitations With limitations *

Not Provided.

d. Acupuncture services. (CLBP only)

Provided: No limitations With Limitations *

Not Provided.

[d.] e. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

(i). Other Licensed Practitioner services. (EPSDT only.)

Provided: Identified on attached sheet with description of limitations, if any.

Not Provided.

7. Home health services.**a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

Provided: No limitations With limitations *

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations *

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations *

* Description provided on attachment.

TN #21-0004
Supersedes TN #19-0003

Approval Date _____
Effective Date **January 1, 2021**

New York
1(a)

Dental Services (including dentures)

Payments are limited to the lower of the usual and customary charge to the public or the fee schedule developed by the Department of Health and approved by the Division of the Budget.

Podiatrists

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Optometrists

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Chiropractor’s Services

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Acupuncture Services

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Nurse Midwives

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Effective September 1, 2012, reimbursement will be provided to nurse midwives for breastfeeding health education and counseling services. Nurse midwives must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Nurse Practitioners

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Effective September 1, 2012, reimbursement will be provided to nurse practitioners for breastfeeding health education and counseling services. Nurse practitioners must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

Other Practitioner Services

Clinical Psychologists

Fee schedule developed by the Department of Health and approved by the Division of the Budget.

Outpatient Hospital Services/Emergency Room Services

For those facilities certified under Article 28 of the State Public Health Law: The Department of Health promulgates prospective, all inclusive rates based upon reported historical costs. Allowable operating costs per visit are held to legislatively established ceiling limitations. Reported historical operating costs on a per visit basis, which are below or limited by ceilings, are deemed reimbursable and trended forward to the current rate period to adjust for inflation. Non-operating costs (such as capital costs) are not subject to the legislatively established ceiling and are added to the product of reimbursable operating costs times the roll factor

TN #21-0004 Approval Date _____

Supersedes TN #12-0016 Effective Date January 1, 2021

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 Health

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient, long term care, and non-institutional services to comply with recently proposed statutory provisions. The following significant changes are proposed:

All Services

Effective for dates of service April 1, 2020 through March 31, 2021, and each state fiscal year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by \$2.5 billion. Such reductions will be applied only to the extent that alternative methods that achieve Medicaid state share savings annually are not implemented. Medicaid payments that will be exempted from the uniform reduction include:

1. Payments whereby federal law precludes such reduction, including:
 - Federally Qualified Health Center services;
 - Indian Health Services and services provided to Native Americans;
 - Supplemental Medical Insurance – Part A and Part B;
 - State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
 - Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
 - Services provided to American citizen repatriates; and
 - Hospice Services.
2. Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:
 - Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
 - Certified public expenditure payments to the NYC Health and Hospital Corporation;
 - Certain disproportionate share payments to non-state operated or owned governmental hospitals;

- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
 - Services provided to inmates of local correctional facilities.
3. Other Payments that are not subject to the reduction include:
 - Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
 - Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
 - Early Intervention;
 - Payments for services provided by Other State Agencies including Office of Children and Family Services, State Education Department, and the Department of Corrections and Community Supervision.
 - Vital Access Providers and Vital Access Provider Assurance Program;
 - Physician Administered Drugs;
 - Court orders and judgments; and
 - Family Planning services.

Copies of the proposed state plan amendments will be on file in each local (county) social services district and available for public review.

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, non-institutional or long term care services to comply with proposed Medicaid Redesign Team II (MRT) initiatives. The following changes are proposed:

All Services

Effective for dates of service April 1, 2020 through March 31, 2021, and each State Fiscal Year (SFY) thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.875 percent. Medicaid payments that will be exempted from the uniform reduction include:

- Payments whereby federal law precludes such reduction, including:
 - Federally Qualified Health Center services;
 - Indian Health Services and services provided to Native Americans;
 - Supplemental Medical Insurance – Part A and Part B;
 - State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
 - Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
 - Services provided to American citizen repatriates; and
 - Hospice Services.
- Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:
 - Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
 - Certified public expenditure payments to the NYC Health and Hospitals Corporation;
 - Certain disproportionate share payments to non-state oper-

ated or owned governmental hospitals;

- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.
- Other Payments that are not subject to the reduction include:
 - Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
 - Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
 - Early Intervention;
 - Payments for services provided by Other State Agencies including Office of Children and Family Services, State Education Department, and the Department of Corrections and Community Supervision;
 - Vital Access Providers and Vital Access Provider Assurance Program;
 - Physician Administered Drugs;
 - Children and Family Treatment and Support Services (CFTSS);
 - Court orders and judgments; and
 - Family Planning services.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for SFY 2020-21 is (\$438 million).

Non-Institutional Services

Care Management

Effective on or after April 1, 2020 and SFY thereafter, these proposals will:

- Implement Health Home Improvement, Efficiency, Consolidation and Standardization: These efficiencies include eliminating outreach payments, reducing unnecessary documentation, revising the criteria for admission, and re-evaluating the benchmarks for stepping patients down to lower levels of care management or graduation from a Health Home. Finally, placing the most seriously mentally ill clients in care management arrangements with appropriate caseload sizes – overseen by the Office of Mental Health – while moving lower acuity members into less intensive care management arrangements will both improve program quality and achieve efficiencies.
- Promote Further Adoption of Patient-Centered Medical Homes (PCMH): Continues incentive payments at current levels for lower cost, higher value PCMH programs while incorporating a tiered quality component into the incentive payments to align with other State initiatives such as the Prevention Agenda.
- Comprehensive Prevention and Management of Chronic Disease: Advances the use of evidence-based prevention strategies to manage highly prevalent chronic diseases, including diabetes, hypertension, asthma, smoking, osteoarthritis, chronic kidney disease, HIV/AIDS, and sickle cell disease. Specifically, the proposal will: (1) promote the use of evidence-based, self-care education, and prevention strategies; (2) implement an awareness campaign to educate Medicaid Managed Care (MMC) Plans, providers, and Medicaid members on the various resources and programs that are available; (3) educate the provider community relative to adherence to established evidence-based practice guidelines; (4) optimize services that are already covered by Medicaid, including expanding who can provide services; (5) optimize pharmacist services and leverage the frequency of patient visits to the pharmacy by expanding Collaborative Drug Therapy Management (CDTM) to the community setting, enable pharmacists to administer point-of-care testing for designated CLIA-waived tests and to initiate prescriptions for certain medications; (6) focus on chronic condition management within Patient-Centered Medical Homes (PCMHs) and Health Homes; initially, focus treatment and care management resources on adults with diabetes and hypertension, and children with asthma.
- Children's Preventive Care and Care Transitions: Promotes behavioral health integration in pediatrics by continuing ongoing pilot work focused on pregnancy and early childhood (e.g., preschool screening and universal, light-touch home visits) and leverages participation in CMMI's Integrated Care for Kids (InCK) model of

integration of medical and behavioral health care, using resources already available in the community. In addition, this proposal improves care transitions for children with chronic medical and behavioral conditions, with a special focus on children with sickle cell disease (SCD) moving from pediatric to adult care settings.

