



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

June 14, 2021

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

June 14, 2021

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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Enclosures

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Michele Hamel
NYSDOH American Indian Health Program



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

June 14, 2021

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

Dear Mr. Polite:

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

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

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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

June 14, 2021

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,

/s/

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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

June 14, 2021

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
Governor

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

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

June 14, 2021

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/

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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

June 14, 2021

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/

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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

June 14, 2021

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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Governor

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

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

June 14, 2021

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

June 14, 2021

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

June 14, 2021

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

ANDREW M. CUOMO
Governor

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

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

June 14, 2021

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

Dear Ms. Austin:

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

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Sincerely,

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Medicaid Director
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

June 14, 2021

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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Sincerely,

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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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Commissioner

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

June 14, 2021

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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Sincerely,

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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

June 14, 2021

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

Dear Mr. Wheeler:

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Medicaid Director
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Enclosures

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

June 14, 2021

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

Dear Mr. John Sr.:

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

June 14, 2021

Melissa Oakes
Executive Director
American Indian Community House
39 Eldridge Street, 4th Floor
New York, NY 10002

Dear Ms. Oakes:

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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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

SUMMARY
SPA #21-0012

This State Plan Amendment proposes to authorize nurse practitioners designated by the Office of Mental Health to provide Collaborative Care Services, including screening for mental illness, diagnosis of patients who screen positive, the provision of evidence-based care, ongoing tracking of patient progress, and care management. Collaborative Care Services also include consultation between a designated psychiatric practitioner, care manager and primary care physician for the purpose of managing mental health conditions in primary care settings.

DRAFT

**New York
2(xv)**

6d. Nurse Practitioner's Services

New York State covers all nurse practitioner specialties recognized under State Law with no limitations.

Collaborative Care Services: Effective April 1, 2021, Nurse Practitioner services will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Nurse Practitioner Services are provided in accordance with 42 CFR §440.166.

DRAFT

TN #21-0012

Supersedes TN #09-0053

Approval Date

Effective Date April 1, 2021

**New York
2(xv)**

6d. Nurse Practitioners' Services

New York State covers all nurse practitioner specialties recognized under State Law with no limitations.

Collaborative Care Services: Effective April 1, 2021, Nurse Practitioner services will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-B of the Plan. Nurse Practitioner Services are provided in accordance with 42 CFR §440.166.

DRAFT

TN #21-0012

Approval Date _____

Supersedes TN #09-0053

Effective Date April 1, 2021

New York
1.0

Collaborative Care Services: Reimbursement for Physicians' and Nurse Practitioners' Services

Effective January 1, 2015[,] for physicians and April 1, 2021 for nurse practitioners, reimbursement will be provided [to physicians] for Collaborative Care Services provided to patients diagnosed with depression pursuant to the methodology for Collaborate Care Services for Freestanding Clinics outlined in Attachment 4.19-B, except reimbursement for Physicians' and Nurse Practitioners' Services do[es] not include a retainage withholding or payment. Reimbursement [shall] will be a monthly case rate of \$112.50 per month for each patient enrolled in Collaborative Care Services. Reimbursement will be provided for a maximum of 12 months. With the approval of the New York State Office of Mental Health, reimbursement will be provided for an additional 12 months at a rate of \$75.00 per month. Physicians and Nurse Practitioners must provide the minimum amount of services to enrollees as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Effective January 1, 2018 for physicians and April 1, 2021 for Nurse Practitioners, reimbursement will be provided [to physicians] for Collaborative Care Services provided to patients with other mental illness diagnoses pursuant to the methodology described in this paragraph.

Payment for nurse practitioner services are reimbursed through an independent provider agreement between the state and the nurse practitioner or their employing provider pursuant to 42 C.F.R. § 441.22.

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 enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021, New York State will authorize nurse practitioners designated by the Office of Mental Health to provide Collaborative Care Services, including screening for mental illness, diagnosis of patients who screen positive, the provision of evidence-based care, ongoing tracking of patient progress, and care management. Collaborative Care Services also include consultation between a designated psychiatric practitioner, care manager and primary care physician for the purpose of managing mental health conditions in primary care settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2021/2022 is \$70 thousand.

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 institutional, non-institutional and long-term care services to comply with statutory provisions. The following changes are proposed:

All Services

Effective for dates of service on or after April 1, 2021 and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by an additional 1.0%, totaling 2.5%.

Medicaid payments that will be exempted from the uniform reduction include:

1. Payments whereby Federal law precludes such reduction, including:

- o Federally Qualified Health Center services and Residential Health Clinics;
- o Indian Health Services and services provided to Native Americans;

- o Supplemental Medical Insurance - Part A and Part B;
- o State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);

- o Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;

- o Services provided to American citizen repatriates; and
- o Hospice Services.

2. Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:

- o Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;

- o Certified public expenditure payments to the NYC Health and Hospital Corporation;

- o Certain disproportionate share payments to non-state operated or owned governmental hospitals;

- o Services provided to inmates of local correctional facilities.

3. Payments where applying the reduction would result in a lower FMAP as determined by the Commissioner of Health and the Director of the Budget will also be exempt.

4. Other Payments that are not subject to the reduction include:

- o Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;

- o Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;

- o Early Intervention;

- o Traumatic Brain Injury Waiver (TBI);

- o Nursing Home Transition and Diversion Waiver (NHTD);

- o 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.

- o Value Based Payment Quality Improvement Program;

- o Vital Access Providers and Vital Access Provider Assurance Program;

- o Physician Administered Drugs;

- o Court orders and judgments;

- o Family Planning services;

- o Children's Home and Community Based services; and

- o Children's Health Home services.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$188.0 million).

Effective on and after April 1, 2021 through March 31, 2023, no

SUMMARY
SPA #21-0014

This State Plan Amendment proposes to amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services in accordance with Social Services Law 365-a(x)(i). Licensed physicians and physician assistants, nurse practitioners, midwives, and registered professional nurses possessing current certification as a lactation care provider from a certification program accredited by a nationally recognized accrediting agency will be qualified to deliver Medicaid reimbursable lactation counseling services.

DRAFT

New York
2

- 4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments will not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

4.d.1. **Face-to-Face Counseling Services**

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be based on medical necessity and without limitation.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.

- 5a. **Lactation consultant services:** effective [September 1, 2012] April 1, 2021, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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.

Collaborative Care Services: Effective January 1, 2015, Physician services will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

TN #21-0014

Approval Date _____

Supersedes TN #20-0021

Effective Date April 1, 2021

**New York
3(c)**

17. Lactation consultant services: effective [September 1, 2012] April 1, 2021, 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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.

18. Limitations on Hospice Services:

Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately twelve months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home, in a hospital, or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.

Registered professional nurse shall mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

TN #21-0014 _____

Supersedes TN #11-89 _____

Approval Date _____

Effective Date April 1, 2021 _____

**New York
3(c)(iii)**

Audiologist shall mean a person who is licensed as required by Article 159 of the New York State Education Law.

Respiratory therapist shall mean a person who is licensed and currently registered as a respiratory therapist pursuant to Article 164 of the New York State Education Law.

Providers of Hospice Services must be certified in accordance with Article 40 of the PHL. Services are provided in accordance with 42 CFR Part 418.

The State assures the provision of Hospice services will be provided in accordance with 42 CFR Part 418.

19. Limitations on Tuberculosis related services:

Directly Observed Therapy (DOT) – will be provided to clients who are being treated for Tuberculosis Disease.

