



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

June 14, 2023

Dear Health Clinic Administrator:

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/

Amir Bassiri
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

SUMMARY
SPA #23-0005

This State Plan Amendment proposes to transition the New York State Medicaid non-emergency medical transportation (NEMT) program from an administrative- services only model to a risk-based broker model authorized pursuant to Section 1902(a)(70) of the Social Security Act.

DRAFT

SPA 23-0005
Attachment A
Annotated Pages

Annotated Attachment 3.1-D Page: 3

DRAFT

New York

3

- v. ~~Payment for reimbursement of the MA recipient's use of a personal vehicle will be made at the Internal Revenue Service's established rate for *Medical Mileage*. Payment of reimbursement for use of a personal vehicle of a volunteer driver or family member of a MA recipient will be made at the Internal Revenue Service's established rate for *Standard Mileage*.~~
- b. ~~Payment for transportation is only available for transportation to and from providers of necessary medical care and services which can be paid for under the MA program. MA payment for transportation will not be made if the care or services are not covered under the MA program.~~
- c. ~~MA payment to vendors of transportation services is limited to situations where an MA recipient is actually being transported in the vehicle.~~
- d. ~~MA payment will not generally be made for transportation which is ordinarily made available to other persons in the community without charge. If federal financial participation is available for the costs of such transportation, the MA program is permitted to pay for the transportation.~~
- e. ~~Vendors of transportation services must provide pertinent cost data to a social services district upon request or risk termination from participation in the MA program.~~

Finally, the provisions require social services districts to notify applicants for and recipients of MA of the procedures for obtaining prior authorization of transportation services.

C. ~~Transportation Management~~

The following table depicts, for each county, whether the county department of social services or State manages the transportation program.

Managed by Local Department of Social Services		Managed by Department of Health Under Contract	
Allegany	Monroe	Albany	Queens
Cattaraugus	Nassau	Bronx	Rensselaer
Chautauqua	Niagara	Broome	Richmond
Chemung	Ontario	Cayuga	Rockland
Chenango	Orleans	Columbia	Saratoga
Clinton	Oswego	Delaware	Schenectady
Cortland	Otsego	Dutchess	Schoharie
Erie	Schuyler	Essex	Sullivan
Franklin	Seneca	Fulton	Ulster
Genesee	St. Lawrence	Greene	Warren
Hamilton	Steuben	Kings	Washington
Herkimer	Suffolk	Montgomery	Westchester
Jefferson	Tioga	New York	
Lewis	Tompkins	Oneida	
Livingston	Wayne	Onondaga	
Madison	Wyoming	Orange	
Suffolk	Yates	Putnam	

TN#: 23-0005

Approval Date: _____

Supersedes TN#: #13-0023

Effective Date: July 1, 2023

Appendix I
2023 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

DRAFT

New York
3(d)

1905(a)(30) Other Medical Care

- 24a. Prior approval is required for non-emergent transportation, including the services and subsistence of the attendant. Requests can be made by recipients or their family members; or medical practitioners acting on behalf of a recipient.

Transportation providers are assigned to requests for non-emergency transportation services based upon first, a recipient's choice of available participating vendors in the prior authorization official's network at the most cost effective, medically appropriate level of transportation; then, if the recipient indicates no preference, the ordering practitioner's choice among available participating vendors in the prior authorization official's network at the most cost effective, medically appropriate level of transportation; and finally, if no choice is made by the ordering practitioner, the request is given via rotation among the most cost effective, medically ~~available and~~ appropriate mode of transportation providers in the prior authorization official's network.

- ~~1. To assure comparability and statewideness, each county's local department of social services manages transportation services on behalf of recipient's assigned to the county~~
~~2. The Commissioner of Health is authorized to assume the responsibility of managing transportation services from any local social services district. If the Commissioner elects to assume this responsibility, the Commissioner may choose to contract with a transportation manager or managers to manage transportation services in any local social services district.~~
~~3. Prior approval is also required for arrangement of or reimbursement for ancillary expenses associated with transportation to Medicaid covered services. Recipient, family member, or volunteer reimbursement is made as an administrative expense of the Medicaid Program. This applies to any personal vehicle mileage reimbursement, lodging, airfare, or other expense borne on behalf of the Medicaid recipient by a non-direct vendor.~~

- 24d. Prior approval is required for skilled nursing facility services except when admitted directly from a hospital, another skilled nursing facility or from a health facility.

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

26. Personal Care Services means some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support functions. Prior approval is required for all personal care services. The authorization period and amount of personal care services authorized depends upon patient need, as indicated in the patient's assessment.

Electronic Visit Verification System: NY will comply with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021.

New York
3(d)

1905(a)(30) Other Medical Care

- 24a. Prior approval is required for non-emergent transportation, including the services and subsistence of the attendant. Requests can be made by recipients or their family members; or medical practitioners acting on behalf of a recipient.

Transportation providers are assigned to requests for non-emergency transportation services based upon first, a recipient's choice of available participating vendors in the prior authorization official's network at the most cost effective, medically appropriate level of transportation; then, if the recipient indicates no preference, the ordering practitioner's choice among available participating vendors in the prior authorization official's network at the most cost effective, medically appropriate level of transportation; and finally, if no choice is made by the ordering practitioner, the request is given via rotation among the most cost effective, medically ~~available and~~ appropriate mode of transportation providers in the prior authorization official's network.

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Electronic Visit Verification System: NY will comply with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021.

New York
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Provisions for Providing
Medical Assistance Transportation

1905(a)(30) Other Medical Care

The following provisions set forth the Department's policy concerning transportation services provided to Medical Assistance (MA) recipients for the purpose of obtaining necessary medical care and services which can be paid for under the MA program. These provisions set forth the standards which the Department will use in determining when the MA program will pay for transportation and describes the prior authorization process for obtaining payment.

The MA program covers all modes of transportation, including, but not limited to: emergency ambulance and non-emergency modes of transportation. Transportation is provided by service providers at Department-established or approved fee schedules set at levels where the Department can successfully assure the availability of medically necessary transportation to services covered by the MA program.

A. Prior Authorization

Prior authorization means a prior authorization official's determination that payment for a specific mode of transportation is essential in order for an MA recipient to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the recipient's transportation costs.

Prior authorization official means the Department, the transportation manager or the transportation broker, or such other entity under contract with, or specifically permitted by, the Department of Health, as applicable.

1. Prior authorization is required for the following:
 - a. all transportation to obtain medical care and services, except emergency ambulance transportation or Medicare approved transportation by ambulance service provided to an MA-eligible person who is also eligible for Medicare Part B payments.
 - b. transportation expenses of an attendant for the MA recipient.
 - c. ancillary expenses associated with transportation to Medicaid covered services.

The provisions set forth the standards to be used in evaluating prior authorization requests and provides the prior authorization official (~~i.e., the Department or its contracted agents, the county department of social services or their designated agents~~) with the authority to approve or deny reimbursement to MA recipients for the use of private vehicles (personal cars) or mass transportation which the recipient uses for the usual activities of daily living. A prior authorization official ~~may will~~ approve reimbursement for the use of personal cars or mass transportation, however, if, in the opinion of the prior authorization official, circumstances so warrant. A prior authorization official ~~may will~~ also approve reimbursement for the use of some other mode of transportation, such as ambulance, wheelchair or stretcher van, or taxi/livery, as required by the MA recipient.

2. Criteria to be used by the prior authorization official in making prior authorization determinations are:
 - a. the MA recipient has access to necessary medical care or services by use of a private vehicle or by means of mass transportation which is used by the recipient for the usual activities of daily living;
 - b. the frequency of visits or treatments within a short period of time whereby the recipient would suffer financial hardship if required to make payment for the transportation;
 - c. the nature and severity of the MA recipient's illness which necessitates transportation by a mode other than that ordinarily used by the MA recipient (such as an acute event wherein an otherwise ambulatory recipient becomes physically disabled);

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Effective Date: July 1, 2023

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Page 2**

1905(a)(30) Other Medical Care

- d. the geographic locations of the MA recipient and the provider of medical care and services;
- e. the medical care and services available within the common medical marketing area of the MA recipient's community;
- f. the need to continue a regimen of medical care or service with a specific provider; and,
- g. any other circumstances which are unique to a particular MA recipient and which the prior authorization official determines have an effect on the need for payment of transportation services.

The decision to require the MA recipient to travel using a personal vehicle, public transit, or taxi is made by the prior authorization official based upon the prior authorization official's knowledge of the recipient's ability to travel by personal vehicle ownership and the local public transit routes. When a more specialized mode of transportation is required, such as wheelchair or stretcher van, or ambulance, the prior authorization official will make a decision on the proper mode of transport after consideration of information obtained from a medical practitioner, supervisors, the Department, program guidance materials, and any other source available, that will help the official to make a reasoned decision.

B. Payment

1. Criteria to be used when establishing payment for medical assistance transportation:

- a. ~~Social services districts, except those where the Commissioner of Health has assumed the management of transportation services, have the authority to establish payment rates with vendors of transportation services which will ensure the efficient provision of appropriate transportation for MA recipients in order for the recipients to obtain necessary medical care or services. Social services districts may establish such rates in a number of ways, which may include negotiation with the vendors. However, no established rate will be reimbursed unless that rate has been approved by the Department as the Department established rate.~~
 - i. ~~The State defines "department established rate" as the rate for any given mode of transportation which the department has determined will ensure the efficient provision of appropriate transportation to MA recipients in order for the recipients to obtain necessary medical care and services.~~
 - ii. ~~The department may will either establish rate schedules at which transportation services can be assured or delegate such authority to the social services districts prior authorization official. Delegation of authority exists only in episodic circumstances in which immediate transportation is needed at a cost not considered in the established fee schedule. In order to ensure access to needed medical care and service, the social services districts prior authorization official will approve a rate to satisfy the immediate need.~~
 - iii. ~~Plans, rate schedules or amendments may will not be implemented without departmental approval.~~
 - iv. ~~Social services districts have no authority to establish a fee schedule without the Department's involvement; there is no incongruity between the Department's and social services district's fee schedules.~~

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Effective Date: July 1, 2023

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1905(a)(30) Other Medical Care

Payment for transportation expenses will be made only when transportation expenses have been prior authorized except for emergency ambulance transportation or Medicare approved transportation by an ambulance service provided to an MA recipient who is also eligible for Medicare Part B payments or in other instances determined by the department, such as during a declared state of emergency.

b. Payment for transportation expenses will be made only to the vendor of transportation services, to the MA recipient or to an individual providing transportation services on behalf of the MA recipient.

c. Payment will be made only for the least expensive available mode of transportation suitable to the MA recipient's needs, as determined by the prior authorization official.

d. Except for fees and value-based payments established by a transportation management broker set forth in a service agreement, payment to vendors for transportation services must not exceed the lower of the Department established fee, the locally prevailing fee, or the fee charged to the public, by the most direct route for the mode of transportation used; provided however, payment will be made in excess of the locally prevailing fee or the fee charged to the public when Federal financial participation in the MA payment for transportation services is available and such payment is necessary to assure the transportation service.

e. Payment to vendors will made only where an MA recipient is actually being transported in the vehicle.

f. In order to receive payment for services provided to an MA recipient, a vendor must be lawfully authorized to provide transportation services on the date the services are rendered. A vendor of transportation services is lawfully authorized to provide such services.

g. Payment is available for transportation services provided in order for the recipient to receive an MA covered service if the recipient receives such service (other than transportation services) at school or off of the school premises and both the covered service and transportation service are included in the recipient's individualized education plan. Payment is available for transportation services provided in order for the recipient, or the recipient's family member or significant other to receive an MA covered service if both the covered service and transportation service are included in the recipient's interim or final individualized family services plan. For purposes of this section, a significant other is a person who substitutes for the recipient's family, interacts regularly with the recipient, and affects directly the recipient's developmental status. Reimbursement for such services must be made in accordance with the provider agreement.

h. Payment to a provider of ambulette services will only be made for services documented in contemporaneous records that must include:

i. the recipient's name and MA identification number;

ii. the origination of the trip;

iii. the destination of the trip;

iv. the date and time of service; and

v. the name of the driver transporting the recipient.

i. Payment will not be made for transportation services when:

i. the transportation services are ordinarily made available to other persons in the community without charge; however, payment will be made under such circumstances when Federal financial participation in the MA payment for transportation services is available:

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3.1

1905(a)(30) Other Medical Care

- i. the transportation services are provided by a medical facility and the costs are included in the facility's MA rate;
- ii. a vendor is not actually transporting an MA recipient;
- iii. the MA recipient has access to and can make use of transportation, such as a private vehicle or mass transportation, which the recipient ordinarily uses for the usual activities of daily living unless prior authorization has been granted by the prior authorization official.

2. Medical transportation plans and fee schedules.

- a. The Department will establish fee schedules at which transportation services can be assured; provided, however, such fees will not apply to non-emergency transportation services provided by a vendor in accordance with a service agreement with a transportation management broker. The transportation management broker, as the prior authorization official, has the authority to establish payment rates with vendors of transportation services which will ensure the efficient provision of appropriate transportation for MA recipients in order for the recipients to obtain necessary care or services. The prior authorization official will establish rates in a number of ways, including negotiation with the vendors. However, no established rate will be reimbursed unless that rate has been approved by the Department as the Department established rate.
- b. The Department or transportation management broker, as applicable, must adhere to the following requirements
 - i. in establishing fees with vendors of transportation services:

1) One of the following must be selected:1) a flat fee for all transportation services provided;A. a base fee for all transportation services provided, plus a mileage charge;B. a flat fee for transportation services within specified areas; orC. a mileage fee based on distance.2) A reduced fee will be established for any of the following:A. transportation of additional persons;B. transportation of persons traveling to and from day treatment or continuing treatment programs; andC. transportation of persons for purposes of obtaining regularly recurring medical care and services.3) An additional fee will be established for any of the following:A. other transportation costs, limited to the costs of meals, lodging and transportation attendants;B. bridge and road tolls; andC. value-based payments.C. Transportation Management

Under State law, the Commissioner has elected to assume responsibility of managing transportation services and chose to contract with a transportation management broker to provide cost effective nonemergency transportation to Medicaid beneficiaries. As the prior authorization official, the transportation management broker is required to notify applicants for and recipients of MA of the procedures for obtaining prior authorization of transportation services.

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 March 2023 will be conducted on March 8 and March 9 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

Division of Criminal Justice Services Juvenile Justice Advisory Group

Pursuant to Public Officer Law § 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Juvenile Justice Advisory Group:

Date: March 9, 2023
Time: 10:00 a.m. - 1:00 p.m.
Place: Empire State Development Corp.
633 Third Ave., 37th Fl.
Conference Rm. 36A
New York, NY 10007

Video Conference with:
Division of Criminal Justice Services
80 S. Swan St., 1st Fl., Rm. 348
Albany, NY 12210

For further information, contact: Thomas R. Andriola, Chief of

Policy and Implementation Office of Youth Justice, Division of Criminal Justice Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 320-6926, Thomas.Andriola@dcjs.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 in accordance with New York State Social Service Law Section 365-h(4)(b), as authorized by the federal Social Security Act Section 1902(a)(70) and 42 CFR Section 440.170(a)(4). The following changes are proposed:

Non-Institutional Services

Effective on or after May 1, 2023, based on a competitive procurement, non-emergency medical transportation will be transitioned by the State from the current Medicaid Transportation managers to one or more Medicaid Transportation Broker(s) to ensure that Medicaid eligible individuals receive reliable, high quality non-emergency medical transportation (NEMT) services using the mode that is appropriate for each individual. The Medicaid Transportation Broker will contract directly with transportation providers to develop an adequate network, ensure compliance with transportation network driver and vehicle requirements and negotiate fee-for-service transportation provider reimbursement. The State will reimburse the Medicaid Transportation Broker in two ways: (1) monthly through an administrative fee on a per member per month basis for each Medicaid eligible individual whose transportation is being managed by the Medicaid Transportation Broker and (2) annually through a risk-sharing arrangement pursuant to a gain sharing agreement in which the Medicaid Transportation Broker agrees to share with the State net income gains over specified limits. The State will not share in net losses.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State fiscal year 2023/2024 is (\$34 million).

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

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

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

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

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

1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 14 NYCRR Part 857, 14 NYCRR 818, 14 NYCRR 820, 14 NYCRR 822 and 14 NYCRR 825, which authorize Medicaid reimbursement for standalone problem gambling disorder treatment. Currently, problem gambling treatment is authorized when it is secondary to treatment for substance use disorder. The following changes are proposed:

Non-Institutional Services

Effective on or after March 1, 2023, the Department of Health will amend the Medicaid State plan to include coverage and reimbursement for problem gambling treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified services, pursuant to 14 NYCRR Part 818 Chemical Dependence Inpatient Services, 14 NYCRR Part 820 Residential Addiction Rehabilitation Services, 14 NYCRR Part 822 Outpatient Addiction Rehabilitation Services, and 14 NYCRR Part 825 Integrated Outpatient Addiction Rehabilitation Services, with the OASAS gambling designation, when services are for problem gambling only. The OASAS gambling designation is not required when treatment is provided for individuals whose problem gambling disorder is secondary to their substance use disorder.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State fiscal year 2022/2023 is \$3,750 and the net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State fiscal year 2023/2024 is \$45,000.