- Children and Family Treatment and Support Services (CFTSS) - Restores specialized transition rates for CFTSS.
 - Invest in Medically Fragile Children: Invests Medicaid resources to improve access to private duty nursing (PDN) for medically fragile children in order to prevent hospitalization and emergency visits, by leveraging additional utilization of telehealth, commercial insurance coverage for PDN, further PDN network development and enhanced rates. Specifically, the proposal would increase fee-for-service PDN rates over a three year period to benchmark to the current Medicaid Managed Care rates; create a PDN Network whereby PDN providers would receive a negotiated enhanced rate of payment for PDN services.
 - Preventive Dentistry: Promotes evidence-based preventative dentistry using fluoride varnish and silver diamine fluoride. Specifically, the proposal increases the application of fluoride varnish by primary care providers, including Registered Nurses, which will decrease early childhood decay and associated restorative costs. In addition, the proposal expands Medicaid dental coverage to include silver diamine fluoride which stops tooth decay and prevents additional oral complications.
 - Emergency Room Avoidance and Cost Reductions: this proposal reduces unnecessary Emergency Department (ED) utilization and/or cost by redesigning care pathways for high ED utilizing patients and transitions navigation to community services by: allowing sharing of individualized patient treatment plans for chronic conditions (through Qualified Entity (QEs)); expanding access to Urgent Care Centers by increasing co-location with Emergency Rooms; requiring Urgent Care Centers to accept Medicaid; and exploring a lower ED triage fee for non-emergency conditions.
 - Addressing Barriers to Opioid Care: Implements a series of Opioid related interventions to address certain barriers to care for Medicaid members, including but not limited to, better bundled payments that support opiate treatment through the adjustment of Ambulatory Patient Groups (APG) payments to eliminate unnecessary volume incentive and to promote more appropriate access including take home medication, when clinically appropriate; reduced Medicaid Coverage Limits for Rehabilitation Services as pathway to nonpharmacologic treatment alternative for pain management, and increased utilization of the Opioid Medical Maintenance (OMM) Model.
 - Promote Maternal Health to Reduce Maternal Mortality: Focuses on optimizing the health of individuals of reproductive age, including discussions on comprehensive family planning and patient centered primary and preventive care. The proposal aims to improve access to quality prenatal care, free from implicit bias, and ensuring postpartum home visits are available to all individuals who agree have a home visit after giving birth, by working with Medicaid Managed Care plans to identify and address the barriers to achieving these goals. The proposal also includes ensuring all pregnant individuals have access to childbirth education and supports the participation of birthing centers in the Perinatal Quality Collaborative.
- The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$86 million and for SFY 2021-2022 is \$140 million.

Pharmacy

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Reduce Drug Cap Growth by Enhancing Purchasing Power to Lower Drug Costs by providing the ability to negotiate supplemental rebates for new blockbuster drugs and gene therapies that do not yet have utilization; and the authority to negotiate value-based agreements with manufacturers.
- Reducing coverage of certain OTC products and increasing copayments (with exceptions for the most vulnerable populations).

- Eliminating Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program and to selected drug classes for managed care plans. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020/2021 is \$142 million and for SFY 2021/2022 is \$428 million.

Transportation

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Transition the State to a single Medicaid Transportation Broker to ensure that consumers receive reliable, high quality transportation services using the mode that is appropriate for the consumer.
- Discontinue the Supplemental Ambulance Rebate Payments to emergency medical transportation (EMT) providers since updating and rationalized the ambulance fee schedule consistent with the Department of Health's Ambulance Rate Adequacy Study.
- Carve transportation out of the MLTC Benefit (excluding PACE) and into fee-for-service to create efficiencies and consistency in purchasing, arranging and managing transportation services across the Medicaid program.
- Maximize Public Transit in New York City and other urban areas to encourage the use of public transportation as an alternative to livery when appropriate for the consumer.
- Reduce Taxi/Livery Rates and promoting other modes of transportation to reflect market rates for transportation services.
- Implement an ambulance diversion - Triage, Treat and Transport (ET3) - support program to reduce avoidable hospitalizations, subject to any necessary federal approvals.
- Pursue a Certified Public Expenditure program to maximize federal reimbursement for NEMT services incurred by municipalities.
- Create a Community Paramedicine Program to expand the roles of Emergency Medical Technicians (EMTs) and Paramedics by providing medical care to patients at home to avoid unnecessary trips to the Emergency Department (ED). EMTs and Paramedics would provide additional patient health and safety services (e.g., food, medications, fall precautions) and clinical assessment and diagnostic testing in consultation with online medical control/telemedicine physicians/advanced practitioners to avoid unnecessary trips to the hospital.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$188 million and for SFY 2021-2022 is \$488 million.

Telehealth

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Expand Utilization of Telehealth services and reimbursement models, specifically to address behavioral health, oral health, maternity care and other high-need populations. The proposal contemplates a state-wide, hosted telehealth platform to help mitigate interoperability barriers, as well as to enhance broadband to ensure telehealth connectivity in rural areas.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$15 million and for SFY 2021-2022 is \$25.4 million.

Institutional Services

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Reduce the size of the voluntary hospital Indigent Care Pool by \$75 million (State share);
- Eliminate the Indigent Care Pool "Transition Collar", which generates an additional \$12.5 million in State share savings; and
- Eliminate the Public Hospitals Indigent Care Pool, which generates \$70 million in State savings;

- Convert the value of Upper Payment Limit (UPL) payments received by public hospitals in a city with a population over a million into Medicaid reimbursement rates;

- Reduce hospital inpatient capital rate add-on by 5 percent and capital reconciliation payments by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$728 million and for SFY 2021-2022 is \$743 million.

Long Term Care Services

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Modify the current eligibility criteria for individuals to receive Personal Care Services and Consumer Directed Personal Assistance Services (CDPAS) as a Medicaid benefit, regardless of whether such services are received through fee-for-service, Mainstream Managed Care plans, or Managed Long Term Care (MLTC) plans. In order to be eligible to receive such services, an individual must be assessed to need assistance with more than two activities of daily living (ADLs) (ranging from limited assistance to total dependence).
- Institute a Home and Community Based Services lookback period of 60 months for asset transfers in determining eligibility for Medicaid for those seeking home and community based long term care services and supports as currently applies to those seeking Medicaid eligibility for nursing home care.
- Eliminate the ability of spouses living together in the community, and parents living with their child, to refuse to make their income and resources available during the determination of an applicant's eligibility for Medicaid.
- Utilize an independent clinician panel, similar to the State's Conflict Free Evaluation and Enrollment Center, to assess patients and order PCS and CDPAS under a clear set of standards and protocols.
- Implement an enhanced utilization review process by an independent assessor for any individuals who are assessed to need more than 12 hours per day on average in a given month (i.e., 360 hours per month for a 30-day month) to ensure that it remains safe for that individual to remain in the community.
- Change the frequency in which the Community Health Assessment is conducted from every six months to once annually, subject to requiring reassessments based on changes in health condition or status.
- Implement a uniform tasking tool for use by plans and Local Departments of Social Services (LDSS) to help determine service utilization, including the hours of Personal Care Services and CDPAS required each day.
- Employ the provider "choice" model to proceed with the implementation and electronic visit verification (EVV) system, as required by the Federal 21st Century Cures Act.
- Eliminate requirements that plans and LDSS educate consumers about the availability of the CDPAP program semi-annually. Develop standards and protocols to determine whether consumers are self-directing and, if applicable, their designated representative is able to fulfill their obligations appropriately.
- Delay the implementation date of certain permissible Consumer First Choice Option Services (CFCO) services from January 1, 2020 to April 1, 2022.
- Incorporate additional transparency, compliance, and accountability standards to ensure that entities receiving wage parity payments are appropriately using those funds for the benefit home care aides.
- Reduce Workforce Recruitment and Retention funding for home health care workers.
- Migrate the completion of all Community Health Assessments (CHA) and reassessments to a single, statewide Independent Assessor (IA).
- Modify the minimum community spouse resource amount, which is used to determine the Medicaid eligibility of an applicant under spousal impoverishment budgeting.
- Reduce funding associated with nursing home capital reim-

bursment by 5 percent and eliminate funding associated with return on equity payments to for-profit nursing homes.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020/2021 is \$854 million and for SFY 2021/2022 is \$1.672 billion.