- 21. Lactation consultant services:** effective [September 1, 2012] April 1, 2021, reimbursement will be provided for breastfeeding health education and counseling services by pediatric or family nurse practitioners. Pediatric or family 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) certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner]. 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.

22. Limitation on Respiratory Care:

Services may be rendered to EPSDT population by medical necessity and that services is furnished through the clinic and home benefits to this population.

TN #21-0014

Supersedes TN #12-16

Approval Date _____

Effective Date April 1, 2021

**New York
4(a)**

- 29. Lactation consultant services:** effective [September 1, 2012] April 1, 2021, reimbursement will be available for breastfeeding health education and counseling services by physician assistants. Physician assistants 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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.
- 30. Lactation consultant services:** effective [September 1, 2012] April 1, 2021, reimbursement will be available for breastfeeding health education and counseling services by registered nurses. Registered nurses 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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.

DRAFT

TN #21-0014

Supersedes TN #12-16

Approval Date _____

Effective Date April 1, 2021

New York
2

- 4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments will not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

4.d.1. **Face-to-Face Counseling Services**

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be based on medical necessity and without limitation.

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Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.

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4(a)**

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New York

1

Physician Services

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

For primary care and specialty physicians meeting the eligibility and practice criteria of and enrolled in the HIV Enhanced Fees for Physicians (HIV-EFP) program, and the Preferred Physicians and Children's program (PPAC), fees for visits are based on the Products of Ambulatory Care (PAC) structure: fees are based on recipient diagnosis, service location and visit categories which reflect the average amount of physician time and resources for that level of visit. The PAC fee structure incorporates a regional adjustment for upstate and downstate physicians. Reimbursement for the initial and subsequent prenatal care and postpartum visit for MOMS is based on the Products of Ambulatory Care (PAC) rate structure. Reimbursement for delivery only services and total obstetrical services for physicians enrolled in MOMS is fixed at 90% of the fees paid by private insurers. Ancillary services and procedures performed during a visit must be claimed in accordance with the regular Medicaid fee schedule described in the first paragraph above. HIV-EFP, PPAC and MOMS fees were developed by the Department of Health and approved by the Division of the Budget. For services provided on and after June 1, 2003, a single fee, regionally adjusted (upstate and downstate) and based on program specific average cost per visit shall be established for the HIV-EFP and PPAC programs, respectively, and shall be paid for each visit. Visits for these programs shall be categorized according to the evaluation and management codes within the CPT-4 coding structure.

Effective [September 1, 2012] ~~April 1, 2021~~, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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.

TN#: 21-0014

Approval Date: _____

Supersedes TN#: 12-16

Effective Date: April 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.

Nurse Midwives

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

Effective [September 1, 2012] April 1, 2021, 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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] April 1, 2021, 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)] certified to provide lactation counseling by a nationally recognized accrediting agency designated by the commissioner. 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 #21-0014

Approval Date _____

Supersedes TN #12-16

Effective Date April 1, 2021

Institutional Services

Effective April 1, 2021 this amendment proposes to eliminate the Public Indigent Care Pool disproportionate share hospital (DSH) payment of \$130.8 million gross made to major public general hospitals.

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2021 and each state fiscal year thereafter, the hospital inpatient capital rate add-ons will be reduced by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$8.0 million.

Long Term Care Services

Effective on or after April 1, 2021, this proposals continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2019 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

There is no change to the annual 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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

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

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

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

3220 Northern Boulevard
Long Island City, New York 11101

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

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

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

For further information and to review and comment, please contact:
Department of Health, 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 Social Services Law 365-a(x)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021 in accordance with Social Services Law 365-a(x)(i), Medicaid will amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$100,000.

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.

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

SUMMARY
SPA #21-0015

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

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.

**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

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.

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**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

DRAFT

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.

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2021 will be conducted on January 13 and January 14 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 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: 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 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:
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 447.57, 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 Section 367-a(6)(c)(iii) of Social Services Law. The following changes are proposed:

Non-Institutional Services:

Effective on or after January 1, 2021, this notice proposes to correct SPA 17-0029 regarding copayment for preferred brand-name prescription drugs that are not part of the Brand Less Than Generic Program, consistent with the March 29, 2017 Federal Public Notice regarding pharmacy copayments. Specifically,

- The co-pay for preferred brand-name prescription drugs will be corrected to change the copayment from \$1.00 to \$2.50, provided, however, that the copayments for brand name prescriptions drugs in the Fee-for-Service Brand Less Than Generic program will continue to be \$1.00.

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

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

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

New York County
250 Church Street
New York, New York 10018
Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

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

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

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

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

PUBLIC NOTICE

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.

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

SUMMARY
SPA #21-0022

This State Plan Amendment proposes to extend the listing of hospitals and awards previously approved to receive temporary rate adjustments to promote efficiency, economy, and quality of care.

DRAFT

SPA 21-0022

Attachment A

Replacement Pages: 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 1(q)(iv)(2)

DRAFT

**New York
1(q)(ii)**

[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Bassett Hospital of Schoharie County-Cobleskill Regional Hospital	\$372,500	07/01/2019 – 3/31/2020
	\$372,500	04/01/2020 – 03/31/2021
Carthage Area Hospital	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 - 03/31/2016
	\$520,000	04/01/2016 - 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
Catskill Regional Medical Center – Hermann Division	\$275,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 - 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
Clifton-Fine Hospital	\$350,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
Community Memorial Hospital	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021

]

TN #21-0022

Approval Date _____

Supersedes TN #19-0050

Effective Date April 1, 2021

**New York
1(q)(iii)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs)
(continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Cuba Memorial Hospital	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
Delaware Valley Hospital	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
Elizabethtown Community Hospital	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
Ellenville Regional Hospital	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021

]

TN #21-0022

Approval Date _____

Supersedes TN #19-0050 Effective Date April 1, 2021

**New York
1(q)(iv)**

[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Gouverneur Hospital, Inc.	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021
Lewis County General Hospital	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
Little Falls Hospital	\$342,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021
Margaretville Memorial Hospital	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021

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TN #21-0022

Approval Date _____

Supersedes TN #19-0050Effective Date April 1, 2021

**New York
1(q)(iv)(1)**

[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Medina Memorial Hospital	\$480,000	10/01/2015 – 03/31/2016
	\$480,000	04/01/2016 – 03/31/2017
	\$432,000	08/01/2017 – 03/31/2018
	\$432,000	04/01/2018 – 03/31/2019
	\$432,000	07/01/2019 – 03/31/2020
	\$432,000	04/01/2020 – 03/31/2021
Moses Ludington Hospital	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
O'Connor Hospital	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
River Hospital	\$482,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
Schuyler Hospital	\$453,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
	\$462,500	08/01/2017 – 03/31/2018
	\$462,500	04/01/2018 – 03/31/2019
	\$462,500	07/01/2019 – 03/31/2020
	\$462,500	04/01/2020 – 03/31/2021

]

TN #21-0022

Approval Date _____

Supersedes TN #19-0050 Effective Date April 1, 2021

**New York
1(q)(iv)(2)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs)
(continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Soldiers & Sailors Memorial Hospital	\$220,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
	\$372,500	07/01/2019 – 03/31/2020
	\$372,500	04/01/2020 – 03/31/2021