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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Bronx, New York 10457

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Staten Island, New York 10301

For further information and to review and comment, please contact:
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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 in accordance with Chapter 53 of the Laws of 2022 and Subdivision 5 of section 365-m of the social services law. The following changes are proposed:

Non-Institutional Services

Effective on or after March 1, 2023, the Department of Health will adjust rates for Office of Addiction Services and Supports (OASAS) State Plan Service NYCRR Title 14 Part 820 Residential Services. The stabilization element of the service in the downstate region will receive a parity adjustment with respect to the upstate region. Stabilization will also receive a 15.0% rate increase and rehabilitation will receive a 4.5% rate increase.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this change \$1,746 for State Fiscal Year 2023 and \$20,956 for State Fiscal Year 2024.

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

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

Kings County, Fulton Center
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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 #23-0022

This State Plan Amendment proposes to grant lump sum payments through temporary rate adjustments to eligible Critical Access Hospitals to promote efficiency, economy, and quality of care.

DRAFT

SPA 23-0022
Attachment A
Annotated Pages

Annotated Attachment 4.19-B Pages: 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1), 1(q)(iv)(2), 1(q)(iv)(3)

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 — 03/31/2020
	\$372,500	04/01/2020 — 03/31/2021
	\$372,500	04/01/2021 — 03/31/2022
	\$372,500	04/01/2022 — 03/31/2023
Garthage 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
	\$532,500	04/01/2021 — 03/31/2022
\$532,500	04/01/2022 — 03/31/2023	
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
	\$310,000	04/01/2021 — 03/31/2022
\$310,000	04/01/2022 — 03/31/2023	
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
	\$532,500	04/01/2021 — 03/31/2022
\$532,500	04/01/2022 — 03/31/2023	

New York
1(q)(iii)

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$372,500	04/01/2021—03/31/2022
\$372,500	04/01/2022—03/31/2023	
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
\$532,500	04/01/2021—03/31/2022	
\$532,500	04/01/2022—03/31/2023	
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
	\$310,000	04/01/2021—03/31/2022
\$310,000	04/01/2022—03/31/2023	

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

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$310,000	04/01/2021 — 03/31/2022
\$310,000	04/01/2022 — 03/31/2023	
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
	\$310,000	04/01/2021 — 03/31/2022
\$310,000	04/01/2022 — 03/31/2023	
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
	\$372,500	04/01/2021 — 03/31/2022
\$372,500	04/01/2022 — 03/31/2023	

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

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$532,500	04/01/2021 — 03/31/2022
\$532,500	04/01/2022 — 03/31/2023	
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
	\$372,500	04/01/2021 — 03/31/2022
\$372,500	04/01/2022 — 03/31/2023	
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
	\$532,500	04/01/2021 — 03/31/2022
\$532,500	04/01/2022 — 03/31/2023	

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

~~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
	\$432,000	04/01/2021—03/31/2022
	\$432,000	04/01/2022—03/31/2023
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
	\$310,000	04/01/2021—03/31/2022
	\$310,000	04/01/2022—03/31/2023
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
	\$532,500	04/01/2021—03/31/2022
	\$532,500	04/01/2022—03/31/2023

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

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$462,500	04/01/2021—03/31/2022
	\$462,500	04/01/2022—03/31/2023
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
	\$372,500	04/01/2021—03/31/2022
	\$372,500	04/01/2022—03/31/2023

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**Appendix I
2023 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages**

DRAFT

New York
1(q)(ii)

1905(a)(2)(A) Outpatient Hospital Services

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>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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Carthage Area Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Catskill Regional Medical Center – Hermann Division</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Clifton Fine Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

New York
1(q)(iii)

1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Cuba Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Delaware Valley Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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New York
1(q)(iv)

1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Ellenville Regional Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Gouverneur Hospital, Inc.</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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Effective Date: April 1, 2023

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

1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Little Falls Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Margaretville Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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

1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>O'Connor Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>River Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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

1905(a)(2)(A) Outpatient Hospital Services

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

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
Schuyler Hospital	\$462,500	04/01/2020 – 03/31/2021
	\$462,500	04/01/2021 – 03/31/2022
	\$462,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
Soldiers & Sailors Memorial Hospital	\$372,500	04/01/2020 – 03/31/2021
	\$372,500	04/01/2021 – 03/31/2022
	\$372,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025

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MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0023

This amendment proposes to grant lump sum payments through temporary rate adjustments to eligible Essential Community Providers to promote efficiency, economy, and quality of care.

DRAFT

SPA 23-0023

Attachment A

Annotated Pages

Annotated Page: Attachment 4.19-B 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), 1(q)(xiv), 1(q)(xv)

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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:

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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
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
	\$ 78,500	04/01/2021 – 03/31/2022
	\$ 78,500	04/01/2022 – 03/31/2023
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
	\$208,000	04/01/2021 – 03/31/2022
	\$208,000	04/01/2022 – 03/31/2023
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
	\$ 78,500	04/01/2021 – 03/31/2022
	\$ 78,500	04/01/2022 – 03/31/2023
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
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023

New York
1(q)(vi)~~Essential Community Providers (cont'd)~~

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$657,000	04/01/2021 – 03/31/2022
	\$657,000	04/01/2022 – 03/31/2023
Canton Potsdam 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
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
Carthage Area 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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
Catskill Regional Hospital Medical Center	\$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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023

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1(q)(vii)**

Essential Community Providers (cont'd)

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Gatskill Regional Medical Center – Hermann Division	\$ 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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Gayuga Medical Center-Ithaca	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	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
Champlain Valley Physicians 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	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
Chenango Memorial 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	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023

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1(q)(viii)**

Essential Community Providers (cont'd):

Provider Name	Gross-Medicaid Rate Adjustment	Rate-Period Effective
Glaxton-Hepburn Medical Center	\$ 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
	\$128,500	04/01/2021 — 03/31/2022
	\$128,500	04/01/2022 — 03/31/2023
Clifton-Fine 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
	\$353,500	04/01/2021 — 03/31/2022
	\$353,500	04/01/2022 — 03/31/2023
Cobleskill Regional Hospital	\$ 75,000	03/01/2016 — 03/31/2016
	\$ 75,000	04/01/2016 — 03/31/2017
Columbia Memorial Hospital	\$120,000	03/01/2016 — 03/31/2016
	\$120,000	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
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
	\$208,000	04/01/2021 — 03/31/2022
	\$208,000	04/01/2022 — 03/31/2023

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1(q)(ix)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023

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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
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
Gouverneur 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
	\$247,500	04/01/2021 – 03/31/2022
	\$247,500	04/01/2022 – 03/31/2023
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
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
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
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
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
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023

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1(q)(xi)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$136,000	04/01/2021 — 03/31/2022
	\$136,000	04/01/2022 — 03/31/2023
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
	\$353,500	04/01/2021 — 03/31/2022
	\$353,500	04/01/2022 — 03/31/2023
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
	\$104,000	04/01/2021 — 03/31/2022
	\$104,000	04/01/2022 — 03/31/2023
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
	\$203,500	04/01/2021 — 03/31/2022
	\$203,500	04/01/2022 — 03/31/2023
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
	\$136,000	04/01/2021 — 03/31/2022
	\$136,000	04/01/2022 — 03/31/2023

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Approval Date: _____
Effective Date: April 1, 2023

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1 (q) (xii)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
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
	\$253,500	04/01/2021 -- 03/31/2022
	\$253,500	04/01/2022 -- 03/31/2023
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	04/01/2018 -- 03/31/2019
	\$103,500	07/01/2019 -- 03/31/2020
	\$103,500	04/01/2020 -- 03/31/2021
	\$103,500	04/01/2021 -- 03/31/2022
	\$103,500	04/01/2022 -- 03/31/2023
Nicholas H Noyes Memorial Hospital	\$ 85,000	03/01/2016 -- 03/31/2016
	\$ 85,000	04/01/2016 -- 03/31/2017
	\$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
	\$103,500	04/01/2021 -- 03/31/2022
	\$103,500	04/01/2022 -- 03/31/2023
Northern Dutchess 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
	\$ 58,500	04/01/2021 -- 03/31/2022
	\$ 58,500	04/01/2022 -- 03/31/2023
O'Connor Hospital	\$105,000	03/01/2016 -- 03/31/2016
	\$105,000	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
	\$128,500	04/01/2021 -- 03/31/2022
	\$128,500	04/01/2022 -- 03/31/2023

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Essential Community Providers (cont'd):

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

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1(q)(xiv)**

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Samaritan Medical Center	\$ 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
Schuyler Hospital	\$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
Soldiers and Sailors Memorial Hospital	\$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
St. James Mercy 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
	\$353,500	04/01/2021 -- 03/31/2022
	\$353,500	04/01/2022 -- 03/31/2023
St. Mary's Healthcare	\$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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Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
TLC Health Network	\$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
Tri-Town Regional 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
	\$58,500	04/01/2021 — 03/31/2022
	\$58,500	04/01/2022 — 03/31/2023
United Memorial Medical Center — North Street Division	— \$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	04/01/2018 — 03/31/2019
	\$103,500	07/01/2019 — 03/31/2020
	\$103,500	04/01/2020 — 03/31/2021
	\$103,500	04/01/2021 — 03/31/2022
	\$103,500	04/01/2022 — 03/31/2023
Westfield 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
	\$353,500	04/01/2021 — 03/31/2022
	\$353,500	04/01/2022 — 03/31/2023
Wyoming County Community 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
	\$208,000	04/01/2021 — 03/31/2022
	\$208,000	04/01/2022 — 03/31/2023

Appendix I
2023 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

DRAFT

New York
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1905(a)(2)(A) Outpatient Hospital Services

Essential Community Providers (cont'd):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Corning Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Cortland Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Cuba Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Delaware Valley Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Elizabethtown Community Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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1(q)(v)

1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Adirondack Medical Center</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Alice Hyde Hospital Association</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Auburn Community Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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1905(a)(2)(A) Outpatient Hospital Services

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>	\$303,500	04/01/2020 – 03/31/2021
	\$657,000	04/01/2021 – 03/31/2022
	\$657,000	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
<u>Canton Potsdam Hospital</u>	\$ 58,500	04/01/2020 – 03/31/2021
	\$ 58,500	04/01/2021 – 03/31/2022
	\$ 58,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
<u>Carthage Area Hospital</u>	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
<u>Catskill Regional Hospital Medical Center</u>	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025

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1(q)(vii)**

1905(a)(2)(A) Outpatient Hospital Services

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>	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
<u>Cayuga Medical Center-Ithaca</u>	\$153,500	04/01/2020 – 03/31/2021
	\$153,500	04/01/2021 – 03/31/2022
	\$153,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
<u>Champlain Valley Physicians Hospital</u>	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025
<u>Chenango Memorial Hospital</u>	\$103,500	04/01/2020 – 03/31/2021
	\$103,500	04/01/2021 – 03/31/2022
	\$103,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025

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1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Clifton-Fine Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Columbia Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Community Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

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1(q)(x)**

1905(a)(2)(A) Outpatient Hospital Services

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>	\$128,500	04/01/2020 – 03/31/2021
	\$128,500	04/01/2021 – 03/31/2022
	\$128,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 -03/31/2025
<u>Gouvernor Hospital, Inc.</u>	\$247,500	04/01/2020 – 03/31/2021
	\$247,500	04/01/2021 – 03/31/2022
	\$247,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 -03/31/2025
<u>Ira Davenport Memorial Hospital</u>	\$353,500	04/01/2020 – 03/31/2021
	\$353,500	04/01/2021 – 03/31/2022
	\$353,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 -03/31/2025
<u>Jones Memorial Hospital</u>	\$192,000	04/01/2020 – 03/31/2021
	\$192,000	04/01/2021 – 03/31/2022
	\$192,000	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 -03/31/2025
<u>Lewis County General Hospital</u>	\$328,500	04/01/2020 – 03/31/2021
	\$328,500	04/01/2021 – 03/31/2022
	\$328,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 -03/31/2025

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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>Little Falls Hospital</u>	\$136,000	<u>04/01/2020 – 03/31/2021</u>
	\$136,000	<u>04/01/2021 – 03/31/2022</u>
	\$136,000	<u>04/01/2022 – 03/31/2023</u>
	TBD	<u>04/01/2023 – 03/31/2024</u>
	TBD	<u>04/01/2024 – 03/31/2025</u>
<u>Margaretville Memorial Hospital</u>	\$353,500	<u>04/01/2020 – 03/31/2021</u>
	\$353,500	<u>04/01/2021 – 03/31/2022</u>
	\$353,500	<u>04/01/2022 – 03/31/2023</u>
	TBD	<u>04/01/2023 – 03/31/2024</u>
	TBD	<u>04/01/2024 – 03/31/2025</u>
<u>Mary Imogene Bassett Hospital</u>	\$104,000	<u>04/01/2020 – 03/31/2021</u>
	\$104,000	<u>04/01/2021 – 03/31/2022</u>
	\$104,000	<u>04/01/2022 – 03/31/2023</u>
	TBD	<u>04/01/2023 – 03/31/2024</u>
	TBD	<u>04/01/2024 – 03/31/2025</u>
<u>Massena Memorial Hospital</u>	\$203,500	<u>04/01/2020 – 03/31/2021</u>
	\$203,500	<u>04/01/2021 – 03/31/2022</u>
	\$203,500	<u>04/01/2022 – 03/31/2023</u>
	TBD	<u>04/01/2023 – 03/31/2024</u>
	TBD	<u>04/01/2024 – 03/31/2025</u>
<u>Medina Memorial Hospital</u>	\$136,000	<u>04/01/2020 – 03/31/2021</u>
	\$136,000	<u>04/01/2021 – 03/31/2022</u>
	\$136,000	<u>04/01/2022 – 03/31/2023</u>
	TBD	<u>04/01/2023 – 03/31/2024</u>
	TBD	<u>04/01/2024 – 03/31/2025</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>Moses-Ludington Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Nathan Littauer Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Nicholas H Noyes Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Northern Dutchess Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>O'Connor Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

**New York
1(q)(xiii)**

1905(a)(2)(A) Outpatient Hospital Services

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>\$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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Oneida Healthcare</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Oswego Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>River Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

**New York
1(q)(xiv)**

1905(a)(2)(A) Outpatient Hospital Services

Essential Community Providers (cont'd):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Samaritan Medical Center</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Schuyler Hospital</u>	<u>\$240,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$240,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$240,000</u>	<u>04/01/2022 – 03/31/2023</u>
	<u>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Soldiers and Sailors Memorial Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>St. James Mercy Hospital</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>
<u>St. Mary's Healthcare</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>TBD</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 – 03/31/2025</u>

New York
1(q)(xv)

1905(a)(2)(A) Outpatient Hospital Services

Essential Community Providers (cont'd):

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>TLC Health Network</u>	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Tri Town Regional Hospital</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>\$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>TBD</u>	<u>04/01/2023 - 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024 - 03/31/2025</u>
<u>Westfield Memorial Hospital</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>TBD</u>	<u>04/01/2023 - 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024- 03/31/2025</u>
<u>Wyoming County Community Hospital</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>TBD</u>	<u>04/01/2023 - 03/31/2024</u>
	<u>TBD</u>	<u>04/01/2024- 03/31/2025</u>

TN#: 23-0023
Superseding TN#: 21-0023

Approval Date: _____
Effective Date: April 1, 2023

New York
1(q)(xvi)

1905(a)(2)(A) Outpatient Hospital Services

Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
WCA Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$228,500	08/01/2017 – 03/31/2018
	\$228,500	04/01/2018 – 03/31/2019
	\$228,500	07/01/2019 – 03/31/2020
	\$228,500	04/01/2020 – 03/31/2021
	\$228,500	04/01/2021 – 03/31/2022
	\$228,500	04/01/2022 – 03/31/2023
	TBD	04/01/2023 – 03/31/2024
	TBD	04/01/2024 – 03/31/2025

DRAFT

TN #23-0023

Approval Date

Supersedes TN #21-0023

Effective Date April 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0037

This State Plan Amendment proposes to allow pharmacists and pharmacy interns to provide Medicaid covered services to the limits of their scope of practice.