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

New York City Deferred Compensation Plan & NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide master custodial services to the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Wednesday, March 18, 2020. Responses are due no later than 4:30 p.m. Eastern Time on Thursday, May 28, 2020. To obtain a copy of the RFP, please visit the Plan's web site at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Department of State

F-2019-1176

Date of Issuance – April 1, 2020

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-2019-1176 or the "Morgenstern Residence", the applicant Richard Morgenstern, is proposing to maintain as completed 4' x 100.5' pier with 4' x 15' "T" and 3'6" x 10' steps. Maintain as completed 4'8" of additional 4' wide "T", 6' davit, 4'-5' x 31.6" pier and 4' x 32'6" pier, one boat lift, two boat whips and two safety ladders. The authorized work is located at 300 Riviera Drive, Town of Oyster Bay, Nassau County, Great South Bay.

The applicant's consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-1176_Morgenstern_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, May 1, 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

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.

2020-0134 Matter of William Szmala, Nine Cedar Avenue, Medford, NY 11763, for a variance concerning safety requirements, including the height under a girder/soffit. Involved is an existing one family dwelling located at 269 Hampton Avenue, Town of Brookhaven, NY 11772, County of Suffolk, State of New York.

2020-0141 Matter of Nassau Expeditors Inc., Scott Tirone, 75 Albertson Avenue, Albertson, NY 11507, for a variance concerning safety requirements, including the heights under a girder/soffit. Involved is an existing one family dwelling located at 190 Stratford Road, Town of North Hempstead, NY 11040, County of Nassau, State of New York.

2020-0144 Matter of JL Drafting, John Lagoudes, 707 Route 110, Suite A, Farmingdale, NY 11735, for a variance concerning safety requirements, including the height under a girder/soffit. Involved is an existing one family dwelling located at 474 Wolf Hill Road, Town Of Huntington, NY 11746, County of Suffolk, State of New York.

2020-0153 Matter of Todd Oconnell Architect PC, Todd Oconnell, 1200 Veteran Memorial Hwy. S120, Hauppauge, NY 11788, for a variance concerning safety requirements, including the height under a girder/soffit. Involved is an existing one family dwelling located at Six Whitney Court, Town of Huntington, NY 11746, 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 other-

wise 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.

2020-0145 In the matter of David and Donna Wexler, 209 Roat Street, Ithaca, NY 14850 for a variance concerning requirements for a reduced ceiling height for use as habitable space.

Involved is an existing one-family residence occupancy, two stories in height, located at 209 Roat Street, Town of Ithaca, County of Tompkins, 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.

2020-0150 In the matter of Fabbri Engineers & Surveyors, Lawrence Fabbri, One Settlement Way, Ithaca, NY for Heritage Park Townhouses, Inc., for a variance concerning requirements to allow an increase in setback distance of an aerial fire apparatus access road to the building.

Involved is the construction of a one-family residential occupancy, three stories in height, located at 126 West Falls Street, City of Ithaca, County of Tompkins, 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.

2020-0155 In the matter of Herbert Dwyer, P.O. Box 603, Ithaca, NY 14851, concerning safety requirements including a variance for reduction in required height of existing interior handrails and guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 211-213 Cornell Street, City of Ithaca, County of Tompkins, 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, N.Y. 12231, (518) 474-4073 to make appropriate arrangements.

2020-0157 In the matter of Purplfish Properties, LLC, James Merod, 513 West Buffalo Street, Ithaca, NY 14850, concerning safety requirements including a variance for reduction in required height of existing interior guardrails.

Involved is the certificate of compliance inspection of an existing residential occupancy, two stories in height, located at 225 South Albany Street, City of Ithaca, County of Tompkins, New York.

PUBLIC NOTICE

Susquehanna River Basin Commission

Actions Taken at March 13, 2020, Meeting

SUMMARY: As part of its regular business meeting held on March 13, 2020, in Harrisburg, Pennsylvania, the Commission approved the applications of certain water resources projects, and took additional actions, as set forth in the Supplementary Information below.

DATES: March 16, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 N. Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary, telephone: (717) 238-0423, ext. 1312, fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address. See also Commission website at www.srbc.net.

SUPPLEMENTARY INFORMATION: In addition to the actions taken on projects identified in the summary above and the listings below, the following items were also presented or acted upon at the business meeting: (1) Resolution 2020-01 adopting the Commission's Fiscal Year 2021 Budget Reconciliation; (2) ratification/approval of contracts/grants; (3) Resolution 2020-02 adopting Final Rulemaking regarding consumptive use mitigation and adopting Consumptive Use Mitigation Policy; (4) Resolution 2020-03 adopting Guidance For The Preparation Of A Metering Plan & A Groundwater Elevation Monitoring Plan For Withdrawals, Consumptive Uses And Diversions ("Metering Plan Guidance"); and (5) Regulatory Program projects.

Project Applications Approved:

1. Project Sponsor and Facility: ARD Operating, LLC (Lycoming Creek), Lewis Township, Lycoming County, Pa. Application for renewal of surface water withdrawal of up to 1.340 mgd (peak day) (Docket No. 20160301).

2. Project Sponsor and Facility: EQT Production Company (Wilson Creek), Duncan Township, Tioga County, Pa. Application for renewal of surface water withdrawal of up to 0.720 mgd (peak day) (Docket No. 20160305).

3. Project Sponsor and Facility: New Holland Borough Authority, New Holland Borough, Lancaster County, Pa. Application for groundwater withdrawal of up to 0.860 mgd (30-day average) from Well 5.

4. Project Sponsor and Facility: SWN Production Company, LLC (Susquehanna River), Oakland Township, Susquehanna County, Pa. Application for renewal of surface water withdrawal of up to 3.000 mgd (peak day) (Docket No. 20160310).

5. Project Sponsor and Facility: SWN Production Company, LLC (Tunkhannock Creek), Lenox Township, Susquehanna County, Pa. Application for renewal of surface water withdrawal of up to 1.218 mgd (peak day) (Docket No. 20160311).

6. Project Sponsor and Facility: Towanda Municipal Authority, Albany Township, Bradford County, Pa. Application for groundwater withdrawal of up to 0.551 mgd (30-day average) from the Eilenberger Spring.

7. Project Sponsor: York Haven Power Company, LLC. Project Facility: York Haven Hydroelectric Project, Londonderry Township, Dauphin County; Conoy Township, Lancaster County; and York Haven Borough and Newberry Township, York County, Pa. Application for approval of an existing hydroelectric facility.

Project Approved Involving a Diversion

1. Project Sponsor: Gas Field Specialists, Inc. Project Facility: Wayne Gravel Products Quarry, Ceres Township, McKean County, Pa. Application for renewal of an into-basin diversion from the Ohio River Basin of up to 1.170 mgd (peak day) (Docket No. 20160312).