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TN #21-0022

Approval Date _____

Supersedes TN #19-0050 Effective Date April 1, 2021

**New York
1(q)(ii)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	<u>\$372,500</u>	<u>07/01/2019 – 3/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Carthage Area Hospital</u>	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 - 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>	
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$275,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>	
<u>Clifton-Fine Hospital</u>	<u>\$350,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>	

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Supersedes TN #19-0050Effective Date April 1, 2021

**New York
1(q)(iii)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Community Memorial Hospital</u>	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Cuba Memorial Hospital</u>	<u>\$315,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$445,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$550,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$550,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>	
<u>Delaware Valley Hospital</u>	<u>\$246,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>	

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Supersedes TN #19-0050Effective Date April 1, 2021

**New York
1(q)(iv)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Elizabethtown Community Hospital</u>	<u>\$410,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Ellenville Regional Hospital</u>	<u>\$384,800</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Gouverneur Hospital, Inc.</u>	<u>\$300,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Supersedes TN #19-0050Effective Date April 1, 2021 -

**New York
1(q)(iv)(1)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Lewis County General Hospital</u>	<u>\$370,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Little Falls Hospital</u>	<u>\$342,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Margaretville Memorial Hospital</u>	<u>\$128,600</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Supersedes TN #19-0050

Effective Date April 1, 2021

**New York
1(q)(iv)(2)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Medina Memorial Hospital</u>	<u>\$480,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$480,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$432,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$432,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$432,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$432,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$432,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$432,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Moses Ludington Hospital</u>	<u>\$359,800</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$390,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$390,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
<u>O'Connor Hospital</u>	<u>\$363,800</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$310,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$310,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>River Hospital</u>	<u>\$482,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$445,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$550,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$550,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$532,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$532,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Supersedes TN #19-0050Effective Date April 1, 2021

**New York
1(q)(iv)(3)**

Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Schuyler Hospital</u>	<u>\$453,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$462,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$462,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$462,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$462,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$462,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$462,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Soldiers & Sailors Memorial Hospital</u>	<u>\$220,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$390,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$390,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$372,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$372,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Supersedes TN #NEWEffective Date April 1, 2021

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0023

This amendment proposes to revise the State Plan to merge the award amounts for TLC Health Network and Brooks Memorial Hospital as well as extend the listing of hospitals and awards previously approved to receive temporary rate adjustments to promote efficiency, economy, and quality of care.

DRAFT

SPA 21-0023

Attachment A

**Replacement Pages: 1(q)(v), 1(q)(vi), 1(q)(vii), 1(q)(viii), 1(q)(ix), 1(q)(x),
1(q)(xi), 1(q)(xii), 1(q)(xiii)**

DRAFT

**New York
1(q)(v)**

[c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

Essential Community Providers:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
A.O. Fox Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
Adirondack Medical Center	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 - 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
Alice Hyde Hospital Association	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 - 03/31/2017
	\$208,000	08/01/2017 - 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
Auburn Community Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 – 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
Bassett Hospital of Schoharie County-Cobleskill Regional Hospital	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
Brooks Memorial Hospital	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$303,500	08/01/2017 – 03/31/2018
	\$303,500	04/01/2018 - 03/31/2019
	\$303,500	07/01/2019 – 03/31/2020
	\$303,500	04/01/2020 – 03/31/2021

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[Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Community Memorial Hospital	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
Corning Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
Cortland Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
Cuba Memorial Hospital	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
Delaware Valley Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
Elizabethtown Community Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021

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[Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Ellenville Regional Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
Gouvernor Hospital, Inc.	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$247,500	08/01/2017 – 03/31/2018
	\$247,500	04/01/2018 – 03/31/2019
	\$247,500	07/01/2019 – 03/31/2020
	\$247,500	04/01/2020 – 03/31/2021
Ira Davenport Memorial Hospital	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
Jones Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
Lewis County General Hospital	\$245,000	03/01/2016 - 03/31/2016
	\$610,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
Little Falls Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$1,185,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021

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[Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Margaretville Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
Mary Imogene Bassett Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$104,000	08/01/2017 – 03/31/2018
	\$104,000	04/01/2018 – 03/31/2019
	\$104,000	07/01/2019 – 03/31/2020
	\$104,000	04/01/2020 – 03/31/2021
Massena Memorial Hospital	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$203,500	08/01/2017 – 03/31/2018
	\$203,500	04/01/2018 – 03/31/2019
	\$203,500	07/01/2019 – 03/31/2020
	\$203,500	04/01/2020 – 03/31/2021
Medina Memorial Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021
Moses-Ludington Hospital	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$253,500	08/01/2017 – 03/31/2018
	\$253,500	04/01/2018 – 03/31/2019
	\$253,500	07/01/2019 – 03/31/2020
	\$253,500	04/01/2020 – 03/31/2021
Nathan Littauer Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/0018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021

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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Corning Hospital</u>	<u>\$ 65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 58,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$ 58,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$ 58,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$ 58,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$ 58,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$ 58,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Cortland Memorial Hospital</u>	<u>\$255,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$328,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$328,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$328,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$328,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$328,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$328,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Cuba Memorial Hospital</u>	<u>\$245,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$245,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$328,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$328,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$328,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$328,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$328,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$328,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Delaware Valley Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$128,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$128,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$128,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$128,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$128,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$128,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Elizabethtown Community Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$128,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$128,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$128,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$128,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$128,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$128,500</u>	<u>04/01/2022 – 03/31/2023</u>

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- c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

Essential Community Providers:

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>A.O. Fox Memorial Hospital</u>	<u>\$255,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$328,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$328,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$328,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$328,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$328,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$328,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Adirondack Medical Center</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 78,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$ 78,500</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$ 78,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$ 78,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$ 78,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$ 78,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Alice Hyde Hospital Association</u>	<u>\$130,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$130,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$208,000</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$208,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$208,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$208,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$208,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$208,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Auburn Community Hospital</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 78,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$ 78,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$ 78,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$ 78,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$ 78,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$ 78,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	<u>\$103,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Essential Community Providers (cont'd)

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Brooks Memorial Hospital</u>	<u>\$245,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$245,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$303,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$303,500</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$303,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$303,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$657,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$657,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Canton Potsdam Hospital</u>	<u>\$ 65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 58,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$ 58,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$ 58,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$ 58,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$ 58,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$ 58,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Carthage Area Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$353,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$353,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Catskill Regional Hospital Medical Center</u>	<u>\$255,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$328,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$328,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$328,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$328,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$328,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$328,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Essential Community Providers (cont'd)

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$128,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$128,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$128,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$128,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$128,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$128,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Cayuga Medical Center-Ithaca</u>	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$153,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$153,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$153,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$153,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$153,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$153,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Champlain Valley Physicians Hospital</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Chenango Memorial Hospital</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 – 03/31/2023</u>

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Essential Community Providers (cont'd):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Claxton Hepburn Medical Center</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$128,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$128,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$128,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$128,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$128,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$128,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Clifton-Fine Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$353,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$353,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Cobleskill Regional Hospital</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
<u>Columbia Memorial Hospital</u>	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$153,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$153,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$153,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$153,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$153,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$153,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Community Memorial Hospital</u>	<u>\$130,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$130,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$208,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$208,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$208,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$208,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$208,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$208,000</u>	<u>04/01/2022 – 03/31/2023</u>

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**New York
1(q)(x)**

Essential Community Providers (cont'd):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Ellenville Regional Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$128,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$128,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$128,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$128,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$128,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$128,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Gouvernor Hospital, Inc.</u>	<u>\$275,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$247,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$247,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$247,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$247,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$247,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$247,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Ira Davenport Memorial Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$353,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$353,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Jones Memorial Hospital</u>	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$192,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$192,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$192,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$192,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$192,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$192,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Lewis County General Hospital</u>	<u>\$245,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$610,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$328,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$328,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$328,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$328,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$328,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$328,500</u>	<u>04/01/2022 – 03/31/2023</u>