DRAFT

New York
2(xiv)(a)

1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses

6d. Other Practitioner Services (Continued)

Pharmacists and Pharmacy Interns ~~as Immunizers~~

1. Reimbursement will be provided to pharmacies for Medicaid covered services when provided, referred, ordered, and/or ~~vaccines and anaphylaxis agents~~ administered by ~~certified~~ pharmacists and ~~effective on or after July 1, 2021, certified~~ pharmacy interns within the scope of their practice.
2. Service setting.
Services will be provided by a certified pharmacist or a certified pharmacy intern when the service requires certification, under the supervision of a ~~certified~~ pharmacist in a pharmacy or in other locations where services~~mass immunization~~ may take place, such as retail stores/outlets, assisted living centers, and health fairs.
3. Provider qualifications.
Pharmacists must be currently licensed, registered and certified by the NYS Education Department and any other certifying entity as required by State requirements, to provide certain Medicaid covered services~~to administer immunizations~~. Pharmacy interns must currently possess an active limited permit issued by the NYS Education Department and ~~any other certification as required by State requirements to provide certain Medicaid covered services to administer immunizations, both of which must be issued by the NYS Education Department~~.

New York
2(xiv)(a)

1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses

6d. Other Practitioner Services (Continued)

Pharmacists and Pharmacy Interns ~~as Immunizers~~

1. Reimbursement will be provided to pharmacies for Medicaid covered services when provided, referred, ordered, and/or ~~vaccines and anaphylaxis agents~~ administered by ~~certified~~ pharmacists and ~~effective on or after July 1, 2021, certified~~ pharmacy interns within the scope of their practice.
2. Service setting.
Services will be provided by a certified pharmacist or a certified pharmacy intern when the service requires certification, under the supervision of a ~~certified~~ pharmacist in a pharmacy or in other locations where services~~mass immunization~~ may take place, such as retail stores/outlets, assisted living centers, and health fairs.
3. Provider qualifications.
Pharmacists must be currently licensed, registered and certified by the NYS Education Department and any other certifying entity as required by State requirements, to provide certain Medicaid covered services~~to administer immunizations~~. Pharmacy interns must currently possess an active limited permit issued by the NYS Education Department and ~~any other certification as required by State requirements to provide certain Medicaid covered services to administer immunizations, both of which must be issued by the NYS Education Department~~.

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Education Law Article 137 Sections 6801, 6801-A, 6802 and 6806. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the March 29, 2023, noticed provision, to allow for reimbursement of Medicaid covered services provided by pharmacists and pharmacy interns within their lawful scope of practice. With clarification, based on the enacted budget, the fiscal impact for this proposal has been revised to zero.

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

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

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

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

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

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

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

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

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

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

All Services

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0038

This State Plan Amendment proposes to remove the completion factor method. Those who will be eligible for such payments will be physicians who are currently authorized. Fees will increase in an amount equal to the average commercial rate or Medicare rate for services supplied to patients eligible for Medicaid.

DRAFT

New York
1.1

1905(a) (5)(A) Physicians' Services**Supplemental Medicaid Payments for Eligible Professional Services****1. State University of New York (SUNY)**

- (a) Effective April 1, 2011, supplemental payments will be made to State University Eligible Medical Professional Providers for services eligible under this provision ("Eligible Services"). Supplemental payments for Eligible Services will be equal to the difference between the Average Commercial Rate, as defined below, and Medicaid payments otherwise made under this state plan. The supplemental payment will only be applicable to the professional component of the services provided.
- (b) State University Eligible Medical Professional Providers are:
- (1) Physicians, nurse practitioners and physician assistants;
 - (2) Licensed in the State of New York; and
 - (3) Participating in a plan for the management of clinical practice at the State University of New York.

Excluded providers are federally qualified health centers (FQHCs) and rural health centers (RHCs).

- (c) Eligible Services include only those services provided by a State University Eligible Medical Professional Provider while acting in their capacity as a participant in a plan for the management of clinical practice at the State University of New York. The following clinical practices will participate:
- (1) SUNY Syracuse
 - (2) SUNY Buffalo, and
 - (3) SUNY Stony Brook
- (d) Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee for service payment has been made to an eligible provider. Noncommercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.
- (e) Supplemental payments will be made as an annual aggregate lump sum payment, based on the Medicaid data applicable to dates of service in the calendar year. Supplemental payments will be based on claims processed within ~~3~~ 6 months after the calendar year for those dates of service. ~~A completion factor will be added to the payment to approximate all incurred claims applicable to the base period.~~ Supplemental payments will not be made prior to the delivery of services.

New York
1.3(a)

RESERVED

~~1905(a)-(5)(A) Physicians' Services~~

~~(1) Determining the Completion factor value~~

~~The supplemental payment amount will include a Completion factor. The factor is added to the supplemental payment to account for the average amount of time it takes for a claim to be fully adjudicated by the payer. The completion factor is the percentage of estimated incurred claims (ultimate claim amount) already paid through a particular paid date.~~

~~The completion factor will be calculated and applied to the supplemental payment by practice plan.~~

~~The completion factor is applied to cumulative paid claims as a multiplier to derive an estimate for incurred claims. It will be calculated by averaging the percent of 3 years of claims paid after 12 months of the claim base period extraction (see page 1.1). The periods for the completion factor will be updated annually. The calculated completion factor will be multiplied by the rate year calculation for each practice plan.~~

Example 3:

Completion factor = (year1+year2+year3)/3

*Average of 3 years of historical data used to calculate the completion factor. Done by Practice plan.

	Year 1 (% of Claims paid over 12mths after Year 1 DOS)	Year 2 (% of Claims paid over 12mths after Year 1 DOS)	Year 3 (% of Claims over paid 12mths after Year 1 DOS)	Completion factor (3-year avg)
Practice plan 1.	2.0%	3.4%	3.4%	2.9%
Practice plan 2.	1.8%	2.2%	1.1%	1.7%

-Final

payment to Practice plan = Rate year calculation x (1 + Completion factor)

	Supplemental payment amount – Rate year Calc total	Completion Factor%	Completion Factor value	Final supplemental payment amount
Practice plan 1.	-\$ 4,060,769	2.9%	\$119,116	\$4,179,885
Practice plan 2.	-\$ 3,159,071	1.7%	\$53,704	\$3,212,775

New York
1.6

1905(a) (5)(A) Physicians' Services

(e) Supplemental payments will be made as an annual aggregate lump sum payment, based on the Medicaid data applicable to dates of service in the calendar year. Initial payments will be based on claims processed within ~~3~~ 6 months after the calendar year for those dates of service. A completion factor will be added to the payment to approximate all incurred claims applicable to the base period. Supplemental payments will not be made prior to the delivery of services.

(f) Calculating the Average Commercial Rate (ACR) For Matched Procedures.

- (1) The ACR will be calculated for Roswell based on applicable rates for the appropriate region, utilizing the top 5 commercial payers based on volume.
- (2) The ACR will be calculated annually before each state fiscal year using commercial payer data from the most recently completed twelve-month period by Date of Service between July and June. The initial calculation, effective beginning April 1, 2011, will be based on commercial payer data from the period of July 1, 2010, through June 30, 2011, Date of Service.
- (3) For Eligible Service procedures (additionally distinguished by modifier and point of service) that are billed to Medicaid using codes that correspond to those recognized by commercial payers ("Matched Procedures"), a Procedure-Specific ACR will be calculated for each Matched Procedure by dividing the sum of total commercial payments for the Matched Procedure by the total number of the Matched Procedures paid by commercial payers. For services where physician extenders will be used the applicable percentage of the ACR will be applied.

(g) Calculating ACR for Non-Matched Procedures

- (1) For Eligible Service procedures that are billed to Medicaid using codes that do not correspond to those recognized by commercial payers ("Non-Matched Procedures"), a Procedure-Specific ACR will be calculated for each Non-Matched Procedure by calculating the overall average percentage of the matched procedures commercial payments to Medicaid payments.
- (2) This percentage is applied to the average Medicaid payments per unit for the non-matched services to establish an ACR proxy payment per unit. The units for each non-matched Medicaid service are multiplied by the ACR proxy, and then totaled to determine the payment ceiling.
- (3) The difference between the total Medicaid payments for the unmatched services and the ACR proxy total is the supplemental payment for unmatched services.

New York
1.7(a)

RESERVED

~~1905(a)(5)(A) Physicians' Services~~

~~(1) Determining the Completion factor value~~

~~The supplemental payment amount will include a Completion factor. The factor is added to the supplemental payment to account for the average amount of time it takes for a claim to be fully adjudicated by the payer. The completion factor is the percentage of estimated incurred claims (ultimate claim amount) already paid through a particular paid date.~~

~~The completion factor will be calculated and applied to the supplemental payment by practice plan. The completion factor is applied to cumulative paid claims as a multiplier to derive an estimate for incurred claims. It will be calculated by averaging the percent of 3 years of claims paid after 12 months of the claim base period extraction (see page 1.6). The periods for the completion factor will be updated annually. The calculated completion factor will be multiplied by the rate year calculation for each practice plan.~~

Example 3:

~~Completion factor = (year1+year2+year3)/3~~

~~*Average of 3 years of historical data used to calculate the completion factor. Done by Practice plan.~~

	Year 1 (% of Claims paid over 12mths after Year 1 DOS)	Year 2 (% of Claims paid over 12mths after Year 1 DOS)	Year 3 (% of Claims over paid 12mths after Year 1 DOS)	Completion factor (3-year avg)
Practice plan 1.	2.0%	3.4%	3.4%	2.9%
Practice plan 2.	1.8%	2.2%	1.1%	1.7%

~~Final~~

~~payment to Practice plan = Rate year calculation x (1 + Completion factor)~~

	Supplemental payment amount – Rate year Calc total	Completion Factor%	Completion Factor value	Final supplemental payment amount
Practice plan 1.	-\$ 4,060,769	2.9%	\$119,116	\$4,179,885
Practice plan 2.	-\$ 3,159,071	1.7%	\$53,704	\$3,212,775

New York
1.9

1905(a) (5)(A) Physicians' Services

Supplemental Medicaid Payments for Professional Services

3. Medicare Fee Equivalent Calculation

- a. Effective April 1, 2011, supplemental payments will be made to physicians, nurse practitioners and physician assistants who are employed by a Public Benefit Corporation (PBC), or a non-state operated public general hospital operated by a PBC or who are providing professional services at a PBC facility as either a member of a practice plan or an employee of a professional corporation or limited liability corporation under contract to provide services to patients of such a public benefit corporation for those patients eligible for Medicaid. The supplemental payments will be applicable only to the professional component of the eligible services provided.
- b. Eligible providers are affiliated with:
- i. New York City Health and Hospital Corporation (HHC), excluding facilities participating in the Medicare Teaching Election Amendment.
 - ii. Nassau University Medical Center,
 - iii. Westchester Medical Center, and
 - iv. Erie County Medical Center, effective July 1, 2015.

Excluded facilities are Federal Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs).

- c. Supplemental payments for eligible services will equal the difference between the Medicare Part B fee schedule rate and the average Medicaid payment per unit otherwise made under this Attachment.
- d. Supplemental payments will be made as an annual aggregate lump sum and be based on the Medicaid data applicable to the calendar year. Initial payments will be based on claims processed within 3 6 months after the calendar year. ~~A completion factor will be added to the payment to approximate all incurred claims applicable to the base period.~~ Supplemental payments will not be made prior to the delivery of services.
- e. Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee-for-service payment has been made to an eligible provider. Non-commercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.

New York

1.10

1905(a) (5)(A) Physicians' Services

Calculating the Supplemental Payment

- (1) Each group will calculate their own supplemental payments for professional services using the following methodology:
 - (a) The identification of claims will be based on individual Current Procedural Terminology (CPT) codes contained in the New York State Medicaid program claims processing system- eMedNY.
 - (b) Supplemental payments for eligible professional services are available only for benefits covered by Medicare.
 - (2) For Medicaid matched services, a Medicare Part B fee equivalent payment will be calculated by multiplying the Medicaid equivalent services/procedures by the applicable Medicare Part B fee schedule amount.
 - (3) For eligible service procedures that are billed to Medicaid using codes that do not correspond to the applicable Medicare fee schedule ("non-matched" procedure), the percentage computed using a calculation of the overall average percent of the Medicaid payment to Medicare payment for the matched procedures will be applied to the non-matched Medicaid procedures.
 - (4) The supplemental payment will equal the difference between the Medicare payment per procedure calculated in accordance with the methodology multiplied by the number of Medicaid claims for each procedure, and the applicable Medicaid payments for such procedures. For services where physician extenders will be used the computation will be based on the applicable percentage of the Medicare equivalent not the full physician payment.
 - (5) The date of service will dictate the fee schedule to be used. The supplemental payment will be calculated annually using the most recent Medicare Part B fee schedule in effect applicable to the dates of service of the eligible services. The calculation will be based on the Medicare Part B fee schedule for each provider's geographic region and the Medicaid data applicable to the calendar year.
 - ~~(6) — The supplemental payment amount will include a Completion factor. The factor is added to the supplemental payment to account for the average amount of time it takes for a claim to be fully adjudicated by the payer. The completion factor is the percentage of estimated incurred claims (ultimate claim amount) already paid through a particular paid date.~~
- ~~The completion factor will be calculated and applied to the supplemental payment by practice plan. The completion factor is applied to cumulative paid claims as a multiplier to derive an estimate for incurred claims. It will be calculated by averaging the percent of 3 years of claims paid after 12 months of the claim base period extraction. The periods for the completion factor will be updated annually. The calculated completion factor will be multiplied by the rate year calculation for each practice plan.~~
- ~~(7)~~ (6) The Department will review the submitted computation and attest that the data and computation used to compute the supplemental payment are accurate and comply with the methodology included in the State Plan.

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0040

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.

DRAFT

**New York
2(v)**

**Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs)
(Supplemental Payments for Non-State Government Clinics)**

1905(a)(9) Clinic Services

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, ~~2022~~ 2023, through March 31, ~~2023~~ 2024 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~~ 1.1 million.

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.

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0041

This State Plan Amendment proposes to provide a seven and one-half percent (7.5%) across the board increase to Adult Day Health Care operating rates (ADHC) and six and one-half percent (6.5%) across the board increase to Assisted Living Program (ALP) and hospital outpatient department operating rates effective on or after April 1, 2023.

DRAFT

New York
A (7.11)

1905(a)(2)(A), 1905(a)(22) and 1905(a)(7)

Additional Across the Board Medicaid Rate Increase

- (1) For dates of services on and after April 1, 2023, the operating component of Medicaid rates of reimbursement for services specified in paragraph (2) of this page will be increased by six and one-half percent (6.5%).
- (2) Services included in this Attachment applicable to paragraph (1) are as follows:
- a. Assisted Living Programs
 - b. Adult Day Health Care
 - c. APG Rate Computation – Hospital Outpatient
 - d. Hospital-Based APG Base Rate Table
 - e. Hospital-Based Primary Care Physician Services Provided Offsite
 - f. Exempt Acute Care Children's Hospitals
- (3) For dates of service on and after April 1, 2023, the operating component of Medicaid rates of reimbursement for (2)b. Adult Day Health Care will be increased by an additional one percent (1%) for a total increase of seven and one-half percent (7.5%).

TN#: #23-0041

Approval Date: _____

Supersedes TN#: NEW

Effective Date: April 1, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0042

This State Plan Amendment proposes to provide a seven and a half percent (7.5%) across the board increase to Nursing Home operating rates effective on and after April 1, 2023.

DRAFT

New York
A(a.1)

1905(a)(4)(A) Nursing Facility Services

Across the Board Increase

For dates of service on and after April 1, 2023, the operating component of the rates of reimbursement for Article 28 nursing homes, will be adjusted to reflect an across-the-board increase of seven and a half percent (7.5%).

- a. Sections subjected to the seven and a half percent (7.5%) increase are as follows:
 - i. Nursing Home Reimbursement
 - ii. Specialty care facilities
- b. The capital component of the rates is not subject to the seven and a half percent (7.5%) increase.

DRAFT

TN #23-0042

Approval Date _____

Supersedes TN #NEW

Effective Date April 1, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

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

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;

- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);

- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and

- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:

- \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and

- \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0044

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)**

1905(a)(1) Inpatient Hospital Services

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; \$226,443,721 for the period April 1, 2014 through March 31, 2015; \$264,916,150 for the period April 1, 2015 through March 31, 2016; \$271,204,805 for the period of April 1, 2016 through March 31, 2017; \$319,459,509 for the period of April 1, 2017 through March 31, 2018; \$362,865,600 for the period of April 1, 2018 through March 31, 2019; \$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; \$275,082,185 for the period of April 1, 2021 through March 31, 2022; \$300,000,000 for the period of April 1, 2022 through March 31, 2023; \$100,000,000 for the period of April 1, 2023 through March 31, 2024 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: #23-0044
Superseding TN: #22-0038

Approval Date: _____
Effective Date: April 01, 2023

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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0045

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

1905(a)(1) Inpatient Hospital Services

Additional Inpatient Governmental Hospital Payments

For the period beginning state fiscal year April 1, ~~2022~~2023, and ending March 31, ~~2023~~2024, 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 ~~\$400,000,000~~\$700,000,000 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 #23-0045

Approval Date _____

Supersedes TN #22-0039

Effective Date April 1, 2023

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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;
- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);
- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and
- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:
 - \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and
 - \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0046

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.