Commission Initiated Project Approval Modifications

1. Project Sponsor and Facility: Susquehanna Valley Country Club, Monroe Township, Snyder County, Pa. Conforming the grandfathering amount with the forthcoming determination for a groundwater withdrawal up to 0.162 mgd (30-day average) from the Front Nine Well (Docket No. 20020814).

2. Project Sponsor and Facility: New Morgan Borough Utilities Authority, New Morgan Borough, Berks County, Pa. Modification to remove expired Well PW-3 and to recognize the interconnection with Caernarvon Township Authority. Well PW-3 automatically expired consistent with Condition 25 of the approval due to lack of commencement of withdrawal (Docket No. 20141207).

In addition, as a part of Resolution 2020-02, which was adopted, the Executive Director has the authority necessary to carry out the implementation of the final rulemaking and policy, including where necessary approving any Commission-initiated modifications to consumptive use approvals to modify the mitigation requirements for evaporative losses from ponds and other on-site structures that meet the mitigation standard in Policy No. 2020-01. As such, notice is hereby given that the Executive Director is initiating such modifications. A list of modifications under review by Commission staff and date for public comment on those modifications can be found at the Commission's website at www.srbc.net, <https://www.srbc.net/about/meetings-events/meeting-comment/default.aspx?type=9&cat=29>.

AUTHORITY: Pub.L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Grandfathering (GF) Registration Notice

SUMMARY: This notice lists Grandfathering Registration for projects by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: February 1-29, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries May be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists GF Registration for projects, described below, pursuant to 18 CFR 806, Subpart E for the time period specified above:

Grandfathering Registration Under 18 CFR part 806, Subpart E:

1. Elmhurst Country Club, GF Certificate No. GF-202002083, Roaring Brook Township, Lackawanna County, Pa.; Wells 1 and 2; Issue Date: February 3, 2020.

2. Weaverland Valley Authority – Terre Hill Water System, GF Certificate No. GF-202002084, Terre Hill Borough and East Earl Township, Lancaster County, Pa.; Wells 1 and 3; Issue Date: February 3, 2020.

3. Williamsport Country Club Inc. – Williamsport Country Club, GF Certificate No. GF-202002085, Loyalsock Township, Lycoming County, Pa.; Wells 1 and 2, and consumptive use; Issue Date: February 18, 2020.

4. Town of Kirkwood – Public Water Supply System, GF Certificate No. GF-202002086, Town of Kirkwood, Broome County, N.Y.; Well 1; Issue Date: February 24, 2020.

5. Pennsylvania Fish & Boat Commission – Bellefonte State Fish Hatchery, GF Certificate No. GF-202002087, Benner Township, Centre County, Pa.; the Spring, and Wells 1 and 2; Issue Date: February 24, 2020.

6. Pennsylvania Fish & Boat Commission – Benner Spring State

Fish Hatchery, GF Certificate No. GF-202002088, Benner Township, Centre County, Pa.; Benner Spring and Spring Creek; Issue Date: February 24, 2020.

7. Tunkhannock Borough Municipal Authority – Public Water Supply System, GF Certificate No. GF-202002089, Tunkhannock Borough, Wyoming County, Pa.; Well 1 (Hill Well 1) and Well 4 (Ravine); Issue Date: February 24, 2020.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR parts 806 and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: December 1-31, 2019.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries May be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22 (f)(13) and 18 CFR § 806.22 (f) for the time period specified above:

Water Source Approval – Issued Under 18 CFR 806.22(f):

1. Repsol Oil & Gas USA, LLC; Pad ID: Wilcox #1; ABR-20090803.R2; Covington Township, Tioga County, Pa.; Consumptive Use of Up to 0.9999 mgd; Approval Date: December 9, 2019.

2. Repsol Oil & Gas USA, LLC; Pad ID: KLEIN (01 014) R; ABR-20090810.R2; Armenia Township, Bradford County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: December 9, 2019.

3. Seneca Resources Company, LLC; Pad ID: B09-I; ABR-201912001; Shippen Township, Cameron County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: December 10, 2019.

4. Chief Oil & Gas, LLC; Pad ID: Polovitch Unit #1H; ABR-20090826.R2; Nicholson Township, Wyoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: December 20, 2019.

5. Range Resources – Appalachia, LLC; Pad ID: Roup 1H – 2H; ABR-201407018.R1; Mifflin Township, Lycoming County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: December 20, 2019.

6. Chesapeake Appalachia, L.L.C.; Pad ID: Doss; ABR-20091109.R2; Albany Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: December 23, 2019.

7. Chesapeake Appalachia, L.L.C.; Pad ID: CSI; ABR-20091112.R2; Burlington Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: December 23, 2019.

8. Chief Oil & Gas, LLC; Pad ID: Kuziak B Drilling Pad; ABR-201409004.R1; Elkland Township, Sullivan County, Pa.; Consumptive Use of Up to 2.5000 mgd; Approval Date: December 23, 2019.

9. Cabot Oil & Gas Corporation; Pad ID: WeissM P1; ABR-201407003.R1; Gibson Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: December 31, 2019.

10. SWN Production Company, LLC; Pad ID: Greenzweig (GU C Pad); ABR-201407004.R1; Herrick Township, Bradford County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: December 31, 2019.

11. SWN Production Company, LLC; Pad ID: NR-20-COLWELL-

PAD; ABR-201407010.R1; Oakland Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: December 31, 2019.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: January 1-31, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries May be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22 (f)(13) and 18 CFR § 806.22 (f) for the time period specified above:

Water Source Approval – Issued Under 18 CFR 806.22(f):

1. Cabot Oil & Gas Corporation; Pad ID: BrooksW P1; ABR-20090701.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

2. Cabot Oil & Gas Corporation; Pad ID: HullR P1; ABR-20090702.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

3. Cabot Oil & Gas Corporation; Pad ID: Heitsman P1A; ABR-20090703.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

4. Cabot Oil & Gas Corporation; Pad ID: Gesford P2; ABR-20090705.R2; Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

5. SWN Production Company, LLC; Pad ID: Carrar Pad Site; ABR-20090725.R2; Liberty Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

6. Repsol Oil & Gas USA, LLC; Pad ID: DCNR 587 (02 002); ABR-20090811.R2; Ward Township, Tioga County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

7. Repsol Oil & Gas USA, LLC; Pad ID: DCNR 587 (02 004); ABR-20090812.R2; Ward Township, Tioga County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

8. Repsol Oil & Gas USA, LLC; Pad ID: DCNR 587 (02 017); ABR-20090932.R2; Ward Township, Tioga County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: January 14, 2020.

9. Chief Oil & Gas, LLC; Pad ID: Teel Unit #1H; ABR-20091115.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 14, 2020.

10. Range Resources - Appalachia, LLC; Pad ID: Cornwall 6H-8H; ABR-201407017.R1; Lewis Township, Lycoming County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: January 14, 2020.

11. Chief Oil & Gas, LLC; Pad ID: S. A. Wilson Drilling Pad; ABR-201411001.R1; Overton Township, Bradford County, Pa.; Consumptive Use of Up to 2.5000 mgd; Approval Date: January 14, 2020.

12. Cabot Oil & Gas Corporation; Pad ID: Teel P7; ABR-20090704.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 15, 2020.

13. Cabot Oil & Gas Corporation; Pad ID: LaRueC P1; ABR-20090706.R2; Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 15, 2020.

14. Cabot Oil & Gas Corporation; Pad ID: SmithR P2; ABR-20090707.R2; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 15, 2020.