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1(q)(xi)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Little Falls Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$1,185,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$136,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$136,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$136,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$136,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$136,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$136,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Margaretville Memorial Hospital</u>	<u>\$255,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$353,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$353,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Mary Imogene Bassett Hospital</u>	<u>\$ 65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$104,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$104,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$104,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$104,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$104,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$104,000</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Massena Memorial Hospital</u>	<u>\$205,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$205,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$203,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$203,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$203,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$203,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$203,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$203,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Medina Memorial Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$136,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$136,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$136,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$136,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$136,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$136,000</u>	<u>04/01/2022 – 03/31/2023</u>

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1(q)(xii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Moses-Ludington Hospital</u>	<u>\$205,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$205,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$253,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$253,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$253,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$253,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$253,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$253,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Nathan Littauer Hospital</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/0018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Nicholas H Noyes Memorial Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 -03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Northern Dutchess Hospital</u>	<u>\$ 65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 58,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$ 58,500</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$ 58,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$ 58,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$ 58,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$ 58,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>O'Connor Hospital</u>	<u>\$105,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$105,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$128,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$128,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$128,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$128,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$128,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$128,500</u>	<u>04/01/2022 – 03/31/2023</u>

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1(q)(xiii)**

Essential Community Providers (cont'd):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Olean General Hospital-Main</u>	<u>\$ 85,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 - 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 - 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 - 03/31/2023</u>
<u>Oneida Healthcare</u>	<u>\$120,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$153,500</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$153,500</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$153,500</u>	<u>07/01/2019 - 03/31/2020</u>
	<u>\$153,500</u>	<u>04/01/2020 - 03/31/2021</u>
	<u>\$153,500</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$153,500</u>	<u>04/01/2022 - 03/31/2023</u>
<u>Oswego Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$136,000</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$136,000</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$136,000</u>	<u>07/01/2019 - 03/31/2020</u>
	<u>\$136,000</u>	<u>04/01/2020 - 03/31/2021</u>
	<u>\$136,000</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$136,000</u>	<u>04/01/2022 - 03/31/2023</u>
<u>River Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$328,500</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$328,500</u>	<u>04/01/2018 - 03/31/2019</u>
	<u>\$328,500</u>	<u>07/01/2019 - 03/31/2020</u>
	<u>\$328,500</u>	<u>04/01/2020 - 03/31/2021</u>
	<u>\$328,500</u>	<u>04/01/2021 - 03/31/2022</u>
	<u>\$328,500</u>	<u>04/01/2022 - 03/31/2023</u>

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1(q)(xiv)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Samaritan Medical Center</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
	\$58,500	07/01/2019 – 03/31/2020
	\$58,500	04/01/2020 – 03/31/2021
	\$58,500	04/01/2021 – 03/31/2022
	\$58,500	04/01/2022 – 03/31/2023
<u>Schuyler Hospital</u>	\$150,000	03/01/2016 – 03/31/2016
	\$150,000	04/01/2016 – 03/31/2017
	\$240,000	08/01/2017 – 03/31/2018
	\$240,000	04/01/2018 – 03/31/2019
	\$240,000	07/01/2019 – 03/31/2020
	\$240,000	04/01/2020 – 03/31/2021
	\$240,000	04/01/2021 – 03/31/2022
	\$240,000	04/01/2022 – 03/31/2023
<u>Soldiers and Sailors Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$495,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
<u>St. James Mercy Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
<u>St. Mary's Healthcare</u>	\$105,000	03/01/2016 – 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023

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1(q)(xv)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>TLC Health Network</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Tri Town Regional Hospital</u>	<u>\$65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$58,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$58,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$58,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$58,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$58,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$58,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>United Memorial Medical Center – North Street Division</u>	<u>\$75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$103,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$103,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Westfield Memorial Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$353,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$353,500</u>	<u>04/01/2022 – 03/31/2023</u>
<u>Wyoming County Community Hospital</u>	<u>\$130,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$130,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$208,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$208,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$208,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$208,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$208,000</u>	<u>04/01/2021 – 03/31/2022</u>
<u>\$208,000</u>	<u>04/01/2022 – 03/31/2023</u>	

TN #21-0023

Approval Date _____

Supersedes TN #19-0051

Effective Date **April 1, 2021**

**New York
1(q)(xvi)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
WCA Hospital	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$228,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$228,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$228,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$228,500</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$228,500</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$228,500</u>	<u>04/01/2022 – 03/31/2023</u>

DRAFT

TN #21-0023

Approval Date _____

Supersedes TN #NEW

Effective Date April 1, 2021

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0024

This State Plan Amendment proposes to revise the method of distributing the Clinic Safety Net (CSN) payments for non-FQHCs.

DRAFT

**New York
2(an)(1)**

Diagnostic and Treatment Centers (D&TCs) Safety Net Payment (continued):

d. ~~[Each]~~ All eligible D&TC's will ~~[qualify for a rate add-on based on its percentage of uninsured visits to total visits according to the following tiers:]~~ receive the same add-on which will be calculated by dividing the total D&TC Safety Net Payment available, as stated in paragraph 1 of this section, by the sum of the total number of uninsured visits and Medicaid fee-for-service visits for all eligible D&TCs reported on the base year certified cost report.

% of eligible uninsured visits to total visits							
Upstate				Downstate			
Low (at Least)	High (Less Than)	Amount	Tier	Low (at Least)	High (Less Than)	Amount	Tier
0%	5%			\$0	0		
5%	10%	\$30	1	5%	15%	\$47	1
10%	15%	\$40	2	15%	20%	\$57	2
15%	20%	\$51	3	20%	25%	\$68	3
20%	25%	\$63	4	25%	35%	\$80	4
25% or more		\$76	5	35% or more		\$93	5

e. ~~Each eligible D&TC's [S] safety net payment[s] will be calculated by multiplying [each facility's] the rate add-on, calculated based on subparagraph (1)(d) of this section[, based on the tiers in paragraph (1)(d), by the number of]~~ by the sum of each D&TC's uninsured visits and Medicaid fee-for-service visits reported on the base year certified cost report.

[f. The safety net rate adjustment for each eligible D&TC that is determined based on the tier system will be scaled based on the ratio of the total funds allocated for distribution, using the tier system, to the total statewide safety net payment that is available for all eligible D&TCs.]

[g] f. Adjustments to rates of payment made pursuant to this section will be made quarterly as aggregate payments to eligible diagnostic and treatment centers and will not be subject to subsequent adjustment or reconciliation.

2. In the event that a provider that is included in this D&TCs Safety Net Payment section receives FQHC designation during a state fiscal year, the newly designated FQHC provider will be removed from this D&TCs Safety Net Payment section and included in section for the FQHCs Safety Net Payment as follows:

- a. The effective date of the transfer will be the later of the following:
 - i. The first state fiscal year distribution calculation after the FQHC designated approval date; or
 - ii. The first state fiscal year distribution calculation after the date the Department of Health is notified of the FQHC designation.
- b. The funds that were allocated to the new FQHC provider in this D&TCs Safety Net Payment section will be transferred to the FQHC Safety Net Payment section based on the prior state fiscal year calculation.