DRAFT

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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;
- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);
- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and
- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:
 - \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and
 - \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0047

This State Plan 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.

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1905(a)(2)(A) Outpatient Hospital Services

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 \$90,820,990. For state fiscal year beginning April 1, 2022, and ending March 31, 2023, the amount of the supplemental payment will be \$100,000,000. For state fiscal year beginning April 1, 2023, and ending March 31, 2024, the amount of the supplemental payment will be \$ 92,000,000. 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 #23-0047 _____

Approval Date _____

Supersedes TN #22-0030 _____

Effective Date April 1, 2023 _____

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0048

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)**

1905(a)(2)(A) Outpatient Hospital Services

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

Effective for the period April 1, ~~2022~~ 2023 through March 31, ~~2023~~ 2024, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the ~~2022~~ 2023 calendar year. Payments under this provision will not exceed \$150,000,000.

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 ~~2022~~ 2023 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the ~~2022~~ 2023 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, ~~2021~~ 2022:

- (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: #23-0048

Approval Date: _____

Superseding TN: #22-0029

Effective Date: April 01, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0049

This State Plan Amendment proposes to adjust the operating component of the inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, and out-of-state acute care hospitals to reflect an across-the-board increase of seven and one-half percent (7.5%) effective for dates of services on and after April 1, 2023.

DRAFT

New York
A(1)(c.2)

1905(a)(1) Inpatient Hospital Services

Across the Board Hospital Inpatient Increase

(1) For dates of service on and after April 1, 2023, the inpatient operating rate components listed below for Article 28 hospitals, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across-the-board increase of seven and one-half percent (7.5%).

- a. Sections in this Attachment applicable to the seven and one-half percent (7.5%) hospital inpatient increase are as follows:
 - i. Statewide Base Price
 - ii. Add-Ons to the Acute Rate Per Discharge except as follows:
 - 1. Minimum wage add-on
 - iii. Exempt units and hospitals
 - 1. Physical medical rehabilitation inpatient services - operating component
 - 2. Chemical dependency rehabilitation inpatient services – operating component
 - 3. Critical access hospitals – operating component
 - 4. Cancer hospitals – operating component
 - 5. Specialty long term acute care hospital – operating component
 - 6. Acute care children’s hospitals – operating component
 - 7. Substance abuse detoxification inpatient services – operating component
 - 8. Inpatient psychiatric services provided in general hospitals, or distinct units of general hospitals, specializing in such inpatient psychiatric services – operating component and Direct Graduate Medical Education (DGME)
 - iv. Graduate Medical Education - Medicaid Managed Care Reimbursement
 - v. Alternate Level of Care Payments (ALC)
 - vi. Swing Bed inpatient services – operating component
 - vii. Out-of-State inpatient hospital services – operating component

TN #23-0049 _____

Approval Date _____

Supersedes TN #NEW _____

Effective Date April 1, 2023 _____

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification**, the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;
- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);
- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and
- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:
 - \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and
 - \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0050

This State Plan Amendment proposes to revise the Excluded Drug coverage page by using Department webpage resources instead of listing out drugs covered.

DRAFT

New York
2(c)

1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses

6. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
7. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
- The following excluded drugs are covered:**
- (a) agents when used for anorexia, weight loss, weight gain
 - (b) agents when used to promote fertility: Some – as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~bromocriptine, clomiphene citrate, letrozole, and tamoxifen only.~~
 - (c) agents when used for the symptomatic relief cough and colds: Some – as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~benzonatate only~~
 - (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~select B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine~~
 - (e) nonprescription drugs: Some - as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products, minerals and vitamin combinations~~
 - (f) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

TN: #23-0050

Approval Date: _____

Supersedes TN: #17-0058

Effective Date: April 1, 2023

New York
2(c)

1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses

6. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
7. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit–Part D.
- The following excluded drugs are covered:**
- (a) agents when used for anorexia, weight loss, weight gain
 - (b) agents when used to promote fertility: Some – as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~bromocriptine, clomiphene citrate, letrozole, and tamoxifen only.~~
 - (c) agents when used for the symptomatic relief cough and colds: Some - as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~benzonatate only~~
 - (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~select B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine~~
 - (e) nonprescription drugs: Some - as listed here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/index.htm ~~select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products; minerals and vitamin combinations~~
 - (f) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

TN: #23-0050

Approval Date: _____

Supersedes TN: #17-0058

Effective Date: April 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0051

This State Plan Amendment proposes to extend the Indigent Care Pool (ICP) Methodology through March 31, 2026, and, as part of the FY 2024 Enacted Budget, implement the \$85.4 million (gross) reduction in ICP payments to voluntary hospitals. This is in addition to the \$150.0 million (gross) reduction implemented in the FY 2021 Enacted Budget.

DRAFT

New York
161(d)

1905(a)(1) Inpatient Hospital Services

Indigent Care Pool Reform – effective January 1, 2013

The provisions of this section will be effective for the period January 1, 2013 through December 31, ~~2022~~2025.

(a) Indigent Care Pool Reform Methodology. Each hospital’s uncompensated care nominal need will be calculated in accordance with the following:

1. Inpatient Uncompensated Care. Inpatient units of service for uninsured (self-pay and charity) patients, as reported in Exhibit 32 of the Institutional Cost Report (ICR) for the calendar year two years prior to the distribution year for each inpatient service area which has a distinct reimbursement rate, excluding hospital-based residential health care facility (RHCF) and hospice units of service, will be multiplied by the applicable Medicaid inpatient rates in effect for January 1 of the distribution year.

Medicaid inpatient rates for acute and psychiatric services will be the statewide base price adjusted for hospital-specific factors including an average case mix adjustment plus all rate add-ons except the public goods surcharge. Medicaid inpatient rates for all other inpatient services will be the per diem rate, excluding the public goods surcharge add-on. Units of service for acute care services will be uninsured patient discharges; units of service for all other inpatient services will be uninsured patient days, not including alternate level of care (ALC) days.

2. Outpatient Uncompensated Care. Outpatient units of service for those uninsured (self-pay and charity) patients reported in Exhibit 33 of the ICR for the calendar year two years prior to the distribution year, excluding referred ambulatory services and home health units of service, will be multiplied by the average paid Medicaid outpatient rates that reflect the exclusive utilization of the ambulatory patient groups (APG) rate-setting methodology; however, for those services for which APG rates are not available the applicable Medicaid rate in effect for January 1 of the distribution year will be utilized. The outpatient rates used are exclusive of the public goods surcharge.

Units of service for ambulatory surgery services will be uninsured procedures, not including those which result in inpatient admissions; units of service for all other outpatient services will be uninsured visits, not including those which result in inpatient admissions.

TN #23-0051 Approval Date _____

Supersedes TN #20-0040 Effective Date April 1, 2023

**New York
161(h)**

1905(a)(1) Inpatient Hospital Services

- 3. Transition Pool.** An eight-year transition pool utilizing a floor/ceiling model has been established to help hospitals avoid large funding swings. The transition pool funding will be generated through a redistribution of dollars from those hospitals which experience an increase in distributions using the new Indigent Care Reform Methodology to those that experience a decrease. Transition amounts will be determined based on a comparison of the distributions for the applicable calendar year 2013 through 2020 to an average of the annual distributions for the three year period January 1, 2010 through December 31, 2012.

A separate transition pool will be established for major government general hospitals and voluntary general hospitals. Individual hospital gains and losses in each pool will be capped by means of the following transition adjustments. Any adjustments provided pursuant to this subparagraph ~~shall~~ will not apply to distributions relative to calendar years beyond 2019.

- ~~a. **Distribution Amount.** A hospital's distribution will be determined by means of a comparison between their allocation as calculated in accordance with the Indigent Care Reform Methodology described in section (a)(1) through (a)(7), the Floor Amount in 3(c) below, and the Ceiling Amount in 3(d) below. If the Indigent Care Reform Methodology allocation is:~~
- ~~i. less than or equal to the Floor Amount, the hospital will receive the Floor Amount.~~
 - ~~ii. greater than or equal to the Ceiling Amount, the hospital will receive the Ceiling Amount.~~
 - ~~iii. greater than the Floor Amount but less than the Ceiling Amount, the hospital will receive the Indigent Care Reform Methodology allocation payment.~~
- ~~b. Separate uniform Floor percentages and uniform Ceiling percentages are calculated for each of the major governmental and voluntary pools.~~
- ~~c. The Floor Amount for each hospital is equal to the average payment received in the three-year period between 1/1/10 and 12/31/12 multiplied by the Floor Percentage for its respective pool. The Floor percentage is:~~
- ~~i. 97.5% for 2013~~
 - ~~ii. 95.0% for 2014~~
 - ~~iii. 92.5% for 2015~~
 - ~~iv. 90.0% for 2016~~
 - ~~v. 87.5% for 2017~~
 - ~~vi. 85.0% for 2018~~
 - ~~vii. 82.5% for 2019~~
- ~~d. The Ceiling Amount for each hospital is equal to the average payment received in the three-year period between 1/1/10 and 12/31/12 multiplied by the Ceiling Percentage for its respective pool. The ceiling percentage is calculated using an iterative process to obtain the unique percentage value such that:~~
- ~~i. The total payments to all providers in each pool equals the amount of the respective pool in subdivision (b)(1) or (b)(2) and~~
 - ~~ii. The individual hospital payments will comply with the requirements described in paragraphs 3(a) through (c) above~~
- ~~e. For 2014 through 2019, these amounts will be further adjusted to carve out amounts used to fund the Financial Assistance Compliance Pool payments in paragraph 8~~

TN #23-0051 Approval Date _____

Supersedes TN #20-0040 Effective Date April 1, 2023

**New York
161(j)**

1905(a)(1) Inpatient Hospital Services

4. Voluntary ICP Pool Reduction. For calendar years 2020 through ~~2022~~2025, total distributions made to eligible voluntary general hospitals ~~shall~~ will reflect a reduction of one hundred fifty million dollars annually. For calendar years 2023 through 2025, total distributions made to eligible voluntary general hospitals will reflect an additional reduction of eighty five million four hundred thousand dollars annually. Hospitals that qualify as Enhanced Safety Net hospitals under §2807-c(34) of the Public Health Law in State Fiscal Year 2019-2020 are exempt from such reductions. The methodology to allocate the reduction will take into account the payor mix of each voluntary hospital, including the percentage of inpatient days paid by Medicaid. Such methodology will calculate the total public payor mix of each facility and calculate a statewide average public payor mix. For the purposes of this subparagraph, public payor mix means the percentage of total reported Medicaid and Medicare inpatient days, as reported in Exhibit 32 of the Institutional Cost Report (ICR) for the reporting period two years prior to the distribution year, where Medicaid and Medicare were the primary payors, out of total reported inpatient days which includes all inpatient services but excludes Alternate Level of Care days. Hospitals exceeding the calculated average of public payor mix will be exempt from reductions pursuant to this subparagraph. Hospitals that fall below the calculated average of public payor mix will be subject to a proportionate reduction pursuant to this subparagraph.

5. Enhanced Safety Net Transition Collar Pool. For calendar years 2020 through ~~2022~~2025, sixty-four million six hundred thousand dollars will be distributed to voluntary hospitals qualifying as Enhanced Safety Net Hospitals under §2807-c(34) of the Public Health Law in State Fiscal Year 2019-2020 that experience a reduction in their distribution year Indigent Care Pool payments when compared to their 2019 ICP payments. The methodology to allocate this funding will be proportional to the reduction received by the facility. The proportionate allocation ~~shall~~ will be equal to each qualifying Enhanced Safety Net Hospital's percentage share of total ICP losses when compared to CY 2019 distributions for all qualifying Enhanced Safety Net Hospitals.

6. Voluntary UPL Payment Reductions. The distributions in this section will be reduced by the final payment amounts paid to the eligible voluntary general hospitals, excluding government general hospitals, made in accordance with the Voluntary Supplemental Inpatient and Outpatient Payments section.

7. DSH Payment Limits. The distributions in this section are subject to the provisions of the Disproportionate share limitations section. Should a facility's total payments exceed its DSH cap, the facility will receive the State share only of any ICP award in excess of the hospital specific DSH audit.

8. Financial Assistance Compliance Pool. For calendar years 2014 through ~~2022~~2025, an amount equivalent to one percent of total DSH funds will be segregated into the Financial Assistance Compliance Pool (FACP) and allocated to all hospitals which prior to December 31, 2015 demonstrate substantial compliance with §2807-k(5-d)(b)(iv) of the Public Health Law (New York State Financial Aid Law) as in effect on January 1, 2013. There will be separate pool amounts for major governmental and voluntary hospitals. The DSH funds in the FACP will be proportionately allocated to all compliant hospitals using the Indigent Care Methodology described in paragraph (a) of this section. Compliance will be on a pass/fail basis. When a hospital is deemed compliant, one hundred percent of its share of the FACP funds will be released; there will be no partial payment for partial compliance. Any unallocated funds resulting from hospitals being non-compliant will be proportionally reallocated to compliant hospitals in each respective group based on their relative share of the distributions calculated in paragraph (a).

TN #23-0051 Approval Date _____

Supersedes TN #20-0040 Effective Date April 1, 2023

New York
161(j)(1)

1905(a)(1) Inpatient Hospital Services

9. Reconciliation and Redistribution of Overpayments. The model will be refreshed based on updated ICR and DSH Audit data. Any over or under payment will be reconciled and redistributed as soon as possible. The total pool amount is fixed; therefore, it is anticipated that any overpayments and underpayments will be balanced on a model level.

In the case of underpayments, the State will adjust the facility's payment going forward to ensure that the total amount received for each model year reflects the updated ICP Award Amount. In the case of overpayments, the State will immediately move any overpayment amount to a 100% State Share liability by adjusting ICP claiming. The State will then repay the liability by reducing future ICP dollars and/or recoupments as necessary. In all circumstances, the ICP payment amounts will be subject to a final reconciliation wherein it is ensured that no facility receives more than its individual model amount nor a Federal share in excess of its hospital specific DSH limit.

DRAFT

TN #23-0051 Approval Date _____

Supersedes TN #20-0040 Effective Date April 1, 2023

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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;
- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);
- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and
- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:
 - \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and
 - \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0053

This State Plan Amendment proposes to revise the State Plan for an across-the-board adjustment of a 4.0% Cost of Living Adjustment (COLA) to the following institutional service, Intermediate Care Facility (ICF/IID).

DRAFT

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0054

This State Plan Amendment proposes to revise the State Plan for an across-the-board adjustment of a 4.0% Cost of Living Adjustment (COLA) to the following non-institutional services; Day Treatment, Article 16, Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD) and Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD).

DRAFT

**New York
2(t.6)**

VI. APG Base Rates for OPWDD certified or operated clinics.

1905(a)(9) Clinic Services

Peer Group	Base Rate	Effective Date of Base Rate
Peer Group A	\$180.95	7/1/11
Peer Group B	\$186.99	7/1/11
Peer Group C	\$270.50	7/1/11
Peer Group A	\$182.21	4/1/15
Peer Group B	\$189.07	4/1/15
Peer Group C	\$272.70	4/1/15
Peer Group A	\$182.57	4/1/16
Peer Group B	\$189.45	4/1/16
Peer Group C	\$273.24	4/1/16
Peer Group A	\$184.65	4/1/18
Peer Group B	\$192.90	4/1/18
Peer Group C	\$276.88	4/1/18
Peer Group A	\$185.97	4/1/20
Peer Group B	\$195.09	4/1/20
Peer Group C	\$279.20	4/1/20
Peer Group A	\$188.45	7/1/21
Peer Group B	\$197.69	7/1/21
Peer Group C	\$282.92	7/1/21
Peer Group A	\$197.97	4/1/22
Peer Group B	\$207.68	4/1/22
Peer Group C	\$297.22	4/1/22
<u>Peer Group A</u>	<u>\$205.89</u>	<u>4/1/23</u>
<u>Peer Group B</u>	<u>\$215.99</u>	<u>4/1/23</u>
<u>Peer Group C</u>	<u>\$309.11</u>	<u>4/1/23</u>

TN # 23-0054

Approval Date _____

Supersedes TN #22-0052

Effective Date April 1, 2023

**New York
Page 3(h.14)**

1905(a)(13) Rehabilitative Services**Rate Setting**

1. The method of reimbursement for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	\$59.33 \$61.70	\$68.27 \$71.00	Monthly
Mild	2	\$395.53 \$411.36	\$455.09 \$473.29	Monthly
Moderate	3	\$427.18 \$444.26	\$491.49 \$511.15	Monthly
Intensive	4	\$842.49 \$876.19	\$969.31 \$1008.08	Monthly

- i. Payment Levels
- a. Stable – periodic (quarterly) intervention - At least one month in each quarter requires the delivery of a service.
 - b. Mild – monthly intervention – Provider will bill the monthly unit of service when CSIDD services are rendered and at a minimum one service is delivered in the month.
 - c. Moderate – multiple outreaches per month - Provider will bill the monthly unit of service when CSIDD services are rendered, and more than one service is delivered per month.
 - d. Intensive – weekly or more outreach - Provider will bill the monthly unit of service when CSIDD services are rendered, and services are provided on a weekly basis.