15. SWEPI LP; Pad ID: 212 1H; ABR-20090727.R2; Charleston Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 16, 2020.

16. SWEPI LP; Pad ID: 235A 1H; ABR-20090728.R2; Sullivan Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 16, 2020.

17. SWEPI LP; Pad ID: Courtney 129 1H-2H; ABR-20090729.R2; Richmond Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 17, 2020.

18. SWEPI LP; Pad ID: Courtney H 255-1H; ABR-20090730.R2; Richmond Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 17, 2020.

19. Rockdale Marcellus, LLC; Pad ID: Palmer 112; ABR-20091006.R2; Canton Township, Bradford County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: January 17, 2020.

20. SWEPI LP; Pad ID: Neal 134D; ABR-20090731.R2; Richmond Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 20, 2020.

21. SWEPI LP; Pad ID: Kipferl 261-1H; ABR-20090732.R2; Jackson Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 20, 2020.

22. Cabot Oil & Gas Corporation; Pad ID: GrimsleyJ P1; ABR-20090805.R2; Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.5750 mgd; Approval Date: January 20, 2020.

23. Rockdale Marcellus, LLC; Pad ID: Fitch 115-1H; ABR-20091005.R2; Union Township, Tioga County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: January 20, 2020.

24. Repsol Oil & Gas USA, LLC; Pad ID: KOHLER (02 191); ABR-202001001; Liberty Township, Tioga County, Pa.; Consumptive Use of Up to 6.0000 mgd; Approval Date: January 20, 2020.

25. Rockdale Marcellus, LLC; Pad ID: Bear Claw; ABR-202001002; McIntyre Township, Lycoming County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 20, 2020.

26. EXCO Resources (PA), LLC; Pad ID: Bower Unit #1H Drilling Pad; ABR-20090815.R2; Penn Township, Lycoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 22, 2020.

27. BKV Operating, LLC; Pad ID: Procter & Gamble Mehoopany Plant 2 1H; ABR-20091104.R2; Washington Township, Wyoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 22, 2020.

28. BKV Operating, LLC; Pad ID: Procter and Gamble Mehoopany Plant 1V; ABR-20091014.R2; Washington Township, Wyoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 22, 2020.

29. Cabot Oil & Gas Corporation; Pad ID: ColwellA P1; ABR-201408004.R1; Jackson Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 22, 2020.

30. EXCO Resources (PA), LLC; Pad ID: Warburton Unit #1H Drilling Pad; ABR-20090816.R2; Penn Township, Lycoming County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

31. ARD Operating, LLC; Pad ID: COP Tr 678 #1000H; ABR-20090820.R2; Noyes Township, Clinton County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

32. ARD Operating, LLC; Pad ID: COP Tr 678 #1001H & #1002H;

ABR-20090821.R2; Noyes Township, Clinton County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

33. ARD Operating, LLC; Pad ID: Tx Gulf B #1H; ABR-20090822.R2; Beech Creek Township, Clinton County, Pa.; Consumptive Use of Up to 5.0000 mgd; Approval Date: January 28, 2020.

34. SWN Production Company, LLC; Pad ID: NR-23-FOUR BUCKS-PAD; ABR-201408005.R1; Great Bend Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 28, 2020.

35. Seneca Resources Company, LLC; Pad ID: D09-M; ABR-202001003; Jones Township, Elk County; and Sergeant Township, McKean County; Pa.; Consumptive Use of Up to 2.5000 mgd; Approval Date: January 28, 2020.

36. SWEPI LP; Pad ID: Smith 253 1H; ABR-20090825.R2; Sullivan Township, Tioga County, Pa.; Consumptive Use of Up to 4.0000 mgd; Approval Date: January 29, 2020.

37. Cabot Oil & Gas Corporation; Pad ID: FontanaC P1; ABR-201408009.R1; Bridgewater Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 29, 2020.

38. Cabot Oil & Gas Corporation; Pad ID: DysonW P1; ABR-201408010.R1; Springville Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 29, 2020.

39. Cabot Oil & Gas Corporation; Pad ID: LernerG P1; ABR-201408011.R1; Ararat Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.2500 mgd; Approval Date: January 29, 2020.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Projects Approved for Minor Modifications

SUMMARY: This notice lists the minor modifications approved for a previously approved project by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: February 1-29, 2020.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists previously approved projects, receiving approval of minor modifications, described below, pursuant to 18 CFR § 806.18 for the time period specified above:

Minor Modifications Issued Under 18 CFR § 806.18

1. New York State Canal Corporation, Docket No. 20191210, Towns of DeRuyter and Cazenovia, Madison County, and Town of Fabius, Onondaga County, N.Y.; approval to extend docket conditions (Special Conditions 14 and 15) in regard to the submittal of a comprehensive metering and monitoring plan and a final intake design; Approval Date: February 3, 2020.

2. Lancaster County Solid Waste Management Authority, Docket No. 20180908, Conoy Township, Lancaster County, Pa.; approval to correct a typographical error in Section 3 referencing the related special condition number; Approval Date: February 19, 2020.

AUTHORITY: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission

Revocation of Approvals

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: December 1-31, 2019.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, that have been revoked for the time period specified above:

Revocation of Approvals by Rule – Issued Under 18 CFR 806.22(f):

1. XPR Resources, LLC; Pad ID: Resource Recovery Well #1; ABR-201010059.R1; Snow Shoe Township, Centre County, Pa.; Revocation of Approval Date: December 24, 2019.

2. Seneca Resources Company, LLC; Pad ID: Gamble Pad G; ABR-201906005; Gamble Township, Lycoming County, Pa.; Revocation of Approval Date: December 26, 2019.

3. Seneca Resources Company, LLC; Pad ID: C09-E; ABR-201512009; Shippen Township, Cameron County, Pa.; Revocation of Approval Date: December 26, 2019.

4. Chief Oil & Gas, LLC; Pad ID: Andrus Drilling Pad #1; ABR-201101023.R1; Franklin and Granville Townships, Bradford County, Pa.; Revocation of Approval Date: December 30, 2019.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: March 16, 2020.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

SUMMARY
SPA #21-0005

This amendment proposes to revise the State Plan to establish weekly Opioid Treatment Program (OTP) bundled fees as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. For any given week and any given patient, the provider may choose to bill under either the new bundles or APGs.

DRAFT

**New York
1(p)(iii)**

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Weekly Bundles

Effective January 1, 2021, OASAS will establish regional weekly fees for hospital-based opioid treatment programs. Such fees will be available as an alternative to the reimbursement under the Ambulatory Patient Group (APG) fee methodology already in place for OTPs. Providers may bill any given week of OTP service for any given patient under either methodology (APGs or the bundled fee methodology), but not both. All such fees will be subject to approval by the NYS Division of the Budget.

For purposes of these fees there will be two regions, downstate and upstate, with the regional assignment based on program location. The downstate region includes the following counties: New York, Kings, Queens, Richmond, Bronx, Nassau, Suffolk, Westchester, Rockland, Putnam, Dutchess and Orange. The upstate region includes all other counties in the State.