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

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Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0025

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

DRAFT

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

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St. Barnabas Hospital	\$ 2,588,278	01/01/2013 – 03/31/2013
	\$ 1,876,759	04/01/2013 – 03/31/2014
	\$ 1,322,597	04/01/2014 – 03/31/2015
	\$ 2,500,000	01/01/2017 – 03/31/2017
	\$10,000,000	04/01/2017 – 03/31/2018
	\$10,000,000	04/01/2018 – 03/31/2019
	\$ 7,500,000	04/01/2019 – 12/31/2019
	\$12,000,000	07/01/2018 – 03/31/2019
	\$12,000,000	10/03/2019 – 03/31/2020
	\$12,000,000	04/01/2020 – 03/31/2021
	\$12,000,000	04/01/2021 – 03/31/2022
St. John's Riverside-St. John's Division	\$1,800,000	07/01/2018 – 03/31/2019
	\$ 700,000	04/01/2019 – 03/31/2020
	\$ 500,000	04/01/2020 – 03/31/2021
	<u>\$1,500,000</u>	<u>04/01/2021 - 03/31/2022</u>
St. Joseph's Hospital Health Center	\$4,000,000	04/01/2020 – 03/31/2021
St. Joseph's Medical Center	<u>\$1,500,000</u>	<u>04/01/2021 – 03/31/2022</u>
Soldiers & Sailors Memorial Hospital	\$ 19,625	02/01/2014 – 03/31/2014
	\$ 117,252	04/01/2014 – 03/31/2015
	\$ 134,923	04/01/2015 – 03/31/2016
South Nassau Communities Hospital	\$3,000,000	11/01/2014 – 03/31/2015
	\$1,000,000	04/01/2015 – 03/31/2016
	\$4,000,000	07/01/2018 – 03/31/2019
	\$4,000,000	04/01/2019 – 03/31/2020
	\$4,000,000	04/01/2020 – 03/31/2021
Strong Memorial Hospital	\$4,163,227	04/01/2018 – 03/31/2019
	\$4,594,780	04/01/2019 – 03/31/2020
	\$4,370,030	04/01/2020 – 03/31/2021
	\$1,153,579	01/01/2020 - 03/31/2020
	\$2,588,381	04/01/2020 - 03/31/2021
	\$2,235,555	04/01/2021 – 03/31/2022
Wyckoff Heights Medical Center	\$1,321,800	01/01/2014 – 03/31/2014
	\$1,314,158	04/01/2014 – 03/31/2015
	\$1,344,505	04/01/2015 – 03/31/2016

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

The temporary rate adjustment has been reviewed and approved for the following two hospitals:

- St. John's Riverside Hospital with aggregate payment amounts totaling up to \$1,500,000 for the period April 1, 2021 through March 31, 2022.

- St. Joseph's Medical Center with aggregate payment amounts totaling up to \$1,500,000 for the period April 1, 2021 through March 31, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$3,000,000.

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.

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 institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

Institutional Services

Effective on or after October 1, 2020, the Medication Assisted

Treatment (MAT) benefit will be transitioned from the optional to mandatory benefit in order to comply with federal statute. This change will affect both Pharmacy and Medical benefits.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

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

Non-Institutional Services

Effective on or after October 1, 2020, the Medication Assisted Treatment (MAT) benefit will be transitioned from the optional to mandatory benefit in order to comply with federal statute. This change will affect both Pharmacy and Medical benefits.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

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

**Oneida County Personnel Department
Request for Proposal**

Sealed Proposals, subject to the conditions contained herein, will be received by ONEIDA COUNTY PERSONNEL DEPARTMENT, until 4:30 P.M., local time on Friday, April 30, 2021, for: Section 457 Deferred Compensation Plan, RFP #2021-296.

Specifications MUST be RECEIVED from Oneida County Personnel Department, Joseph M. Johnson, Commissioner of Personnel by phone at 315-798-5725 or mail request to Oneida County Personnel, 800 Park Avenue, Utica, NY 13501, or download from the Oneida County website at <http://www.ocgov.net> (Public Notice Section.)

Copies of the described RFP may be examined at no expense at the Oneida County Personnel Department.

The return envelope must be clearly marked with "RESPONSE TO REQUEST FOR PROPOSAL #2021-296 - DEFERRED COMPENSATION ENCLOSED," and addressed to the department of Oneida County Personnel Department.

SUMMARY
SPA #21-0031

This State Plan Amendment proposes to authorize adjustments that increase the operating cost components of rates of payment for County operated freestanding clinics and diagnostic and treatment centers (DTCs) licensed under Article 31 and 32 of the NYS Mental Hygiene Law, for the period April 1, 2021 through March 31, 2022.

DRAFT

New York
2(v)

Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs)

1. New York City Health and Hospitals Corporation (HHC) operated DTCs

Effective for the period April 1, 2011 through March 31, 2012, the Department of Health will increase medical assistance rates of payment for diagnostic and treatment center (DTC) services provided by public DTCs operated by the New York City Health and Hospitals Corporation (HHC), at the annual election of the social services district in which an eligible DTC is physically located. The amount to be paid will be \$12.6 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments may be added to rates of payment or made as aggregate payments to each eligible HHC DTC.

2. County Operated DTCs and mental hygiene clinics

Effective for the period April 1, [2020] 2021 through March 31, [2021] 2022, the Department of Health will increase the medical assistance rates of payment for county operated DTCs and mental hygiene clinics, excluding those facilities operated by the New York City HHC. Local social services districts may, on an annual basis, decline such increased payments within thirty days following receipt of notification. The amount to be paid will be up to \$5.4 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments may be added to rates of payment or made as aggregate payments to each eligible county operated DTC and mental hygiene clinic.

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0032

This State Plan Amendment proposes to revise the State Plan to expand coverage of store and forward services for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

DRAFT

**New York
2(a)(ii)(c)**

Telehealth Services – Store and Forward

Effective on or after April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth store and forward technology.

Telehealth store and forward technology is the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images, including medical records and/or pre-recorded videos from a provider at an originating site to a consulting provider at a distant site.

Effective on or after April 1, 2021, store and forward technology will include reimbursement for interprofessional consultations. The purpose of providing interprofessional consultations via telehealth is to assist the originating site provider in the management of patients whose medical needs are outside of the originating provider's expertise and/or scope of practice.

Reimbursement for telehealth store and forward services, including interprofessional consultations, is to be provided for Medicaid patients [with conditions or clinical circumstances] where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

All services delivered via telehealth store and forward technology must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by store and forward technology, including the actual transmission of health care data and any other electronic information/records.

TN #21-0032

Approval Date _____

Supersedes TN # 18-0043

Effective Date April 1, 2021

**New York
2(a)(ii)(c)**

Telehealth Services – Store and Forward

Effective on or after April 1, 2018, the Commissioner of Health is authorized to establish fees to reimburse the cost of telehealth store and forward technology.

Telehealth store and forward technology is the asynchronous, secure electronic transmission of a patient's health information in the form of patient-specific digital images, including medical records and/or pre-recorded videos from a provider at an originating site to a consulting provider at a distant site.

Effective on or after April 1, 2021, store and forward technology will include reimbursement for interprofessional consultations. The purpose of providing interprofessional consultations via telehealth is to assist the originating site provider in the management of patients whose medical needs are outside of the originating provider's expertise and/or scope of practice.

Reimbursement for telehealth store and forward services, including interprofessional consultations, is to be provided for Medicaid patients [with conditions or clinical circumstances] where the provision of telehealth services can appropriately reduce the need for on-site or in-office visits.