The same monthly rate will be used to reimburse CSIDD services delivered in a face-to-face manner or via telehealth in accordance with State guidance.

- ii. Reporting requirements
- a. Providers will be required to complete cost reports on an annual basis.

TN #23-0054

Approval Date _____

Supersedes TN #22-0052

Effective Date April 1, 2023

**New York
3h12.3**

1905(a)(9) Clinic Services

Effective April 1, 2023, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

<u>Corp Name</u>	<u>Site</u>	<u>Rate Codes</u>				
		<u>4170 Full Day</u>	<u>4171 Half Day</u>	<u>4172 Collocated Model</u>	<u>4173 Intake</u>	<u>4174 Diagnosis & Evaluation</u>
<u>UCP Suffolk</u>	<u>250 Marcus Boulevard</u>	<u>\$242.49</u>	<u>\$121.25</u>	<u>\$0.00</u>	<u>\$242.49</u>	<u>\$242.49</u>

DRAFT

TN #23-0054

Approval Date _____

Supersedes TN #NEWEffective Date April 1, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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

SUMMARY
SPA #23-0055

This State Plan Amendment proposes to add an across-the-board adjustment of a 4.0% Cost of Living Adjustment (COLA) to the following inpatient service, Psychiatric Residential Treatment Facilities.

DRAFT

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The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

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The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

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Division of Finance and Rate Setting
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Albany, New York 12210
spa_inquiries@health.ny.gov

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The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0056

This State Plan Amendment proposes to add an across-the-board adjustment of a 4.0% Cost of Living Adjustment (COLA) per the enacted 2024 Budget to the following inpatient service, Specialty Hospitals.

DRAFT

New York
2(e)

1905(a)(1) Inpatient Hospital Services

- (ii) April 1, 2018, Increase: In addition to the compensation funding effective January 1, 2018, providers will receive a compensation increase targeted to direct care, support and clinical employees. The compensation increase funding will include associated fringe benefits. The April 1, 2018, direct care and support employee compensation funding will be applied after the January 1, 2018, increase is applied for a compounded compensation increase. The compensation increase funding will be included in the provider's rate issued for April 1, 2018, or in a subsequent rate with the inclusion of funding in the amount necessary to achieve the same funding impact.
- (iii) No trend factor adjustments are currently included in the rate calculation.
- (iv) Effective July 01, 2021 through March 31, 2022, operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, and a one percent (1%) annual increase to be paid out over 12 months in subsequent years until such time as the COLA increase is reflected in the base period cost reports.
- (v) Effective April 01, 2022, through March 31, 2023, operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a five-point four percent (5.4%) increase until such time as the COLA increase is reflected in the base period cost reports.
- (vi) Effective April 01, 2023, through March 31, 2024, operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a four percent (4.0%) increase until such time as the COLA increase is reflected in the base period cost reports.

TN #23-0056

Approval Date _____

Supersedes TN #22-0055

Effective Date April 1, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0058

This State Plan Amendment proposes to establish community residences for eating disorder integrated treatment services under the medical assistance program.

DRAFT

New York
3b-73

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Assurances:

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

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

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

Description:

Community Residential Eating Disorder Integrated Treatment (CREDIT) Services are short-term residential treatment and rehabilitation services to address the medical and psychiatric health needs of individuals diagnosed with an eating disorder condition, who experience impairment in functioning due to their eating disorder such that they require services in a 24-hour supervised setting. CREDIT Services are provided to both adults and children.

CREDIT Services support individual recovery through a person-centered approach that assists individuals to cope with the symptoms of their eating disorder and reacquire the skills necessary to function and remain integrated in the community.

CREDIT Services are provided in facilities licensed by the New York State Office of Mental Health that are affiliated with an entity identified as a Comprehensive Care Center for Eating Disorders (CCCED) pursuant to section 30.05 of the mental hygiene law.

CREDIT Services are recommended by a physician or other licensed practitioner of the healing arts, as defined below.

CREDIT Services are delivered in accordance with documented Individual Service Plans which, at a minimum, include a description of the individual's strengths, resources, including collaterals, a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the

TN 23-0058
Supersedes TN New

Approval Date _____
Effective Date April 1, 2023

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Description (continued)

expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers. Individual Service Plans must be created, reviewed, and approved by professional staff, as defined below.

Practitioner Qualifications:

CREDIT Services are provided by professional and paraprofessional staff under appropriate supervision, as defined herein.

Licensed Practitioner of the Healing Arts include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Licensed Psychologist;
- Registered Professional Nurse;
- Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Professional staff include:

Creative Arts Therapist – an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;

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Supersedes TN New

Approval Date _____
Effective Date April 1, 2023

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3b-75

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Practitioner Qualifications (continued)

Dietitian, Nutritionist, or Dietitian-Nutritionist – an individual who is currently certified as a dietitian, nutritionist, or dietitian-nutritionist by the New York State Education Department;

Licensed Practical Nurse – an individual who is currently licensed as a licensed practical nurse (LPN) by the New York State Education Department. LPNs must be supervised by a registered professional nurse, clinical nurse specialist, nurse practitioner, physician, or physician assistant.

Marriage and Family Therapist – an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

Mental Health Counselor – an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;

Nurse Practitioner – an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;

Physician – an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department;

Physician Assistant - an individual who is currently licensed or permitted to practice as a physician's assistant by the New York State Education Department;

Psychiatric Nurse Practitioner– an individual who is currently certified as a psychiatric nurse practitioner by the New York State Education Department;

Psychiatrist – an individual who is currently licensed as a physician by the New York State Education Department and who is certified by the American Board of Psychiatry and Neurology;

Psychoanalyst – an individual who is currently licensed or permitted as a psychoanalyst by the New York State Education Department;

Psychologist – an individual who is currently licensed or permitted as a psychologist by the New York State Education Department;

Registered Professional Nurse – an individual who is currently licensed and registered as a registered professional nurse by the New York State Education Department, including a Clinical Nurse Specialist; and

TN 23-0058
Supersedes TN New

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Effective Date April 1, 2023

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3b-76

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Practitioner Qualifications (continued)

Social Worker – an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff must possess a combination of educational and professional in a mental health or human services setting or lived or familial experience with an eating disorder condition. Paraprofessional staff include:

1. individuals possessing a master's or bachelor's degree in a human services-related field; an associate degree in a human services-related field or a high school degree or GED and three years' experience providing direct services;
2. New York State certified or provisionally certified peer specialists; credentialed or provisionally credentialed family peer advocates; and credentialed or provisionally credentialed Youth Peer Advocates; and
3. Certified rehabilitation counselors certified by the Commission on Rehabilitation Counselor Certification.

Required Supervisory Arrangements

Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any CREDIT service components. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates are supervised by competent mental health professionals, which include any Professional staff defined above.

Paraprofessional Staff Training

CREDIT Services providers will ensure Paraprofessional Staff demonstrate competency in the provision of CREDIT services through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates complete state-approved training and continuing education to maintain their credential.

TN 23-0058

Approval Date _____

Supersedes TN New

Effective Date April 1, 2023

New York
3b-77

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Medical Assessment**

Medical Assessment is an assessment service including the gathering of data concerning an individual's medical history and any current signs and symptoms, and assessment of such data to determine the individual's medical health status and need for referral.

Practitioner Qualifications: Nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist, or registered professional nurse.

• **Psychiatric Assessment**

Psychiatric Assessment is an assessment service including the gathering of data concerning an individual's psychiatric history and current mental health symptoms, assessment of such data for determination of the individual's current mental health status, diagnostic formulation and identification of the need for mental health services.

Practitioner Qualifications: Psychiatrist, psychologist, psychiatric nurse practitioner, mental health counselor, marriage and family therapist, social worker, psychoanalyst, and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Nutritional Assessment**

Nutritional Assessment is an assessment service to determine the overall nutritional status of individuals, diagnose malnutrition, identify underlying pathologies that lead to malnutrition, and plan necessary interventions.

Practitioner Qualifications: Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Psychosocial Assessment**

A psychosocial assessment is a comprehensive evaluation of an individual's mental, medical and emotional health used to determine the impact of psychiatric and medical illnesses on the individual and their family.

Practitioner Qualifications: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

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3b-78

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Service Planning**

Service Planning is a continuous process that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a course of care, to be included in an Individual Service Plan that supports the individual's progress toward eating disorder recovery and accomplishing the individual's rehabilitation goals.

Practitioner Qualifications: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Discharge Planning**

Discharge Planning is a continuous process that that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a plan for step-down care and relapse prevention.

Practitioner Qualifications: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Clinical Counseling and Therapy**

Clinical Counseling and Therapy are therapeutic services, including goal-oriented individual, group and family counseling or therapy, including verbal therapy, to alleviate symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reverse or change maladaptive patterns of behavior, encourage personal growth and development, and support the individual's capacity to develop or restore age-appropriate developmental milestones.

Qualified Practitioners: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

TN 23-0058

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Effective Date April 1, 2023

New York
3b-79

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Nutritional Counseling**

Nutritional Counseling services are counseling, psychoeducation, and psychosocial rehabilitative services to determine an individual's dietary intake and identify if it is appropriate or requires modification, provide education and information regarding adequate nutrition and strategies to maintain adequate nutrition, and psychosocial rehabilitation to help the individual adopt and maintain needed dietary changes.

Practitioner Qualifications: Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Medication Management**

Medication Management services include the prescription and administration of medications to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, and ongoing monitoring. Medication management services also include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac, and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

Qualified Practitioners: Physician, psychiatrist, nurse practitioner, or psychiatric nurse practitioner. A registered professional nurse can also perform medication management services, except prescribing medication.

- **Medication monitoring and support services:** Medication monitoring and support services are psychoeducation and skills training services, including interventions to ensure appropriate management of medications through understanding the role and effects of medication in treatment, identification of side effects and potential interactions of medications. Services also include age-appropriate skills training in self-medication, monitoring and supervision associated with the use of medication, including appropriate dosage and frequency, and the review of the appropriateness of an existing regimen by staff with the prescriber.

Qualified Practitioners: Professional staff or paraprofessional staff under supervision as specified herein.

TN 23-0058

Approval Date _____

Supersedes TN New

Effective Date April 1, 2023

New York
3b-80

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

- **Symptom and behavior management services:** A psychosocial rehabilitation and skills training service to monitor and assist in reducing psychiatric symptoms and restores functioning. Services include the ongoing monitoring of meals, exercise and bathroom habits to monitor symptoms, interventions to assist individuals in managing their symptoms and developing coping strategies to deal with internal and external stressors, and addressing acute emotional distress through behavior intervention techniques, positive reinforcement, modeling, and practice of skills to increase the capacity to manage one's behavior in everyday life situations.

Qualified Practitioners: Professional staff or paraprofessional staff under supervision as specified herein.

- **Peer Recovery Support Services:** Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling skills, and facilitating community connections to reduce symptomology and restore functionality. Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing eating disorder conditions at home, school, or other community locations. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services.

Qualified Practitioners: Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

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1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Assurances:

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

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

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

Description:

Community Residential Eating Disorder Integrated Treatment (CREDIT) Services are short-term residential treatment and rehabilitation services to address the medical and psychiatric health needs of individuals diagnosed with an eating disorder condition, who experience impairment in functioning due to their eating disorder such that they require services in a 24-hour supervised setting. CREDIT Services are provided to both adults and children.

CREDIT Services support individual recovery through a person-centered approach that assists individuals to cope with the symptoms of their eating disorder and reacquire the skills necessary to function and remain integrated in the community.

CREDIT Services are provided in facilities licensed by the New York State Office of Mental Health that are affiliated with an entity identified as a Comprehensive Care Center for Eating Disorders (CCCED) pursuant to section 30.05 of the mental hygiene law.

CREDIT Services are recommended by a physician or other licensed practitioner of the healing arts, as defined below.

CREDIT Services are delivered in accordance with documented Individual Service Plans which, at a minimum, include a description of the individual's strengths, resources, including collaterals, a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the

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13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Description (continued)

expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers. Individual Service Plans must be created, reviewed, and approved by professional staff, as defined below.

Practitioner Qualifications:

CREDIT Services are provided by professional and paraprofessional staff under appropriate supervision, as defined herein.

Licensed Practitioner of the Healing Arts include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Licensed Psychologist;
- Registered Professional Nurse;
- Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Professional staff include:

Creative Arts Therapist – an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;

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13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Practitioner Qualifications (continued)

Dietitian, Nutritionist, or Dietitian-Nutritionist – an individual who is currently certified as a dietitian, nutritionist, or dietitian-nutritionist by the New York State Education Department;

Licensed Practical Nurse – an individual who is currently licensed as a licensed practical nurse (LPN) by the New York State Education Department. LPNs must be supervised by a registered professional nurse, clinical nurse specialist, nurse practitioner, physician, or physician assistant.

Marriage and Family Therapist – an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

Mental Health Counselor – an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;

Nurse Practitioner – an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;

Physician – an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department;

Physician Assistant - an individual who is currently licensed or permitted to practice as a physician's assistant by the New York State Education Department;

Psychiatric Nurse Practitioner– an individual who is currently certified as a psychiatric nurse practitioner by the New York State Education Department;

Psychiatrist – an individual who is currently licensed as a physician by the New York State Education Department and who is certified by the American Board of Psychiatry and Neurology;

Psychoanalyst – an individual who is currently licensed or permitted as a psychoanalyst by the New York State Education Department;

Psychologist – an individual who is currently licensed or permitted as a psychologist by the New York State Education Department;

Registered Professional Nurse – an individual who is currently licensed and registered as a registered professional nurse by the New York State Education Department, including a Clinical Nurse Specialist; and

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13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Practitioner Qualifications (continued)

Social Worker – an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency.

Minimum Qualifications for Paraprofessional Staff

Paraprofessional Staff must possess a combination of educational and professional in a mental health or human services setting or lived or familial experience with an eating disorder condition. Paraprofessional staff include:

1. individuals possessing a master's or bachelor's degree in a human services-related field; an associate degree in a human services-related field or a high school degree or GED and three years' experience providing direct services;
2. New York State certified or provisionally certified peer specialists; credentialed or provisionally credentialed family peer advocates; and credentialed or provisionally credentialed Youth Peer Advocates; and
3. Certified rehabilitation counselors certified by the Commission on Rehabilitation Counselor Certification.

Required Supervisory Arrangements

Professional Staff must provide direct supervision to Paraprofessional Staff in the delivery of service components identified herein. Professional Staff supervision must also be available at all times to address any issues related to quality of care in the provision of any CREDIT service components. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates are supervised by competent mental health professionals, which include any Professional staff defined above.

Paraprofessional Staff Training

CREDIT Services providers will ensure Paraprofessional Staff demonstrate competency in the provision of CREDIT services through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member. Peer Specialists, Family Peer Advocates, and Youth Peer Advocates complete state-approved training and continuing education to maintain their credential.

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13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Medical Assessment**

Medical Assessment is an assessment service including the gathering of data concerning an individual's medical history and any current signs and symptoms, and assessment of such data to determine the individual's medical health status and need for referral.

Practitioner Qualifications: Nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist, or registered professional nurse.

• **Psychiatric Assessment**

Psychiatric Assessment is an assessment service including the gathering of data concerning an individual's psychiatric history and current mental health symptoms, assessment of such data for determination of the individual's current mental health status, diagnostic formulation and identification of the need for mental health services.

Practitioner Qualifications: Psychiatrist, psychologist, psychiatric nurse practitioner, mental health counselor, marriage and family therapist, social worker, psychoanalyst, and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Nutritional Assessment**

Nutritional Assessment is an assessment service to determine the overall nutritional status of individuals, diagnose malnutrition, identify underlying pathologies that lead to malnutrition, and plan necessary interventions.

Practitioner Qualifications: Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Psychosocial Assessment**

A psychosocial assessment is a comprehensive evaluation of an individual's mental, medical and emotional health used to determine the impact of psychiatric and medical illnesses on the individual and their family.

Practitioner Qualifications: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

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OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Service Planning**

Service Planning is a continuous process that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a course of care, to be included in an Individual Service Plan that supports the individual's progress toward eating disorder recovery and accomplishing the individual's rehabilitation goals.

Practitioner Qualifications: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Discharge Planning**

Discharge Planning is a continuous process that that engages each individual and as appropriate their family, as an active partner in developing, reviewing, and modifying a plan for step-down care and relapse prevention.