The January 1, 2021 fees and rate codes are as follows:

<u>Rate Code</u>	<u>Rate Description</u>	<u>Pre-2021 Rates (Statewide)</u>	<u>Jan 1, 2021 (Downstate)</u>	<u>Jan 1, 2021 (Upstate)</u>
<u>7973</u>	<u>HOSPITAL OTP METHADONE DISPENSING OR COUNSELING</u>	<u>\$ 207.49</u>	<u>\$ 209.19</u>	<u>\$ 178.80</u>
<u>7974</u>	<u>HOSPITAL OTP METHADONE ADMIN</u>	<u>\$ 35.28</u>	<u>\$ 35.28</u>	<u>\$ 35.28</u>
<u>7975</u>	<u>HOSPITAL OTP BUPRENORPHINE DISPENSING OR COUNSELNG</u>	<u>\$ 258.47</u>	<u>\$ 260.59</u>	<u>\$ 222.73</u>
<u>7976</u>	<u>HOSPITAL OTP BUPRENORPHINE ADMIN</u>	<u>\$ 86.26</u>	<u>\$ 86.26</u>	<u>\$ 86.26</u>

The pre-2021 rates are under the authority of the NYS COVID-19 disaster relief SPA (20-0048) and are shown here for informational purposes only.

TN #21-0005

Approval Date _____

Supersedes TN #NEW

Effective Date January 1, 2021

**New York
10(a.7)**

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Weekly Bundles

Effective January 1, 2021, OASAS will establish regional weekly fees for community-based opioid treatment programs. Such fees will be available as an alternative to the reimbursement under the Ambulatory Patient Group (APG) fee methodology already in place for OTPs. Providers may bill any given week of OTP service for any given patient under either methodology (APGs or the bundled fee methodology), but not both. All such fees will be subject to approval by the NYS Division of the Budget.

For purposes of these fees there will be two regions, downstate and upstate, with the regional assignment based on program location. The downstate region includes the following counties: New York, Kings, Queens, Richmond, Bronx, Nassau, Suffolk, Westchester, Rockland, Putnam, Dutchess and Orange. The upstate region includes all other counties in the State.

The January 1, 2021 fees and rate codes are as follows:

<u>Rate Code</u>	<u>Rate Description</u>	<u>Pre-2021 Rates (Statewide)</u>	<u>Jan 1, 2021 (Downstate)</u>	<u>Jan 1, 2021 (Upstate)</u>
<u>7969</u>	<u>FREESTNG OTP METHADONE DISPENSING OR COUNSELING</u>	<u>\$ 207.49</u>	<u>\$ 209.19</u>	<u>\$ 178.80</u>
<u>7970</u>	<u>FREESTNG OTP METHADONE ADMIN</u>	<u>\$ 35.28</u>	<u>\$ 35.28</u>	<u>\$ 35.28</u>
<u>7971</u>	<u>FREESTNG OTP BUPRENORPHINE DISPENSING OR COUNSELNG</u>	<u>\$ 258.47</u>	<u>\$ 260.59</u>	<u>\$ 222.73</u>
<u>7972</u>	<u>FREESTNG OTP BUPRENORPHINE ADMIN</u>	<u>\$ 86.26</u>	<u>\$ 86.26</u>	<u>\$ 86.26</u>

The pre-2021 rates are under the authority of the NYS COVID-19 disaster relief SPA (20-0048) and are shown here for informational purposes only.

TN #21-0005

Approval Date

Supersedes TN #NEW

Effective Date January 1, 2021

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 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 Title 14 NYCRR Parts 822 and 841 and 42 CFR 440.130(d). The following changes are proposed:

Non-Institutional Services

The COVID emergency SPA covering the NYS Office of Addiction Services and Supports (OASAS) Opioid Treatment Programs (OTPs) ends on January 21, 2021. That SPA permitted billing weekly OTP (Opioid Treatment Programs) bundles under a methodology similar to that of Medicare. Effective on or after January 1, 2021, OASAS proposed to establish those bundled rates as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. Each week, for any given patient, the provider must choose to bill under either the APG methodology or the bundled weekly rates, generally based on the amount of face-to-face contact with the patient during that week and the specific services provided.

There is no additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment.

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

Town of North Hempstead Solid Waste Management Authority

Pursuant to Section 120-w of the New York General Municipal Law, the Town of North Hempstead Solid Waste Management Authority hereby gives notice of the following:

On October 8, 2020, the Town of North Hempstead Solid Waste Management Authority awarded a contract to Covanta Sustainable Solutions LLC pursuant to section one hundred twenty-w of the General Municipal Law for the transportation and disposal of solid waste from the North Hempstead Transfer Station, Port Washington, New York. The validity of this contract or the procedures which led to its award may be hereafter contested only by action, suit or proceeding commenced within sixty days after the date of this notice and only upon the ground or grounds that: (1) such award or procedure was not authorized pursuant to that section, or (2) any of the provisions of that section which should be complied with at the date of this publication have not been substantially complied with, or (3) a conflict of interest can be shown in the manner in which the contract was awarded; or by action, suit or proceeding commenced on the grounds that such contract was awarded in violation of the provisions of the Constitution.

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, December 3rd, 2020 at Peebles Island State Park, 1 Delaware Avenue, Cohoes, NY 12047.

The following properties will be considered:

1. Main Street Historic District, Niagara Falls, Niagara County
2. Nassau County Courthouse, Mineola, Nassau County
3. Eagle's Nest, William K. Vanderbilt II Estate Boundary Expansion, Centerport, Suffolk County
4. Brockport West Side Historic District, Brockport, Monroe County
5. St. Stephen's Chapel, Morris, Otsego County
6. Sperry Rand, Ilion, Herkimer County
7. A.M.E. Zion Church of Kingston, Ulster County
8. New York Central & Hudson River Railroad Power Station, Westchester County
9. Wethersfield, Dutchess County
10. Harder Mill, Rensselaer, Rensselaer County

Public Notice **NYS 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 Title 14 NYCRR Parts 822 and 841 and 42 CFR 440.130(d). The following changes are proposed:

Non-Institutional Services

The COVID emergency SPA covering the NYS Office of Addiction Services and Supports (OASAS) Opioid Treatment Programs (OTPs) ends on January 21, 2021. That SPA permitted billing weekly OTP (Opioid Treatment Programs) bundles under a methodology similar to that of Medicare. Effective on or after January 1, 2021, OASAS proposed to establish those bundled rates as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. Each week, for any given patient, the provider must choose to bill under either the APG methodology or the bundled weekly rates, generally based on the amount of face-to-face contact with the patient during that week and the specific services provided.

The following is a clarification to the October 28, 2020 noticed already provided. There will be a small savings in fee-for-service Medicaid associated with this initiative of approximately (\$920,000) per year (all shares). The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020/2021 is (\$230,000).

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.

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For further information and to review and comment, please contact:

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, New York 12210
spa_inquiries@health.ny.gov

SUMMARY
SPA #21-0006

This State Plan Amendment proposes to provide supplemental payments to Medicaid enrolled, approved Public Emergency Medical Transportation (PEMT) entities that meet specified requirements and provide emergency medical transportation services to Medicaid beneficiaries.

Medicaid enrolled, publicly owned or operated ground emergency medical transportation (ambulance) providers are currently reimbursed on a fee-for-service basis, but at a rate that is far less than the actual cost of providing these services. This proposed amendment is intended to help bridge that fiscal gap. Providers participating in the inpatient supplemental reimbursement program will no longer be reimbursed through the inpatient rates as a non-comparable add-on to the acute per discharge rate.