All services delivered via telehealth store and forward technology must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by store and forward technology, including the actual transmission of health care data and any other electronic information/records.

TN #21-0032

Approval Date _____

Supersedes TN # 18-0043

Effective Date April 1, 2021

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0033

This State Plan Amendment proposes to extend supplemental payments made for inpatient hospital services in non-state public hospitals in cities with more than one million persons. These payments reflect adjustments to qualifying hospitals.

DRAFT

**New York
161**

Additional Inpatient Governmental Hospital Payments

For the period beginning state fiscal year April 1, [2020]2021 and ending March 31, [2021]2022, the State will provide a supplemental payment for all inpatient services provided by eligible government general hospitals located in a city with a population over one million and not operated by the State of New York or the State University of New York. The amount of the supplemental payment will be [\$334,056,330] \$371,923,676 and paid semi-annually in September and March. It will be distributed to hospitals proportionately using each hospital's proportionate share of total Medicaid days reported for the base year two years prior to the rate year. Such payments, aggregated with other medical assistance payments will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for non-state government owned or operated government general hospitals for the respective period.

DRAFT

TN #21-0033

Approval Date _____

Supersedes TN #20-0022

Effective Date April 1, 2021

Institutional Services

Effective April 1, 2021 this amendment proposes to eliminate the Public Indigent Care Pool disproportionate share hospital (DSH) payment of \$130.8 million gross made to major public general hospitals.

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2021 and each state fiscal year thereafter, the hospital inpatient capital rate add-ons will be reduced by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$8.0 million.

Long Term Care Services

Effective on or after April 1, 2021, this proposals continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2019 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

There is no change to the annual 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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

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

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

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

3220 Northern Boulevard
Long Island City, New York 11101

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

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

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

For further information and to review and comment, please contact:
Department of Health, 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 Social Services Law 365-a(x)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021 in accordance with Social Services Law 365-a(x)(i), Medicaid will amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$100,000.

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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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

SUMMARY
SPA #21-0034

This State Plan Amendment proposes to extend supplemental upper payment limit distributions for inpatient hospital services to voluntary sector hospitals excluding government general hospitals, not to exceed in aggregate \$339M annually in combination with the outpatient voluntary hospital UPL SPA.

DRAFT

**New York
161(1)**

Voluntary Supplemental Inpatient Payments

Effective for the period July 1, 2010 through March 31, 2011, additional inpatient hospital payments are authorized to voluntary sector hospitals, excluding government general hospitals, for inpatient hospital services after all other medical assistance payments, of \$235,500,000 for the period July 1, 2010 through March 31, 2011; \$314,000,000 for the period April 1, 2011 through March 31, 2012; \$281,778,852 for the period April 1, 2012 through March 31, 2013; \$298,860,732 for the period April 1, 2013 through March 31, 2014; and \$226,443,721 for the period April 1, 2014 through March 31, 2015; and \$264,916,150 for the period April 1, 2015 through March 31, 2016; and \$271,204,805 for the period of April 1, 2016 through March 31, 2017; and \$319,459,509 for the period of April 1, 2017 through March 31, 2018; and \$362,865,600 for the period of April 1, 2018 through March 31, 2019; and \$182,541,796 for the period of April 1, 2019 through March 31, 2020; \$ 193,635,130 for the period of April 1, 2020 through March 31, 2021, and \$280,422,022 for the period of April 1, 2021 through March 31, 2022 subject to the requirements of 42 CFR 447.272 (upper payment limit) . Such payments are paid monthly to eligible voluntary sector owned or operated general hospitals, excluding government general hospitals.

Eligibility to receive such additional payments, and the allocation amount paid to each hospital, will be based on data from the period two years prior to the rate year, as reported on the Institutional Cost Report (ICR) submitted to the Department as of October 1 of the prior rate year.

- (a) Thirty percent of such payments will be allocated to safety net hospitals based on each eligible hospital's proportionate share of all eligible safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services;
- (i) Safety net hospitals are defined as non-government owned or operated hospitals which provide emergency room services having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.
- (b) Seventy percent of such payments will be allocated to eligible general hospitals, which provide emergency room services, based on each such hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services;
- (c) No payment will be made to a hospital described in (i) and (ii). Payment amounts will be reduced as necessary not to exceed the limitations described in (iii).
- (i) did not receive an Indigent Care Pool (ICP) payment;
- (ii) the hospital's facility specific projected disproportionate share hospital payment ceiling is zero; or,
- (iii) the annual payments amount to eligible hospitals exceeds the Medicaid customary charge limit at 42 CFR 447.271.
- (d) Any amounts calculated under paragraphs (a) and (b) but not paid to a hospital because of the requirements in paragraph (c) will be allocated proportionately to those eligible general hospitals that provide emergency room services and which would not be precluded by paragraph (c) from receiving such additional allocations.

TN #21-0034 _____

Supersedes TN #20-0023 _____

Approval Date _____

Effective Date April 1, 2021

Institutional Services

Effective April 1, 2021 this amendment proposes to eliminate the Public Indigent Care Pool disproportionate share hospital (DSH) payment of \$130.8 million gross made to major public general hospitals.

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2021 and each state fiscal year thereafter, the hospital inpatient capital rate add-ons will be reduced by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$8.0 million.

Long Term Care Services

Effective on or after April 1, 2021, this proposals continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2019 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

There is no change to the annual 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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

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

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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 Social Services Law 365-a(x)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021 in accordance with Social Services Law 365-a(x)(i), Medicaid will amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$100,000.

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:
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

SUMMARY
SPA #21-0035

This State Plan Amendment proposes to extend supplemental upper payment limit distributions for outpatient hospital services to voluntary sector hospitals, excluding government general hospitals, not to exceed in aggregate \$339 million annually in combination with the inpatient voluntary hospital Upper Payment Limit SPA.

DRAFT

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

Hospital Outpatient Supplemental Payments – Non-government Owned or Operated General Hospitals

Effective for the period April 1, [2020]2021 through March 31, [2021]2022, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the [2020]2021 calendar year. Payments under this provision will not exceed [\$140,961,900] \$143,595,774.

To receive payment under this provision, a general hospital, as defined in Attachment 4.19-A of the state plan, must meet all of the following:

- (i) must be non-government owned or operated;
- (ii) must operate an emergency room; and
- (iii) must have received an Indigent Care Pool payment for the [2020] 2021 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the 2020 rate year that is greater than zero.

The amount paid to each eligible hospital will be determined based on an allocation methodology utilizing data reported in eligible hospitals' most recent Institutional Cost Report submitted to the New York State Department of Health as of October 1, 2019:

- (a) Thirty percent of the payments under this provision will be allocated to eligible general hospitals classified as a safety net hospital based on each hospital's proportionate share of all safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

For this purpose, a safety net hospital is defined as an eligible general hospital having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.

- (b) Seventy percent of the payments under this provision will be allocated to eligible general hospitals based on each hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

Eligible Hospitals will receive payment under (a) and/or (b), as eligible, with each hospital's payment made in a lump sum distribution.

TN #21-0035 _____

Supersedes TN # 20-0025 _____

Approval Date _____

Effective Date April 1, 2021

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0036

This amendment proposes to revise the State Plan to extend supplemental payments made for outpatient hospital services to non-state public hospitals in cities with more than one million persons. These payments reflect specialty adjustments to qualifying hospitals, for the period April 1, 2021 through March 31, 2022.