Practitioner Qualifications: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

• **Clinical Counseling and Therapy**

Clinical Counseling and Therapy are therapeutic services, including goal-oriented individual, group and family counseling or therapy, including verbal therapy, to alleviate symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reverse or change maladaptive patterns of behavior, encourage personal growth and development, and support the individual's capacity to develop or restore age-appropriate developmental milestones.

Qualified Practitioners: Professional Staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

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13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

• **Nutritional Counseling**

Nutritional Counseling services are counseling, psychoeducation, and psychosocial rehabilitative services to determine an individual's dietary intake and identify if it is appropriate or requires modification, provide education and information regarding adequate nutrition and strategies to maintain adequate nutrition, and psychosocial rehabilitation to help the individual adopt and maintain needed dietary changes.

Practitioner Qualifications: Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

• **Medication Management**

Medication Management services include the prescription and administration of medications to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, and ongoing monitoring. Medication management services also include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac, and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

Qualified Practitioners: Physician, psychiatrist, nurse practitioner, or psychiatric nurse practitioner. A registered professional nurse can also perform medication management services, except prescribing medication.

- **Medication monitoring and support services:** Medication monitoring and support services are psychoeducation and skills training services, including interventions to ensure appropriate management of medications through understanding the role and effects of medication in treatment, identification of side effects and potential interactions of medications. Services also include age-appropriate skills training in self-medication, monitoring and supervision associated with the use of medication, including appropriate dosage and frequency, and the review of the appropriateness of an existing regimen by staff with the prescriber.

Qualified Practitioners: Professional staff or paraprofessional staff under supervision as specified herein.

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13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Service Components (continued)

- **Symptom and behavior management services:** A psychosocial rehabilitation and skills training service to monitor and assist in reducing psychiatric symptoms and restores functioning. Services include the ongoing monitoring of meals, exercise and bathroom habits to monitor symptoms, interventions to assist individuals in managing their symptoms and developing coping strategies to deal with internal and external stressors, and addressing acute emotional distress through behavior intervention techniques, positive reinforcement, modeling, and practice of skills to increase the capacity to manage one's behavior in everyday life situations.

Qualified Practitioners: Professional staff or paraprofessional staff under supervision as specified herein.

- **Peer Recovery Support Services:** Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling skills, and facilitating community connections to reduce symptomology and restore functionality. Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing eating disorder conditions at home, school, or other community locations. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services.

Qualified Practitioners: Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

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OMH Community Residential Eating Disorder Integrated Treatment Services

Reimbursement methodology for OMH Community Residential Eating Disorder Integrated Treatment Services:

The Office of Mental Health established regional fee schedules for Community Residential Eating Disorder Integrated Treatment Services (CREDIT) provided by OMH licensed facilities of sixteen (16) or fewer beds. The unit of services is per diem.

Fee schedule rates are based on regional average actual costs, as reported by CREDIT Services providers to the state through annual consolidated fiscal reports, comparable program costs and other relevant published Federal statistical and economic data. The initial fee schedule rates are trended to the rate year using the Medicare Market Basket Index and are further adjusted by a utilization factor to account for fluctuations in case load. No costs for room and board are included in the rates for CREDIT Services.

Rates effective 04/01/2023 are published at the following link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/redt.xlsx

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Effective Date April 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0060

This State Plan Amendment proposes to increase the Ambulatory Patient Group Base Rates by ten percent for Freestanding Diagnostic and Treatment Center led School Based Health Centers.

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2(g)(4)**1905(a)(9) Clinic Services****Freestanding Clinic and Ambulatory Surgery Centers APG Base Rate Table**

Peer Group	Region	Rate Start Date	Base Rate Updated as of 07/01/12
Academic Dental	Downstate	09/01/09	\$155.38
Academic Dental	Upstate	09/01/09	\$147.64
Ambulatory Surgery Centers	Downstate	09/01/09	\$113.92
Ambulatory Surgery Centers	Upstate	09/01/09	\$99.15
Clinic ²	Downstate	09/01/09	\$165.64
Clinic ²	Upstate	09/01/09	\$138.81
Clinic MR/DD/TBI ¹	Downstate	09/01/09	\$198.76
Clinic MR/DD/TBI ¹	Upstate	09/01/09	\$166.58
Renal	Downstate	09/01/09	\$141.29
Renal	Upstate	09/01/09	\$126.82
School-Based Health Center (SBHC) ²	Downstate	09/01/09	\$165.64
School-Based Health Center (SBHC) ²	Upstate	09/01/09	\$138.81
Statewide Base Price	Statewide	01/01/11	\$160.00

¹Mentally retarded/developmentally disabled/traumatic brain injured.

²For Clinic and School-Based Health Center (SBHC), while they share the same base payment rates, please note that their rate codes differ. Effective 4/1/2023, SBHC base payment rates are increased by 10%.

³Statewide Base Price is not a service but used for APGs which do not have a payment differentiation for upstate and downstate providers.

Freestanding Clinic and Ambulatory Surgery Center Medicaid rates can be found at the Department of Health's website at:

~~http://www.health.ny.gov/health_care/medicaid/rates/apg/baserates.htm~~

https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/dtc/dtc_base_rates_inv.htm

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MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0061

This State Plan Amendment proposes to adjust rates statewide to reflect a 4% Cost of Living Adjustment for Health Home Plus for those Health Home members that meet the risk and acuity criteria for Health Home Plus per Part DD of Chapter 57 of the Laws of 2023.

DRAFT

NY - Submission Package - NY2023MS00020 - (NY-23-0061) - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2023MS00020	Submission Type	Official
Program Name	NYS Health Home Program	State	NY
SPA ID	NY-23-0061	Region	New York, NY
Version Number	1	Package Status	Pending

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

State Information

State/Territory Name: New York

Medicaid Agency Department of Health
Name:

Submission Component

State Plan Amendment

Medicaid

CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

SPA ID and Effective Date

SPA ID NY-23-0061

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	4/1/2023	NY-22-0088
Health Homes Payment Methodologies	4/1/2023	NY-22-0088

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID	NY2023MS00020	SPA ID	NY-23-0061
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	N/A	Effective Date	N/A

Executive Summary

Summary Description This State Plan Amendment proposes to **adjust rates statewide to reflect a 4% Cost of Living Adjustment for Health Home Plus for those**
 Including Goals and Objectives **Health Home members that meet the risk and acuity criteria for Health Home Plus per Part DD of Chapter 57 of the Laws of 2023.**

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$200000
Second	2024	\$400000

Federal Statute / Regulation Citation

Part DD of Chapter 57 of the Laws of 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (23-0061) HH+ 4% COLA - 5-12-23	5/12/2023 2:52 PM EDT	

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID	NY2023MS00020	SPA ID	NY-23-0061
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	N/A	Effective Date	N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

DRAFT

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

NYS Health Home Program

Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Submission Package	Source Type
<input type="checkbox"/>	Health Homes Intro	(	APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	(	APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	(	APPROVED
<input type="checkbox"/>	Health Homes Providers	(	APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	(	APPROVED
<input type="checkbox"/>	Health Homes Payment Methodologies	(	APPROVED
<input type="checkbox"/>	Health Homes Services	(	APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	(	APPROVED

1 - 8 of 8

1945A Health Home Program

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A


Effective Date N/A

Name of Health Homes Program

NYS Health Home Program

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

Name	Date Created	
FPN-NYS Register (3-29-23)	5/11/2023 9:17 AM EDT	

DRAFT

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

Name of Health Homes Program:

NYS Health Home Program

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes

No

DRAFT

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

SAMHSA Consultation

Name of Health Homes Program

NYS Health Home Program

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation

4/1/2022

DRAFT

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID	NY2023MS00020	SPA ID	NY-23-0061
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	NY-22-0088	Effective Date	4/1/2023
	System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

NYS Health Home Program

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Summary description including goals and objectives

New state plan amendment supersedes transmittal# 22-0088

Transmittal# 23-0061

Part I: Summary of new State Plan Amendment (SPA) #23-0061

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to adjust rates statewide to reflect a 4% Cost of Living Adjustment for Health Home Plus for those Health Home members that meet the risk and acuity criteria for Health Home Plus per Part DD of Chapter 57 of the Laws of 2023.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID NY-22-0088

Effective Date 4/1/2023

User-Entered

Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual Rates Per Service

Per Member, Per Month Rates

Fee for Service Rates based on

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team

Other

Describe below

see text box below regarding rates

Comprehensive Methodology Included in the Plan

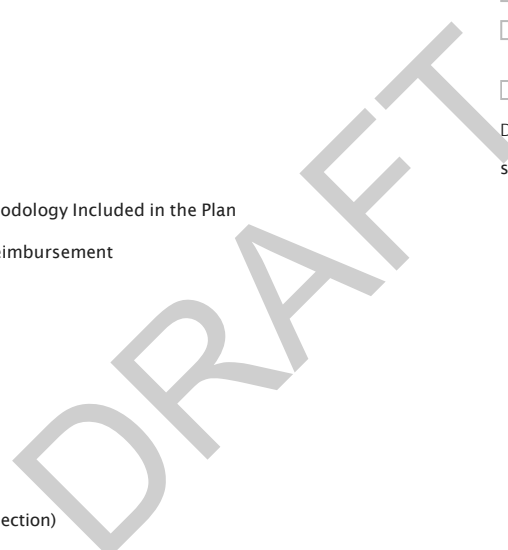
Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below

PCCM (description included in Service Delivery section)

Risk Based Managed Care (description included in Service Delivery section)

Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID NY-22-0088

Effective Date 4/1/2023

User-Entered

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

4/1/2023

Website where rates are displayed

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/index.htm

DRAFT

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID	NY2023MS00020	SPA ID	NY-23-0061
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	NY-22-0088	Effective Date	4/1/2023
	User-Entered		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy, and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Provider Type

NYS Medicaid providers eligible to become health homes include managed care plans; hospitals; medical, mental and chemical dependency treatment clinics; primary care practitioner practices; PCMHs; FQHCs; Targeted Case Management (TCM) providers; certified home health care agencies and any other Medicaid enrolled providers that meet health home provider standards.

Care Management Fee:

Health Homes meeting State and Federal standards will be paid a per member per month care management fee that is adjusted based on region and case mix method for adults, or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for children age 0 through 20). The total cost relating to a care manager (salary, fringe benefits, non-personal services, capital and administration costs) in conjunction with caseload assumptions were used to develop the Health Home rates. The state periodically reviews the Health Home payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services.

Effective May 1, 2018, the per member per month care management fee for adults will be based on region and case mix defined by populations as indicated below. Health Home rates for children will continue to be determined by an algorithm applied to the CANS-NY assessment. The risk adjusted payments will allow providers to receive a diverse population of patients and assign patients to various levels of care management intensity without having to meet preset standards for contact counts. Providers will be able to respond to and adjust the intensity and frequency of intervention based on patient's current condition and needs (from tracking to high touch). All rates will be published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Rates for Health Home services to children are effective October 1, 2016 and apply to services furnished on and after October 1, 2016.

For dates of service beginning June 1, 2018 through December 31, 2018, the per member per month care management fee for Health Homes that are, as of June 1, 2018, designated to serve children only, or designated to serve children in 43 counties and adults and children in one county, shall be adjusted to provide \$4 million in payments to supplement care management fees. The supplemental payments shall be paid no later than March 31, 2019 and will be allocated proportionately among such Health Homes based on services provided between June 1, 2018 and December 1, 2018. The supplement shall be a lump sum payments.

Rates for Health Home services furnished to other populations are effective as noted below and apply to services furnished on and after such dates.

State Health Home Rates and Rate Codes Effective October 1, 2017 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective May 1, 2018 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective October 1, 2018 can be found at:

https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018.xlsx

State Health Home Rates and Rate Codes Effective July 1, 2020, can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm

Population Case Mix Definitions for Health Home Adult Rates

Health Home Plus/Care Management Rates include adults with active AOT order or expired AOT order within last year; adults stepping down from State PC and ACT; Health and Recovery Plan (HARP) members that meet high risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home High Risk/Need Care Management Rates, include adults that are HARP enrolled members not included in the Health Home Plus/Care Management; any adult member meeting high risk criteria based on the high, medium and low, Clinical and Functional Assessment; and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home Care Management Rates, include all other adults not meeting criteria for Health Home Services Adult Home Transition Rates, Health Home Plus/Care Management or High Risk /High Need Care Management Rates.

Health Home Services Adult Home Transition Rates apply to individuals, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, that are Adult Home Residents with serious mental illness (SMI) that are required to transition from Adult Homes located in New York City to the community.

Effective July 1, 2020, the PMPM for case finding will be reduced to \$0 as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above.

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month health home providers must, at a minimum, provide one of the core health home services per month. The monthly payment will be paid via the active care management PMPM. Once a patient has consented to received services and been assigned a care manager and is enrolled in the health home program the active care management PMPM may be billed. Care managers must document all services provided to the member in the member's care plan.

Managed Care Considerations:

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract has been modified to include language similar to that outlined below which addresses any duplication of payment between the MCO capitation payments and health home payments. The delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care.

- The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks to include additional State designated health home providers to ensure appropriate access.
- Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes.
- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its' network.

The State has a health home advisory committee of providers and managed care plans through which any issues with payment would be raised and addressed. Directions have been given to health plans to match health home payment to providers based on relative health home care management effort. Further information on specific construction on health home rates includes specific administration compensation to guide rate differential construct.

Targeted Case Management (TCM) Conversion Considerations:

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

Health Home care management services may be provided to children that are eligible and enrolled in both the Early Intervention Program and Health Home, and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the Early Intervention Program.

All payments will be made under the health home payment detailed above in the care management fee section if they convert to or become part of a health home. Effective October 1, 2017, the case finding PMPM will be paid under the provisions described in the care management fee section.

Children's Transitional Rates

Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915c B2H waivers, who shall provide Health Home Care Management services in accordance with this section effective on January 1, 2019, shall be eligible for a transition rate add-on for two years to enable providers to transition to Health Home rates. Health Home Care Management Services eligible for the transition rate add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the Health Home rate without the add-on. The transition methodology is set forth in the transitional rate chart.

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$948.00	\$992.00	SED (L)	\$1,173.00	\$1,232.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$723.00	\$753.00	SED (M)	\$1,173.00	\$1,232.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$423.00	\$433.00	SED (H)	\$1,173.00	\$1,232.00

July 1, 2019 through December 31, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$711.00	\$744.00	SED (L)	\$936.00	\$984.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$542.00	\$565.00	SED (M)	\$992.00	\$1,044.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$317.00	\$325.00	SED (H)	\$1,067.00	\$1,124.00

January 1, 2020 through June 30, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$474.00	\$496.00	SED (L)	\$699.00	\$736.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$362.00	\$377.00	SED (M)	\$812.00	\$856.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$212.00	\$217.00	SED (H)	\$962.00	\$1,016.00

July 1, 2020 through December 31, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$237.00	\$248.00	SED (L)	\$462.00	\$488.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$181.00	\$188.00	SED (M)	\$631.00	\$667.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$106.00	\$108.00	SED (H)	\$856.00	\$907.00

January 1, 2019 through June 30, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$925.00	\$960.00	B2H (L)	\$1,150.00	\$1,200.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$700.00	\$721.00	B2H (M)	\$1,150.00	\$1,200.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$400.00	\$401.00	B2H (H)	\$1,150.00	\$1,200.00

July 1, 2019 through December 31, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$694.00	\$720.00	B2H (L)	\$919.00	\$960.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$525.00	\$541.00	B2H (M)	\$975.00	\$1,020.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$300.00	\$301.00	B2H (H)	\$1,050.00	\$1,100.00

January 1, 2020 through June 30, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$463.00	\$480.00	B2H (L)	\$688.00	\$720.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$350.00	\$361.00	B2H (M)	\$800.00	\$840.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$200.00	\$201.00	B2H (H)	\$950.00	\$1,000.00

July 1, 2020 through December 31, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$231.00	\$240.00	B2H (L)	\$456.00	\$480.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$175.00	\$180.00	B2H (M)	\$625.00	\$659.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$100.00	\$100.00	B2H (H)	\$850.00	\$899.00

Effective October 1, 2022, Children's Health Homes may receive an assessment fee to ensure that any child who may be eligible for Home and Community-Based Services (HCBS) under the Children's Waiver, demonstration or State Plan authority will be eligible to receive a timely HCBS assessment under the Health Home program. The HH HCBS assessment fee will compensate the HH for the costs associated with conduct of:

- Evaluation and/or re-evaluation of HCBS level of care;
- Assessment and/or reassessment of the need for HCBS;
- Inclusion of all aspects of an HCBS Plan of Care in the HH's Comprehensive Care Plan.