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New York
3(d)(A)(i)

4. "PEMT services" means both the act of transporting an individual from any point of origin to the medical site capable of meeting the emergency medical needs of the patient, as well as emergency medical treatment provided to an individual by PEMT providers before or during the act of transportation.

a. "Advanced life support" means the assessment or treatment through the use of techniques described in the Emergency Medical Technician (EMT)-Paramedic: National Standard Curriculum or the National Emergency Medical Services (EMS) Education Standards, provided by an advanced EMT, EMT-critical care, or EMT-paramedic. These are special services designed to provide definitive prehospital emergency medical care, including but not limited to, cardiopulmonary resuscitation, cardiac monitoring, manual cardiac defibrillation, advanced airway management, intravenous therapy, administration with drugs and other medicinal preparations, and other specified techniques and procedures.

b. "Basic life support" means the assessment or treatment through the use of techniques described in the EMT-Basic National Standard Curriculum or the National EMS Education Standards. It includes emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques.

c. "Shared direct costs" are direct costs that can be allocated to two or more departmental functions on the basis of shared benefits.

TN #21-0006

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Approval Date _____

Effective Date January 22, 2021

**New York
3(d)(A)(i)**

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**New York
6.1(a)**

**Certified Public Expenditures
Supplemental Payment for Publicly Owned or Operated
Emergency Medical Transportation Providers**

This program will provide supplemental payments to Medicaid enrolled approved Public Emergency Medical Transportation (PEMT) entities that meet specified requirements and provide emergency medical transportation services to Medicaid beneficiaries. Participation in this program by any PEMT provider is voluntary.

Supplemental payments provided by this program are available only for allowable costs that are in excess of other Medicaid revenue that the approved PEMT entities receive for emergency medical transportation services to Medicaid approved recipients. Approved PEMT entities must provide two certifications to the New York State Department of Health (NYS DOH): (a) a certification for the total expenditure of funds, and (b) a certification of federal financial participation (FFP) eligibility for the amount claimed.

Approved PEMT entities must submit cost reports for the previous cost and claiming period spanning July 1 to June 30, unless another time period is approved by CMS and the state. Participating providers will have six months following the completion of a cost reporting period to submit reports. For example, cost reports with data covering the 2020-21 reporting period from July 1, 2020 to June 30, 2021 must be submitted by December 31, 2021. Subsequent years will align with this timeline. Only one (1) extension of time shall be granted to a provider for a cost reporting year and no extension of time shall exceed (60) days.

Costs will be identified using the Centers for Medicare and Medicaid Services (CMS) approved cost report. Absent the availability of a CMS approved cost report, costs will be identified and reported in such form as required by NYS DOH. NYS DOH will review all cost report submissions. Payments will not be disbursed as increases to current reimbursement rates for specific services.

Costs covered will include the following applicable Medicaid emergency services: Basic Life Support Ambulance Service, and Advanced Life Support Ambulance Service. All services must be provided by NYS DOH-certified and publicly owned or operated ambulance services.

This supplemental payment program will be in effect beginning April 1, 2020.

A. Definitions

1. "Direct costs" means all costs that can be identified specifically with a particular final cost objective in order to meet medical transportation mandates.
2. "Indirect costs" means costs for a common or joint purpose benefitting more than one cost objective that are allocated to each benefiting objective using NYS DOH approved indirect rate or an allocation methodology. Indirect costs rate or allocation methodology must comply with OMB Circular A-87 and CMS non-institutional reimbursement policy.
3. "PEMT entity" is determined to be approved if it is a Medicaid enrolled NYS DOH-certified ambulance service that is owned or operated by state, county, city, town, or village government.

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**New York
6.1(b)**

Supplemental Payment Methodology

Supplemental payments provided by this program to an approved PEMT entity will consist of FFP for Medicaid uncompensated emergency medical transportation costs based on the difference between the prevailing Medicaid reimbursement amount and the providers actual and allowable costs for providing PEMT services to approved Medicaid beneficiaries. The supplemental payment methodology is as follows:

1. The expenditures certified by the approved PEMT entity to NYS DOH will represent the payment approved for FFP. Allowable certified public expenditures will determine the amount of FFP claimed.
2. In no instance will the amount certified pursuant to Paragraph D.1, when combined with the amount received for emergency medical transportation services pursuant to any other provision of this State Plan or any Medicaid waiver granted by CMS, exceed 100 percent of the allowable costs for such emergency medical transportation services.
3. Pursuant to Paragraph D.1, the approved PEMT entity will annually certify to NYS DOH the total costs for providing PEMT services for Medicaid beneficiaries, offset by the received Medicaid payments for the same cost and claiming period. The supplemental Medicaid reimbursement received pursuant to this segment of the State Plan will be distributed in one annual lump-sum payment after submission of such annual certification.
4. For the subject year, the emergency medical transportation service costs that are certified pursuant to Paragraph D.1 will be computed in a manner consistent with Medicaid cost principles regarding allowable costs and will only include costs that satisfy applicable Medicaid requirements.

New York
6.1(c)

5. Computation of allowable costs and their allocation methodology must be determined in accordance with the CMS Provider Reimbursement Manual (CMS Pub. 15-1)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929>

CMS non-institutional reimbursement policies, and OMB Circular A-87, codified at: 2 CFR Part 225,

<https://www.govinfo.gov/content/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-part225.pdf>

which establish principles and standards for determining allowable costs and the methodology for allocating and apportioning those expenses to the Medicaid program, except as expressly modified below.

6. Medicaid base payments to the PEMT providers for providing PEMT services are derived from the fees established for each county, for reimbursements payable by the Medicaid program.
7. For each approved PEMT provider in this supplemental program, the total uncompensated care costs available for reimbursement will be no greater than the shortfall resulting from the allowable costs calculated using the Cost Determination Protocols (Section C.). Each approved PEMT provider must provide PEMT services to Medicaid beneficiaries in excess of payments made from the Medicaid program and all other sources of reimbursement for such PEMT services provided to Medicaid beneficiaries. Approved PEMT providers that do not have any such uncompensated care costs will not receive a supplemental payment under this supplemental reimbursement program.

C. Cost Determination Protocols

1. An approved PEMT provider's specific allowable cost per-medical transport rate will be calculated based on the provider's audited financial data reported on the CMS-approved cost report.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Ground-Ambulance-Services-Data-Collection-System>

The per-medical transport cost rate will be the sum of actual allowable direct and indirect costs of providing medical transport services divided by the actual number of medical transports provided for the applicable service period.

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New York
6.1(d)

- a. Direct costs for providing medical transport services include only the unallocated payroll costs and fringe benefits for the shifts in which personnel dedicate 100 percent of their time to providing medical transport services, medical equipment and supplies, and other costs directly related to the delivery of covered services, such as first-line supervision, materials and supplies, professional and contracted services, capital outlay, travel, and training. These costs must be in compliance with Medicaid non-institutional reimbursement policy and are directly attributable to the provision of the medical transport services.
- b. Shared direct costs for emergency medical transport services, as defined by Paragraph A.5., must be allocated for salaries and benefits and capital outlay. The salaries and benefits will be allocated based on the percentage of total hours logged performing EMT activities versus other activities. The capital related costs will be allocated based on the percentage of total square footage.
- c. Indirect costs are determined by applying the cognizant agency specific approved indirect cost rate to its total direct costs (Paragraph A.1.) or derived from provider's approved cost allocation plan. For approved PEMT providers that do not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in compliance with OMB Circular A-87.

Medicare Cost Principle (42 CFR 413)

<https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol2/pdf/CFR-2010-title42-vol2-part413.pdf>

and Medicare Provider Reimbursement Manual Part 1

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929>

and Medicare Provider Reimbursement Manual Part 2

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935>

and Medicaid non-institutional reimbursement policy.