DRAFT

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

Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals

The State will provide a supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, and (3) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011 and ending March 31, 2012, the amount of the supplemental payment will be \$98,610,666. For state fiscal year beginning April 1, 2012 and ending March 31, 2013, the amount of the supplemental payment will be \$107,953,672. For state fiscal year beginning April 1, 2013 and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. For state fiscal year beginning April 1, 2014 and ending March 31, 2015, the amount of the supplemental payment will be \$26,898,232. For state fiscal year beginning April 1, 2015 and ending March 31, 2016, the amount of the supplemental payment will be \$161,521,405. For state fiscal year beginning April 1, 2016 and ending March 31, 2017, the amount of the supplemental payment will be \$ 112,980,827. For state fiscal year beginning April 1, 2017 and ending March 31, 2018, the amount of the supplemental payment will be \$111,305,328. For state fiscal year beginning April 1, 2018 and ending March 31, 2019, the amount of the supplemental payment will be \$105,303,666. For state fiscal year beginning April 1, 2019 and ending March 31, 2020, the amount of the supplemental payment will be \$106,131,529. For state fiscal year beginning April 1, 2020 and ending March 31, 2021, the amount of the supplemental payment will be \$86,008,434. For state fiscal year beginning April 1, 2021 and ending March 31, 2022, the amount of the supplemental payment will be \$94,411,550. Medical assistance payments will be made for outpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

TN #21-0036

Approval Date _____

Supersedes TN #20-0024

Effective Date April 1, 2021

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0037

This State Plan Amendment proposes to revise the State Plan to provide additional payments to non-state government public residential health care facilities in aggregate amounts of up to \$500 million.

DRAFT

**New York
47(x)(2)(b)**

For the period April 1, 1997 through March 31, 1999, proportionate share payments in an annual aggregate amount of \$631.1 million will be made under the medical assistance program to non-state public operated residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For the period April 1, 1999 through March 31, 2000, proportionate share payments in an annual aggregate amount of \$982 million will be made under the medical assistance program to non-state operated public residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and April 1, 2005, through March 31, 2009, proportionate share payments in an annual aggregate amount of up to \$991.5 million and \$150.0 million, respectively, for state fiscal year April 1, 2009 through March 31, 2010, \$167 million, and for state fiscal years commencing April 1, 2010 through March 31, 2011, \$189 million in an annual aggregate amount, and for the period April 1, 2011 through March 31, 2012 an aggregate amount of \$172.5 million and for state fiscal years commencing April 1, 2012 through March 31, 2013, an aggregate amount of \$293,147,494, and for the period April 1, 2013 through March 31, 2014, \$246,522,355, and for the period April 1, 2014 through March 31, 2015, \$305,254,832, and for the period April 1, 2015 through March 31, 2016, \$255,208,911, for the period April 1, 2016 through March 31, 2017, \$198,758,133 in an annual aggregate amount, and for the period April 1, 2017 through March 31, 2018, the aggregate amount of \$167,600,071, will be paid semi-annually in September and March, and for the period April 1, 2018 through March 31, 2019, the aggregate amount of \$225,104,113, will be paid semi-annually in September and March, and for the period April 1, 2019 through March 31, 2020, the aggregate amount of \$196,055,358 will be paid semi-annually in September and March, and for the period April 1, 2020 through March 31, 2021, the aggregate amount of \$112,885,261 will be paid semi-annually in September and March, and for the period April 1, 2021 through March 31, 2022, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March, which will be made under the medical assistance program to non-state operated public residential health care facilities, including public residential health care facilities located in the counties of Erie, Nassau and Westchester, but excluding public residential health care facilities operated by a town or city within a county.

The amount allocated to each eligible public residential health care facility for the period April 1, 1997 through March 31, 1998 will be calculated as the result of \$631.1 million multiplied by the ratio of their 1995 Medicaid days relative to the sum of 1995 Medicaid days for all eligible public residential health care facilities. The amount allocated to each eligible public residential health care facility for the period April 1, 1998 through March 31, 1999 will be calculated as the result of \$631.1 million multiplied by the ratio of their 1996 Medicaid days relative to the sum of 1996 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for the period April 1, 1999 through March 31, 2000 will be calculated as the result of \$982 million multiplied by the ratio of their 1997 Medicaid days relative to the sum of 1997 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and for annual state fiscal year periods commencing April 1, 2005 through March 31, 2009, and for state fiscal years commencing April 1, 2009 through March 31, 2011; April 1, 2011 through March 31, 2012; April 1, 2012 through March 31, 2013; April 1, 2013 through March 31, 2014; and April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; April 1, 2016 through March 31, 2017; April 1, 2017 through March 31, 2018; and April 1, 2018 through March 31, 2019; and April 1, 2019 through March 31, 2020; and April 1, 2020 through March 31, 2021, and April 1, 2021 through March 31, 2022 will be calculated as the result of the respective annual aggregate amount multiplied by the ratio of their Medicaid days relative to the sum of Medicaid days for all eligible public residential health care facilities for the calendar year period two years prior provided, however, that an additional amount of \$26,531,995 for the April 1, 2013 through March 2014 period will be distributed to those public residential health care facilities in the list which follows.

TN #21-0037

Approval Date _____

Supersedes TN #20-0027-MA

Effective Date April 1, 2021

Institutional Services

Effective April 1, 2021 this amendment proposes to eliminate the Public Indigent Care Pool disproportionate share hospital (DSH) payment of \$130.8 million gross made to major public general hospitals.

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2021 and each state fiscal year thereafter, the hospital inpatient capital rate add-ons will be reduced by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$8.0 million.

Long Term Care Services

Effective on or after April 1, 2021, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2019 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

There is no change to the annual 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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

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

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

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

3220 Northern Boulevard
Long Island City, New York 11101

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

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

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

For further information and to review and comment, please contact:
Department of Health, 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 Social Services Law 365-a(x)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021 in accordance with Social Services Law 365-a(x)(i), Medicaid will amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$100,000.

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.

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

SUMMARY
SPA #21-0039

This State Plan Amendment proposes to continue the provisions of a zero trend factor in the Medicaid reimbursement rates for Medicaid residential health care facilities caring for a non pediatric population.

DRAFT

**New York
51(a)(2)**

- (k) For rates of payment effective for nursing home services provided on and after January 1, 2009 through March 31, 2009, the otherwise final trend factor attributable to the 2008 calendar year period will be adjusted such that any increase to the average trend factor for the period April 1, 2008 through December 31, 2008 will be reduced, on an annualized basis, by 1.3% and no retroactive adjustment to such 2008 trend factor will be made for the period April 1, 2008 through December 31, 2008. Effective on and after April 1, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be zero.
- (l) For rates of payment effective for nursing home services provided on and after January 1, 2009 through March 31, 2009, a trend factor equal to the otherwise applicable trend factor attributable to the period January 1, 2009 through December 31, 2009, as calculated in accordance with paragraph (f) of this section, less 1% will be applied. Effective on and after April 1, 2009, the otherwise applicable trend factor attributable to the 2009 calendar year period will be zero.
- (m) For rates of payment effective for nursing home services provided for the period January 1, 2010 through March 31, 2010, the otherwise applicable trend factor attributable to the 2010 calendar year period will be zero.
- (n) For rates of payment effective for inpatient services provided by residential health care facilities on or after April 1, 2010, except for residential health care facilities that provide extensive nursing, medical, psychological, and counseling support services to children, the otherwise applicable trend factors attributable to:
- i. the 2010 through 2012 calendar year periods will be no greater than zero.
 - ii. the 2013 and 2014 calendar year periods will be no greater than zero.
 - iii. the 2015 calendar year period will be no greater than zero for rates effective for the period January 1, 2015 through March 31, 2015 and April 23, 2015 through December 31, 2015.
 - iv. the 2016 calendar year period will be no greater than zero.
 - v. the 2017 calendar year period will be no greater than zero for rates effective for the period January 1, 2017 through March 31, 2017 and April 1, 2017 through December 31, 2019.
 - vi. the 2019 - 2021 calendar year periods will be no greater than zero for rates effective for the period April 1, 2019 through March 31, 2021.
 - vii. the 2021 - 2023 calendar year periods will be no greater than zero for rates effective for the period April 1, 2021 through March 31, 2023