This fee will be paid in addition to the PMPM calculated above and is contingent upon the Health Home completing a timely and complete assessment.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00020 | NY-23-0061 | NYS Health Home Program

Package Header

Package ID NY2023MS00020

SPA ID NY-23-0061

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID NY-22-0088

Effective Date 4/1/2023

User-Entered

Assurances



The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm.

- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
2023 NI Rate SFQs (23-0061)	5/11/2023 9:47 AM EDT	
Part DD 2023-24 Budget	5/11/2023 9:47 AM EDT	

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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 5/12/2023 4:56 PM EDT

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Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification**, the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0062

This State Plan Amendment proposes to adjust rates statewide to reflect a 4% Cost of Living Adjustment for Care Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities.

DRAFT

NY - Submission Package - NY2023MS00030 - (NY-23-0062) - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2023MS00030	Submission Type	Official
Program Name	NYS CCO/HHs Serving Individuals with I/DD	State	NY
SPA ID	NY-23-0062	Region	New York, NY
Version Number	1	Package Status	Pending

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

State Information

State/Territory Name: New York

Medicaid Agency Department of Health
Name:

Submission Component

State Plan Amendment

Medicaid

CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

SPA ID and Effective Date

SPA ID NY-23-0062

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	4/1/2023	NY-22-0073
Health Homes Payment Methodologies	4/1/2023	NY-22-0073

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2023MS00030	SPA ID	NY-23-0062
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	N/A	Effective Date	N/A

Executive Summary

Summary Description **This State Plan Amendment proposes to adjust rates statewide to adjust statewide rates to reflect a 4.0% Cost Of Living Adjustment for Care**
 Including Goals and Objectives **Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities.**

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$4753464
Second	2024	\$9506927

Federal Statute / Regulation Citation

Part DD of Chapter 57 of the Laws of 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (23-0062) CCO-HH 4% COLA - 5-12-23	5/12/2023 4:12 PM EDT	

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2023MS00030	SPA ID	NY-23-0062
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	N/A	Effective Date	N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

DRAFT

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
 - Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

NYS CCO/HHs Serving Individuals with I/DD

Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Submission Package	Source Type
<input type="checkbox"/>	Health Homes Intro	(	APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	(	APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	(	APPROVED
<input type="checkbox"/>	Health Homes Providers	(	APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	(	APPROVED
<input type="checkbox"/>	Health Homes Payment Methodologies	(	APPROVED
<input type="checkbox"/>	Health Homes Services	(	APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	(	APPROVED

1 - 8 of 8

1945A Health Home Program

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A


Effective Date N/A

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

Name	Date Created	
FPN-NYS Register (3-29-23)	5/11/2023 2:12 PM EDT	

DRAFT

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

Name of Health Homes Program:

NYS CCO/HHs Serving Individuals with I/DD

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes

No

DRAFT

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

SAMHSA Consultation

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation

4/1/2022

DRAFT

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2023MS00030	SPA ID	NY-23-0062
Submission Type	Official	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	NY-22-0073	Effective Date	4/1/2023
User-Entered			

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

This State Plan Amendment proposes to adjust rates statewide to reflect a 4% Cost of Living Adjustment for Care Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities per Part DD of Chapter 57 of the Laws of 2023.

The New York State Department of Health (DOH), in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD), is seeking a new Health Home State Plan, effective July 1, 2018, to create and authorize Health Home care management for individuals with intellectual and/or developmental disabilities (I/DD). The goal of establishing Health Homes to serve the I/DD population is to provide a strong, stable, person-centered approach to holistic service planning and coordination required to ensure the delivery of quality care that is integrated and supports the needs of individuals with I/DD chronic conditions. The Health Home program authorized under this State Plan shall be known as the NYS Care Coordination Organizations/Health Homes (CCO/HHs) Serving Individuals with Intellectual and Developmental Disabilities (I/DD) Program (NYS CCO/HHs Serving I/DD) and Health Homes authorized under this State Plan shall be known as Care Coordination Organizations/Health Homes (CCO/HHs). As described in more detail, this SPA will establish requirements for the NYS CCO/HHs Serving I/DD Program, including establishing eligible I/DD Health Home chronic conditions; transitioning Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to Health Homes; establishing per member per month rates for Health Homes designated to serve members with I/DD; defining CCO/HHs core requirements, including Health Information Technology (HIT) requirements; establishing the processes for referring Medicaid members to CCO/HHs; and defining the requirements for providers to be eligible to be designated as CCO/HHs. The State Plan authorizes the statewide enrollment of individuals with eligible Developmental Disability conditions in designated CCO/HHs.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID NY-22-0073

Effective Date 4/1/2023

User-Entered

Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual Rates Per Service

Per Member, Per Month Rates

Fee for Service Rates based on

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team

Other

Describe below

see text box below regarding rates.

Comprehensive Methodology Included in the Plan

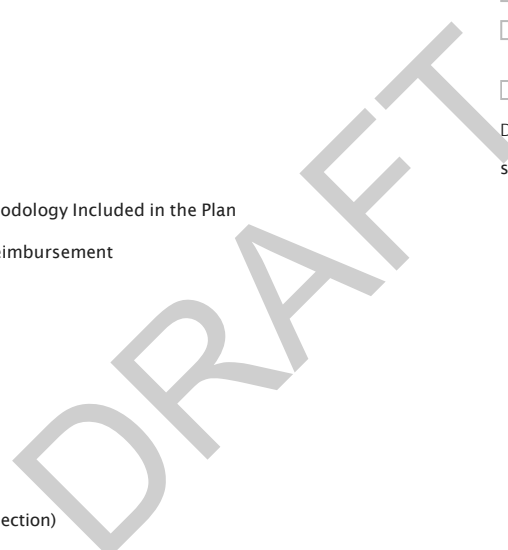
Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below

PCCM (description included in Service Delivery section)

Risk Based Managed Care (description included in Service Delivery section)

Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID NY-22-0073

Effective Date 4/1/2023

User-Entered

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

4/1/2023

Website where rates are displayed

https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/

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Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2023MS00030	SPA ID	NY-23-0062
Submission Type	Official	Initial Submission	N/A
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Superseded SPA ID	NY-22-0073	Effective Date	4/1/2023
	User-Entered		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care within your description please explain the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies
Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Care Management Fee

CCO/HH providers that meet State and federal standards will be paid a per member per month care management fee that is based on region, assessment data, residential status and other functional indicators. A unit of service will be defined as a billable unit per service month. To be reimbursed for a billable unit of service per month, CCO/HH providers must, at a minimum, provide active care management by providing at least one of the core health home services per month. Once an individual has been assigned a care manager and is enrolled in the CCO/HHs program, the active care management per member per month (PMPM) may be billed. Care managers must maintain the CCO/HHs consent forms and document all services provided to the member in the member's life plan. Upon enrollment in the program, Care Managers will attest in the State system the individual's consent to enroll in Health Homes. The CCO will maintain the consent form electronically within the individual's record in the Care Coordination system.

As described in the attachment CCO/HH Rate Setting Methodology, the care management PMPM will include four rate tiers. The rate tier of an individual is determined by region, the intensity of care coordination required to serve the individual and the residential/living setting of the individual. For enrollees who are new to the OPWDD service delivery system, there will be a separate tiered CCO/HH care management PMPM that may be billed for the first month of enrollment in CCO/HH for individuals who have never received a Medicaid-funded long-term service. The separate tiered rate includes costs related to preparing an initial life plan; an initial Medicaid application, if needed; and gathering documentation and records to support the I/DD diagnosis, that such I/DD condition results in substantial handicap and the individual's ability to function normally in society and level of care determination. The PMPM rate tiers are calculated based on total costs relating to the care manager (salary, fringe benefits, non-personal services, capital and administration costs) and, for each tier, caseload assumptions. The State will periodically review the CCO/HH payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services. In addition, based on operating experience, the State will make adjustments, as appropriate, to the PMPM.

Medicaid Service Coordinators (MSC) and Plan of Care Support Services (PCSS)

CCO/HH MSC and PCSS agencies that provide care management to individuals with developmental disabilities under the State Plan that convert to a CCO/HH or become part of a CCO/HHs will be paid the care management PMPMs described above.

All payment policies have been developed to assure that there is no duplication of payment for CCO/HH services.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2023MS00030 | NY-23-0062 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2023MS00030

SPA ID NY-23-0062

Submission Type Official

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID NY-22-0073

Effective Date 4/1/2023

User-Entered

Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.

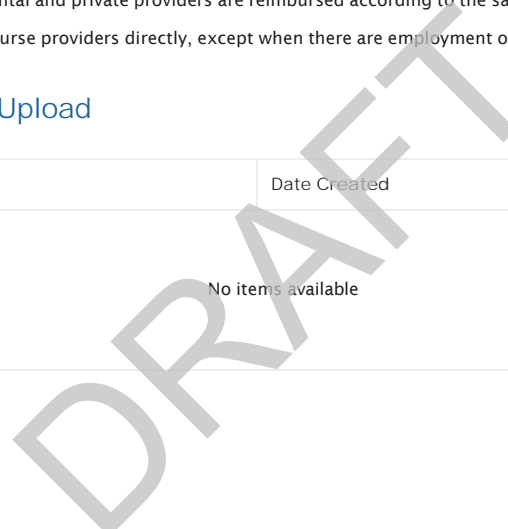
The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
No items available		



PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 5/12/2023 4:52 PM EDT

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Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0063

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)

1905(a)(4)(A) Nursing Facility Services

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 \$110,086,302 will be paid semi-annually in September and March, and for the period April 1, 2022 through March 31, 2023, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March, and for the period April 1, 2023 through March 31, 2024, 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, and April 1, 2022 through March 31, 2023, and April 1, 2023 through March 31, 2024 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 #23-0063

Approval Date _____

Supersedes TN #22-0048

Effective Date April 1, 2023

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

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;
- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);
- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and
- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:
 - \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and
 - \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0064

This State Plan Amendment proposes to provide a total of \$40 million in supplemental payments to support Assisted Living Program sites impacted by the COVID-19 pandemic. New York State will distribute these funds based on unique members served at each program site through a one-time lump sum payment on or before December 31, 2023.

DRAFT

**New York
4(c)(3)**

1905(a)(7) Home Health Care Services

Effective June 1, 2023, the State will distribute \$40 million to eligible Assisted Living Programs through a one-time supplemental payment as described in the approved New York State American Rescue Act Home and Community Based Service Spending Plan under the Improve and Support the Assisted Living Program (ALP) Workforce initiative. The purpose of this supplemental payment is to support programs impacted by the COVID-19 pandemic. New York State will distribute these funds based on individual members served by each program through a one-time lump sum payment on or before December 31, 2023. Of the total funds available, 90% will be distributed proportionally by members served by each facility. The remaining 10% will be distributed to facilities serving less than 30 members also by members served at each facility. Funding may not be used to supplant the level of State funds expended for Home and Community-Based Services (HCBS).

Sites will be able to use these funds to support the workforce development strategies. To be eligible, program sites must hold a valid operating certificate and be actively working toward or confirm their compliance to the HCBS Settings Rule and programmatic regulations as stated in the HCBS Final Rule Statewide Transition Plan. Sites must also submit an attestation of their intended use of funds and confirm funding will not be used for capital investments.

Excluded sites:

- Sites which are not fully compliant to HCBS Settings or working toward completing activities related to a corrective action plan. Sites which do not submit an accepted attestation of their intended use of funds.
- Sites which do not confirm funds will not be used for capital investments.
- Sites which are closed.

Eligible sites:

- Open sites are defined as those with the appropriate staff and are either actively providing services or have planned an opening date before June 1, 2023
 - Sites that are not open before October 1, 2023, will not be eligible for supplemental payments.
 - Sites must also be open at the time which payments are distributed on or before December 31, 2023.

TN # 23-0064 _____

Approval Date _____

Supersedes TN #NEW _____

Effective Date June 1, 2023 _____

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 New York State's American Rescue Act Home and Community Based Service Spending Plan. The following changes are proposed:

Non-Institutional Services

Effective on or after June 1, 2023, the Department of Health will provide supplemental payments to Assisted Living Programs as described in the approved New York State American Rescue Act Home and Community Based Service Spending Plan under the Improve and Support the Assisted Living Program (ALP) Workforce initiative. Assisted Living Programs providing Home and Community Based services to Medicaid beneficiaries will be eligible for the American Rescue Act Section 9817 Home and Community Based Service Supplemental Payment after completing an attestation of fund use and sustainability. These payments will not be available for programs that do not complete an attestation or for programs who have already received funds through another New York State American Rescue Act Plan initiative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$40 million.

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

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

New York County

250 Church Street
New York, New York 10018

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

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

The following is a clarification to the June 29, 2022, noticed provision for Comprehensive Psychiatric Emergency Program (CPEP) including fees paid for full emergency visits, triage and referral visits and extended observation bed services.

Non-Institutional Services

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-2023 is \$14.5 million. Medicaid expenditures attributable to state fiscal year 2023-2024 and 2024-2025 are \$19.3 million each.

Institutional Services

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-2023 is \$0.53 million. Medicaid expenditures attributable to state fiscal year 2023-2024 and 2024-2025 are \$0.7 million each.

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

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

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

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

PUBLIC NOTICE

Department of State
F-2023-0183

Date of Issuance – May 17, 2023

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

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

In F-2023-0183, John and Alessandra Graziano, propose to construct a 4' x 77' raised walkway from the upland property to MHW; construct a 4' x 100' open pile fixed pier from MHW to the shoreline beyond the wetland grasses. Install a 3' x 24' ramp and 8' x 16' float that will be chocked 2.5' above the bay bottom. Secure float with four float anchor piles and install two safety ladders 94 Old Field Road in the Town of Brookhaven, Suffolk County and on Conscience Bay.

The stated purpose of the proposed action is to “in order to access the shore of Conscience Bay”.

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/05/f-2023-0183.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or June 16, 2023.

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

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

PUBLIC NOTICE

Department of State
F-2023-0215

Date of Issuance – May 17, 2023

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

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

In F-2023-0215, Karen Bustamante, proposes to reface 102' bulkhead w/ timber sheets nailed to existing, 8" higher. Replace boardwalk landward. Replace and extend existing 4' x 30' walkway by 20' to 50' to reach adequate water depths. Relocate mooring piles and install 4-pile lift along west side of pier. Clamshell dredge a 10' wide area along bulkhead to -3' MLW for 15cy and place behind bulkhead at 26 Captree Island Road in the Town of Babylon, Suffolk County, Great South Bay.

The stated purpose of the proposed action is to “Shoreline stabilization”.

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/05/f-2023-0215.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or June 16, 2023.

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

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

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0237 in the Matter of Envirospace Architecture, Gregg C. Deangelis, 451 E. Boston Post Road, Mamaroneck, NY 10543, for a variance concerning safety requirements, including exhaust discharge. Involved is a 16 unit condominium located at 585 Main Street, Town of North Castle, NY 10504, County of Westchester, State of New York.

2023-0238 in the Matter of JP Morgan Chase & Company, John Donofrio, 383 Madison Avenue, Level C2, New York, NY 10017, for a variance concerning safety requirements, including fire risk assessment. Involved is an airport hangar located at 73 Tower Road, Town of West Harrison, NY 10604, County of Westchester, State of New York.

2023-0239 in the Matter of Cynthia Willis, 27 Hart Drive, Poughkeepsie, NY 12603, for a variance concerning safety requirements, including ceiling height. Involved is a one family dwelling located at

SUMMARY
SPA #23-0067

This State Plan Amendment is to temporarily extend, via the spending plan, the C19 test and specimen collection and Private Duty Nursing.

DRAFT

7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 Nation Emergency

Effective May 12, 2023 until March 31, 2024, New York State temporarily extends the following election(s) of section 7.4 (approved on TBD in SPA #21-0073) of the state plan:

Section E – Payments

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

Private duty nursing provided to fee-for-service individuals who have aged out of the medically fragile children's reimbursement program. Fees will be increased as described in a., b.i., and b.ii. below.

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

Individuals are 23 and older, receiving private duty nursing services.

b. Payments are increased through:

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

This is an add-on payment for providers who are enrolled in the program, are willing to be listed in a web-based database available to the public, and who provide services to medically fragile adults.

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage:

Location (list published location):

https://health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/regional_fees.htm

https://health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/directory_benefits.htm

7.4.C Temporary Policies in Effect Following the COVID-19 Nation Emergency

Effective May 12, 2023 until September 30, 2024, New York State temporarily extends the following election(s) of section 7.4 (approved on 5/12/2021 in SPA #20-0048) of the state plan, with modifications:

Section E – Payments

1. New York State **decreases** the payment rate for the following service:

Reimbursement for COVID-19 tests and specimen collection will decrease from 100% of the Medicare fees to 60% of the Medicare fees. Lab/testing fees are located in the Laboratory Fee Schedule at: <https://www.emedny.org/ProviderManuals/Laboratory/index.aspx>

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 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 section 367-r of the Social Services Law. The following changes are proposed:

Non-Institutional Services

Effective May 12, 2023, through March 31, 2024, the temporarily enhanced private duty nursing fees which were established pursuant to section 9817 of the American Rescue Plan Act of 2021 (ARPA), contingent upon CMS approval of the Spending Plan submitted by the State, were made permanent; having been enacted into State Medicaid law through the 2022 amendment of section 367-r of the Social Services Law (Chapter 57, Laws of 2022):

- the established rates will continue to reflect the thirty (30) percent increase for providers enrolling in the program and attesting to having the necessary training, plus

- an additional forty-five (45) percent (on top of the thirty percent, above) for providers participating in a public provider directory.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$30 million.