- d. The PEMT provider specific per-medical transport cost rate is calculated by dividing the total net medical transport allowable costs (Paragraphs A.1. and A.2.) of the specific provider by the total number of medical transports as reported in the transport billing records provided by the PEMT provider for the applicable service period.

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Effective Date January 22, 2021

**New York
6.1(e)**

2. Medicaid's portion of the total allowable cost for providing PEMT services by each approved PEMT provider is calculated by multiplying the total number of Medicaid FFS PEMT transports provided by the PEMT provider's specific per-medical transport cost rate (Paragraph C.1.d.) for the applicable service period.

D. Responsibilities and Reporting Requirements of the Approved PEMT Entity

An approved PEMT entity must:

1. Certify that the claimed expenditures for emergency medical transportation services made by the approved PEMT entity are approved for FFP;
2. Provide evidence supporting the certification as specified by NYS DOH;
3. Submit data as specified by NYS DOH to determine the appropriate amounts to claim as qualifying expenditures for FFP through the CMS approved cost report and cost identification methodology; and
4. Keep, maintain, and have readily retrievable any records required by NYS DOH or CMS.

E. NYS DOH's Responsibilities

1. NYS DOH will submit claims for FFP for the expenditures for services that are allowable expenditures under federal law.
2. NYS DOH will, on an annual basis, submit to the federal government CMS approved cost report in order to provide assurances that FFP will include only those expenditures that are allowable under federal law.

F. Interim Supplemental Payment

1. NYS DOH will make annual interim Medicaid supplemental payments to approved PEMT providers. The interim supplemental payments for each provider are based on the provider's completed annual cost report in the format prescribed by NYS DOH and approved by CMS for the prior cost reporting year.
2. Each approved PEMT provider must compute the annual cost in accordance with the Cost Determination Protocols (Section C.) and must submit the completed annual as-filed cost report to NYS DOH no later than six months after the close of the interim reporting period.
3. The interim supplemental payment is calculated by subtracting the total Medicaid base payments (Paragraph B.6.) and other payments, such as Medicaid co-payments, received by the providers for PEMT services to Medicaid beneficiaries from the Medicaid portion of the total PEMT allowable costs (Paragraph C.2.) reported in the as-filed cost report or the as-filed cost report adjusted by NYS DOH (Paragraph F.1.).

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New York
6.1(f)

4. Cost reports may be utilized from the period immediately prior to the effective date of this state plan in order to set a supplemental payment amount for the first year of this program. Going forward, each annual cost report will be used to calculate a final reconciliation (described in paragraph G) as well as an interim supplemental payment for the subsequent reporting period.

G. Final Reconciliation

1. Providers must submit auditable documentation to NYS DOH within two years following the end of the July to June reporting period in which payments have been received. NYS DOH will perform a final reconciliation where it will settle the provider's annual cost report as audited, three years following the July to June reporting period end. NYS DOH will compute the net Medicaid PEMT allowable cost using audited per-medical transport cost, and the number of Medicaid FFS PEMT transports data from the updated NY MMIS reports. Actual net Medicaid allowable cost will be compared to the total base and interim supplemental payments and settlement payments made, and any other source of reimbursement received by the provider for the period.

2. If at the end of the final reconciliation it is determined that the PEMT provider has been overpaid, the provider will return the overpayment to NYS DOH, and NYS DOH will return the overpayment to the federal government pursuant to 42 CFR 433.316

<https://www.govinfo.gov/content/pkg/CFR-2012-title42-vol4/pdf/CFR-2012-title42-vol4-sec433-316.pdf>

If at the end of the final reconciliation it is determined that the PEMT provider has been underpaid, the PEMT provider will receive a final supplemental payment in the amount of the underpayment.

3. All cost report information for which Medicaid payments are calculated and reconciled are subject to CMS review and must be furnished upon request.

TN #21-0006

Approval Date _____

Supersedes TN #NEW

Effective Date January 22, 2021

Public Notice
NYS 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 S.7506-B & A.9506-B, Part LL, §3. The following changes are proposed:

Effective on or after January 22, 2021, and subject to Federal financial participation, a supplemental reimbursement program for publicly owned or operated Medicaid enrolled ground emergency medical transportation (ambulance) providers would be established or transitioned from one approved under emergency State Plan Amendment authority. Medicaid enrolled publicly owned or operated ground emergency medical transportation (ambulance) providers are currently reimbursed on a fee-for-service basis, but at a rate that is far less than the actual cost of providing these services. This proposed amendment is intended to help bridge that fiscal gap. Providers participating in the inpatient supplemental reimbursement program will no longer be reimbursed through the inpatient rates as a non-comparable add-on to the acute per discharge rate.

The additional estimated annual change to gross Medicaid expenditures as a result of this proposed amendment is estimated to be \$175M. This proposed amendment presents a potential savings to local governments, counties; cities; towns; or villages, which own or operate ground emergency medical transportation (ambulance) services, and which voluntarily choose to participate.

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.

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New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, New York 12210
spa_inquiries@health.ny.gov

SUMMARY
SPA #21-0009

This State Plan Amendment proposes to restrict hospitals that are eligible to receive a non-comparable ambulance add-on in their acute inpatient rate to providers that are not receiving a supplemental payment for these costs.

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**New York
104**

6. *Graduate medical education (GME)*.
 - a. *Direct GME (DGME) costs* will mean the reimbursable salaries, fringe benefits, non-salary costs and allocated overhead teaching costs for residents, fellows, and supervising physicians trended for inflation to the rate year by the applicable provisions of this section. Only the costs reported for Interns and Residents Services Salary and Fringes, Interns and Residents Services Other Program Costs, and Supervising Physician Teaching will be included in the direct GME cost development.
 - b. *Indirect GME (IME) costs* will mean an estimate of the costs associated with additional ancillary intensiveness of medical care, more aggressive treatment regimens, and increased availability of state-of-the-art testing technologies resulting from the training of residents and fellows.
7. *High-cost outlier costs* for payment purposes will mean 100 percent of the hospital's total billed patient charges, as approved by IPRO, that have been converted to cost using the hospital's most recent charge convertor for that same service period, as defined in this Section, that exceed the DRG specific high-cost thresholds calculated pursuant to the Outlier Rates of Payment Section.
8. *Alternate level of care (ALC) services* will mean those services provided by a hospital to a patient for whom it has been determined that inpatient hospital services are not medically necessary, but that post-hospital extended care services are medically necessary, consistent with utilization review standards, and are being provided by the hospital and are not otherwise available.
9. *Exempt hospitals and units* will mean those hospitals and units that are paid per diem rates of payment pursuant to the provisions of the Exempt Units and Hospitals Section, rather than receiving per discharge case-based rates of payment.
10. *The wage equalization factor (WEF)* will mean the mechanism to equalize hospital salary and fringe benefit costs to account for the differences in the price of labor among hospitals and groups of hospitals.
11. *Statewide Base Price* will mean the numeric value calculated pursuant to the Statewide Base Price Section, which will be used to calculate DRG case-based payments per discharge as defined in paragraph (2) of this Section.
12. *Non-comparable costs* will mean those base year costs, as defined in this Section, that are excluded from the statewide base price calculation and applied to the case-based rate of payment as an add-on payment. The following will be considered non-comparable costs:
 - a. Medicaid costs associated with ambulance services operated by a facility that are not reimbursed through a supplemental payment program and reported as inpatient costs in the Institutional Cost Report (ICR); and

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