Effective July 1, 1994, payment rates for the 1994 rate setting cycle will be calculated using the proxy data described in this section that is available through the third quarter of 1993. Proxy data, which becomes available subsequent to the third quarter of 1993, will not be considered in setting or adjusting 1994 payment rates.

TN #21-0039 _____

Approval Date _____

Supersedes TN #19-0043 _____

Effective Date April 1, 2021 _____

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 enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021, New York State will authorize nurse practitioners designated by the Office of Mental Health to provide Collaborative Care Services, including screening for mental illness, diagnosis of patients who screen positive, the provision of evidence-based care, ongoing tracking of patient progress, and care management. Collaborative Care Services also include consultation between a designated psychiatric practitioner, care manager and primary care physician for the purpose of managing mental health conditions in primary care settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2021/2022 is \$70 thousand.

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 institutional, non-institutional and long-term care services to comply with statutory provisions. The following changes are proposed:

All Services

Effective for dates of service on or after April 1, 2021 and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by an additional 1.0%, totaling 2.5%.

Medicaid payments that will be exempted from the uniform reduction include:

1. Payments whereby Federal law precludes such reduction, including:

- o Federally Qualified Health Center services and Residential Health Clinics;
- o Indian Health Services and services provided to Native Americans;
- o Supplemental Medical Insurance - Part A and Part B;
- o State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- o Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- o Services provided to American citizen repatriates; and
- o Hospice Services.

2. Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:

- o Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
- o Certified public expenditure payments to the NYC Health and Hospital Corporation;
- o Certain disproportionate share payments to non-state operated or owned governmental hospitals;
- o Services provided to inmates of local correctional facilities.

3. Payments where applying the reduction would result in a lower FMAP as determined by the Commissioner of Health and the Director of the Budget will also be exempt.

4. Other Payments that are not subject to the reduction include:

- o Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
- o Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
- o Early Intervention;
- o Traumatic Brain Injury Waiver (TBI);
- o Nursing Home Transition and Diversion Waiver (NHTD);
- o 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.
- o Value Based Payment Quality Improvement Program;
- o Vital Access Providers and Vital Access Provider Assurance Program;
- o Physician Administered Drugs;
- o Court orders and judgments;
- o Family Planning services;
- o Children's Home and Community Based services; and
- o Children's Health Home services.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$188.0 million).

Effective on and after April 1, 2021 through March 31, 2023, no

greater than zero trend factors, pursuant to the provisions of Public Health Law § 2807-c(10)(c), will be applied to rates of payment for hospital inpatient and outpatient services, inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care facilities or units of such facilities providing services primarily to children under 21 year of age), for certified home health agencies, long term home health care programs, AIDS home care programs, and for personal care services pursuant to section 365-a of the Social Services Law, including personal care services provided in those local social services districts, including New York City, whose rates of payment for services is established by such social services districts pursuant to a rate-setting exemption granted by the Department, and assisted living program services.

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

Non-Institutional Services

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually. There is no change to the annual gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective on or after April 1, 2021, this amendment proposes to revise the State Plan to reduce the Worker Recruitment and Retention add-on percentage by an additional 25 percent as compared to 2020/2021, for Certified Home Health Agencies (CHHA) and Hospice programs.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$1.5 million).

Effective on or after April 1, 2021 the Department will reduce coverage of certain over the counter (OTC) products. Clinically critical products such as aspirin and vitamins and minerals used for deficiencies will continue to be covered, as will less expensive OTC products that are in Preferred Drug Program (PDP) drug classes. The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$17.4 million).

Effective on and after April 1, 2021, this notice provides for a

temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,001,000 annually, for Essential Community Providers (ECPs) for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10.0 million.

Effective on and after April 1, 2021, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for the periods April 1, 2021 through March 31, 2022 and April 1, 2022 through March 31, 2023. These payments will be made to the following:

Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community.

Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$7.5 million.

Effective on or after April 1, 2021, the State is advancing a comprehensive set of telehealth reforms for the purposes of strengthening and sustaining telehealth as a high-quality, cost effective, and consumer-oriented form of care delivery.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is (\$79.0 million).

Effective on or after April 1, 2021, and each fiscal year thereafter, the State proposes to establish a 340B Reimbursement Fund for the purposes of supporting activities that expand health services to the Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

The annual gross Medicaid expenditures as a result of this proposed amendment is \$102.0 million.

Effective on or after April 1, 2021, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

SUMMARY
SPA #21-0042

This State Plan Amendment proposes to extend supplemental payments made for inpatient hospital services in State government owned hospitals. These payments reflect adjustments to qualifying hospitals.

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New York
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VII. ADDITIONAL INPATIENT STATE PUBLIC HOSPITAL UPPER PAYMENT LIMIT (UPL) ADJUSTMENTS

1. Effective for State UPL demonstrations for calendar year 2020 and after, if CMS determines that payments for inpatient hospital services provided by State government-owned hospitals exceed the UPL, the State will remit such amount in excess of the UPL as follows: The State will process a lump sum reduction equivalent to the value of the UPL excess upon approval of the UPL.
2. For the period beginning January 1, 2020 and each calendar year thereafter, the State will provide a supplemental payment for all inpatient services provided by State government-owned hospitals. The amount of the supplemental payment, when aggregated with other Medical assistance payments, will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for State government-owned hospitals. Such a supplemental payment will be allocated and paid to OMH-operated hospitals based on the proportionate share of total base year Medicaid days used for the inpatient rate calculation and will be factored into facility-specific Disproportionate Share (DSH) limit calculations.

For the period January 1, [2020]2021 through December 31, [2020]2021, the supplemental payment will be [\$3,562,690] \$8,619,283 and will be payable as a one-time lump sum.

TN #21-0042

Approval Date _____

Supersedes TN #20-0032

Effective Date April 01, 2021

Institutional Services

Effective April 1, 2021 this amendment proposes to eliminate the Public Indigent Care Pool disproportionate share hospital (DSH) payment of \$130.8 million gross made to major public general hospitals.

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2021 and each state fiscal year thereafter, the hospital inpatient capital rate add-ons will be reduced by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$8.0 million.

Long Term Care Services

Effective on or after April 1, 2021, this proposals continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2019 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

There is no change to the annual 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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

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

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

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

3220 Northern Boulevard
Long Island City, New York 11101

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

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

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

For further information and to review and comment, please contact: Department of Health, 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 Social Services Law 365-a(x)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021 in accordance with Social Services Law 365-a(x)(i), Medicaid will amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$100,000.

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.

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

New York County
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New York, New York 10018

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Long Island City, New York 11101

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