The Department intends to continue using ARPA funding as previously established.

Effective May 12, 2023, through September 30, 2024, Medicaid proposes to decrease reimbursement for COVID-19 related tests and specimen collection to 60% of the Medicare fee.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$5.8 million).

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE Department of State F-2023-0120

Date of Issuance – May 10, 2023

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

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

In F-2023-0120, Mussel Island, LLC is proposing to deposit clean stones, concrete blocks to build-up the natural sea-wall on an Island. The site is located in Long Island Sound on Rat Island, Bronx, NY 10464.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/>

documents/2023/05/f-2023-0120.pdf or at <https://dos.ny.gov/public-notices>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or June 9, 2023.

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

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

PUBLIC NOTICE

Department of State
F-2023-0236

Date of Issuance – May 10, 2023

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

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

In F-2023-0236, the applicant, Andrew Perel, is proposing dredging of a private channel/dock area to a depth of -3.0 feet MLW, which will result in the removal of 425 cubic yards of dredged material from a total area of 5000 square feet. Dredging will be accomplished using a barge mounted excavator or clamshell and material will be deposited at an approved upland location. This project is located at 147 Dune Road, Village of Quogue, Suffolk County, Shinnecock Bay.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/05/f-2023-0236.pdf> or at <https://dos.ny.gov/public-notices>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or June 9, 2023.

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

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

PUBLIC NOTICE

Department of State

Renewable Energy Geographic Location Description

Date of Issuance – May 10, 2023

Program Change Notice (NY-2022-3)

On December 21, 2022 and pursuant to 15 C.F.R. Part 923 Subpart H, the New York State Department of State (DOS) submitted to the National Oceanic and Atmospheric Administration's Office for Coastal Management (OCM) a Program Change to the New York State Coastal Management Program for a Geographic Location Description (GLD) to establish NYSDOS' federal consistency review authority for renewable energy activities in federal waters of the Outer Continental Shelf (OCS) under the CZMA.

By letter dated April 19, 2023 OCM approved the Program Change

Request. As of this date, the Geographic Location Description shall be applicable in reviewing federal actions pursuant to the federal consistency requirements of the Coastal Zone Management Act and its implementing regulations found at 15 CFR Part 930 where applications for the listed federal authorizations approved for the GLD are filed after this date.

Please browse to <https://coast.noaa.gov/czmprogramchange/#/public/change-view/1286> for all information related to this program change.

Further information on this action may be obtained by contacting: Sarah Crowell, Director, Coastal Management Program, Office of Planning Development and Community Infrastructure, Department of State, 99 Washington Ave., Suite 1010, Albany, NY 12231-0001, (518) 474-6000

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0209 Matter of Mohammed A. Quader, 16 Oak Street, Valley Stream, NY 11581, for a variance concerning safety requirements, including ceiling height and height under projection. Involved is an existing dwelling located at 16 Oak Street; Village of Valley Stream, County of Nassau, State of New York.

2023-0217 Matter of Jack Sedorowitz Architect, Jack Sedorowitz, 2174 Hewlett Ave., Suite 210, Merrick, NY 11566, for a variance concerning safety requirements, including ceiling height and height under projection. Involved is an existing dwelling located at 1937 Grand Avenue; Baldwin, Town of Hempstead, County of Nassau, State of New York.

2023-0219 Matter of 168 Fairview LLC, Arthur Singer, 740 Front Street, Hempstead, NY 11550, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 168 Fairview Blvd., Village of Hempstead, County of Nassau, State of New York.

2023-0220 Matter of Leo J. Pyzynski Architect, Leo J. Pyzynski Jr., 100 Clinton Avenue, Mineola, NY 11501, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 52 Adams Street; Village of Floral Park, County of Nassau, State of New York.

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0211 in the Matter of Elizabeth F. Matsuda, 98 Greenbush Road, Tappan, NY 10983, for a variance concerning safety requirements, including pool side gate latch. Involved is a one family dwelling located in the Town of Orangetown, County of Rockland, State of New York.

2023-0212 in the Matter of William Goda, Four Foster Court, Croton On Hudson, NY 10520, for a variance concerning safety

SUMMARY
SPA #23-0068

This State Plan Amendment proposes to implement a 4% Cost of Living Adjustment to the reimbursement fees for NYS Office of Mental Health Outpatient and Rehabilitative programs, effective April 1, 2023. This State Plan Amendment also proposes to increase APG peer group base rates for services provided in Office of Mental Health-approved school-based satellites by 25%, effective April 1, 2023.

DRAFT

New York
2(ao)

1905(a)(2)(A) Outpatient Hospital Services

42 C.F.R. § 440.20

Comprehensive Psychiatric Emergency Program (CPEP) hospital outpatient services are reimbursed on a daily basis. A CPEP provider may receive reimbursement for one Triage and Referral visit or one Full Emergency visit service in one calendar day.

Effective ~~July 1, 2022~~, April 1, 2023, statewide fees for Comprehensive Psychiatric Emergency Program Services are available at the following Office of Mental Health website link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

DRAFT

TN # 23-0068

Approval Date _____

Supersedes TN # 22-0080

Effective Date April 1, 2023

New York
3(j.1a)

1905(a)(9) Clinic Services

Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

The agency's fee schedule rate was set as of ~~July 1, 2022~~ April 1, 2023, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx

DRAFT

TN #23-0068 Approval Date _____
Supersedes TN #22-0079 Effective Date April 1, 2023

**New York
3(j.2)**

1905(a)(9) Clinic Services

Continuing Day Treatment Services:

Reimbursement Methodology for Outpatient Hospital Services

Definitions:

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit will not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service** - Half Day – Minimum two hours
Full Day – Minimum four hours
Collateral Visit – minimum of 30 minutes
Preadmission and Group Collateral Visits – minimum of one hour
Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

The agency's fee schedule rate was set as of ~~July 1, 2022~~ April 1, 2023, and is effective for services provided on or after that date. All rates are published on the State's website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx

TN: #23-0068

Approval Date: _____

Supersedes TN: #22-0079

Effective Date: April 1, 2023

New York
3k(1a)

1905(a)(9) Clinic Services

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital
Partial Hospitalization Services**

The agency's fee schedule rate was set as of ~~July 1, 2022~~ April 1, 2023, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/partial-hospitalization.xlsx

DRAFT

TN: #23-0068

Approval Date: _____

Supersedes TN: #22-0079

Effective Date: April 1, 2023

New York
3L-4

1905(a)(13) Rehabilitative Services

Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider will not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: ~~PROS rates of payment are adjusted, effective July 1, 2021, for a one percent cost of living adjustment increase.~~ Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is adjusted as of April 1, ~~2022~~ 2023, and such rate is effective for services provided on or after that date. All rates are published on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/pros.xlsx

TN #23-0068

Approval Date _____

Supersedes TN #22-0061

Effective Date April 1, 2023

New York
3N

13d. Rehabilitative Services:**1905(a)(13) Other diagnostic, screening, preventative and rehabilitative services****Outpatient and Residential Crisis Intervention Services**

42 CFR 440.130(d)

Reimbursement for Outpatient and Residential Crisis Intervention Services as outlined in item 13.d of Attachments 3.1-A and B are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed fees are the same for both governmental and private providers. Provider agency fees were set as of April 1, ~~2022~~, 2023, for Outpatient and Residential Crisis Intervention Services and are effective for these services provided on or after that date. Provider agency rates were set as of ~~July 1, 2022~~, April 1, 2023, for Mobile Crisis Intervention Services provided by Comprehensive Psychiatric Emergency Programs and are effective for these services provided on or after that date. All fees are published on the Office of Mental Health website.

Mobile Crisis Intervention Services are reimbursed regional fees determined by contact type, practitioner qualifications, and duration of services. Services are reimbursed in either 15 minutes unit increments or daily fees, published on the Office of Mental Health website at:

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

Mobile Crisis Intervention Services Provided by Comprehensive Psychiatric Emergency Programs:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

Crisis Residential Services are reimbursed regional daily fees per individual. Crisis residential services are limited to 28 days per admission, except services for recipients may be reimbursed beyond 28 days if medically necessary and approved by the state. Fees are published on the Office of Mental Health website at:

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

Crisis Stabilization Services are reimbursed a regional daily brief or full fee per individual. Reimbursement is limited to one brief or full claim reimbursement per recipient per day. Fees are published on the Office of Mental Health website at:

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

The reimbursement methodology is composed of provider cost modeling, consistent with New York State certified financial reporting and Bureau of Labor Statistics wage data. The following list outlines the major components of the provider cost model:

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

Fees are developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN # 23-0068

Approval Date _____

Supersedes TN # 22-0026

Effective Date April 1, 2023

New York
8a

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services - Reimbursement Methodology continued

I. **Definitions:** The list of definitions in the “Ambulatory Patient Group System - freestanding clinic” section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:

- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.

II. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI finding and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

III. Minimum Wage Increases

The minimum wage methodology described in the “Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics” section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.

IV. **Reimbursement Rates:** Effective for dates of service on or after April 1, ~~2022~~, 2023, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including base rates for ~~providing~~ providers participating in the OMH Quality Improvement program. Also, effective April 1, 2023, APG peer group base rates for services provided in OMH-approved school-based satellites will be increased by 25 percent. Base rates are published on the State’s website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx

TN: #23-0068

Approval Date: _____

Supersedes TN: #22-0061

Effective Date: April 1, 2023

New York
9

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)):

OMH outpatient mental health services reimbursement methodology continued

Behavioral Health Utilization Controls

Utilization thresholds for outpatient mental health services providers are established by the Office of Mental Health. These thresholds target unusually high utilization with payment reductions and are established by the licensing state agency as follows:

1. For persons 21 years of age or older at the start of the state fiscal year, payment for the 31st through 50th visits in a state fiscal year by one or more providers operated by the same agency will be subject to a 25% reduction in the otherwise applicable payment amount.
2. For persons 21 years of age or older at the start of the state fiscal year, payment for visits in excess of 50 in a state fiscal year by one or more providers operated by the same agency will be subject to a 50% reduction in the otherwise applicable payment amount.
3. For persons less than 21 years of age at the start of the state fiscal year, payment for visits in excess of 50 in that state fiscal year by one or more providers operated by the same agency will be subject to a 50% reduction in the otherwise applicable payment amount.
4. Off-site visits, medical visits, ~~and~~ crisis visits, peer support visits and school-based satellite visits, when billed under their applicable rate codes, will be disregarded in computing the number of visits pursuant to the preceding paragraphs.

TN #23-0068

Approval Date _____

Supersedes TN #21-0007

Effective Date April 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevails which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

SUMMARY
SPA #23-0069

This State Plan Amendment proposes to provide a 4.0% Cost of Living Adjustment (COLA) to OASAS Residential Rehabilitation Services for Youth (RRSY) programs, effective April 1, 2023.

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 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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

SUMMARY
SPA #23-0070

This State Plan Amendment proposes to provide a 4.0% COLA effective April 1, 2023 for OASAS freestanding outpatient services, Part 820 residential services, freestanding residential medically supervised withdrawal, and freestanding residential rehabilitation.

DRAFT

New York
10(a.1)(b)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective March 1, 2023, the January 1, 2023, downstate region fee for Residential Stabilization will receive a 5.6% rate increase to prospectively correct an error in the established rate. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

Effective April 1, 2023, all three elements of the Part 820 service will receive a 4.0% cost-of-living adjustment. The revised rates will be posted at the link above.

DRAFT

TN: #23-0070

Approval Date: _____

Superseding TN: #23-0003

Effective Date: April 1, 2023

**New York
10(a.3.i)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Reimbursement methodology (cont.)

OASAS freestanding APG base rates effective July 1, 2022, are as follows.

Service Type	7-1-22 Fee	
	Upstate	Downstate
Outpatient Addiction Rehab	\$150.11	\$175.64
Outpatient Addiction Day Rehab	\$150.52	\$176.12
Opioid Treatment Program	\$138.31	\$161.82

OASAS freestanding APG base rates for in-community services effective July 1, 2022, with all three services sharing the same in-community APG base rates, are as follows:

Service Type	7-1-22 Fee	
	Upstate	Downstate
Outpatient Addiction Rehab - In-Community	\$150.52	\$176.12
Outpatient Addiction Day Rehab - In-Community	\$150.52	\$176.12
Opioid Treatment Program - In-Community	\$150.52	\$176.12

Effective April 1, 2022, the November 1, 2021, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs (including in-community services) will receive a 5.4% cost-of-living adjustment (COLA). The July 1, 2022, rates for the same services will also receive the same 5.4% COLA. Effective January 1, 2023, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs, as well as the in-community fees for the same services, will receive a 5.0% rate increase. Also, effective January 1, 2023, in-community rates will receive an additional, compounding 40% off-site rate enhancement. Effective April 1, 2023, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs, as well as the in-community fees for the same services, will receive a 4.0% cost-of-living adjustment. All rates will be posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

TN: #23-0070
Superseding TN: 23-0032

Approval Date: _____
Effective Date: April 1, 2023

**New York
10(a.5)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Statewide RMSW fees:

Bed Size	RMSW Fees
6	\$ 408.97
7	\$ 401.53
8	\$ 395.20
9	\$ 389.70
10	\$ 384.85
11	\$ 380.51
12	\$ 376.59
13	\$ 373.01
14	\$ 369.74
15	\$ 366.72
16	\$ 363.91

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange, Putnam
4	1.1009	Dutchess
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective January 1, 2023, the RMSW, fees will receive a 5.0% rate increase. Effective April 1, 2023, RMSW fees will receive a 4.0% cost-of-living adjustment. All fees will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

TN: #23-0070
Superseding TN: #23-0032

Approval Date: _____
Effective Date: April 1, 2023

New York
10(a.6)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Chemical Dependence Freestanding Residential Rehabilitation Services (cont.)

Effective April 1, 2022, the January 1, 2019, fees for Freestanding Residential Rehabilitation Services will receive a 5.4% cost-of-living adjustment (COLA). Effective January 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 5.0% rate increase. Effective April 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

DRAFT

TN: #23-0070
Superseding TN: #23-0032

Approval Date: _____
Effective Date: April 1, 2023

New York
10(a.7)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

**OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology
– Freestanding Weekly Bundles (cont.)**

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, the existing the July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective January 1, 2023, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. Effective April 1, 2023, freestanding OTP weekly bundle fees will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

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 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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification**, the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

SUMMARY
SPA #23-0071

This State Plan Amendment proposes to provide a 4.0% Cost of Living Adjustment (COLA) to OASAS Hospital Outpatient Services, effective April 1, 2023.

DRAFT

**New York
1(e)(6)**

1905(a)(2)(A) Outpatient Hospital Services

Dually Licensed Article 28 & Article 32 Hospital-Based APG Base Rate Table

Peer Group	Region	Rate Start Date	Base Rate as of 01/01/11
Chemical Dependence Outpatient Clinic	Downstate	10/1/10	\$181.72
Chemical Dependence Outpatient Clinic	Upstate	10/1/10	\$146.57
Opioid Treatment Program (Clinic)	Downstate	1/3/11	\$180.99
Opioid Treatment Program (Clinic)	Upstate	1/3/11	\$157.14
Outpatient Rehabilitation Clinic	Downstate	1/1/11	\$151.20
Outpatient Rehabilitation Clinic	Upstate	1/1/11	\$116.23

Hospital-based OASAS clinic Medicaid rates can be found on the Office of Addiction Services and Supports (OASAS) website at:

<https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

Effective April 1, 2022, the posted rates for April 1, 2018 will receive a cost-of-living adjustment of 5.4%. Effective January 1, 2023, the April 1, 2022, rates will receive a 5.0% rate increase. Effective April 1, 2023, the January 1, 2023, rates will receive a 4.0% cost-of-living adjustment. ~~The April 1, 2022, and January 1, 2023,~~ All rates can be found at the link above.

TN #23-0071

Approval Date: _____

Supersedes TN #23-0033

Effective Date: April 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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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.

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Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

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intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

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Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification**, the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

New York County
250 Church Street
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Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
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Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

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

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

SUMMARY
SPA #23-0074

This State Plan Amendment proposes to increase the Ambulatory Patient Group Base Rates by ten percent for Hospital led School Based Health Centers.

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 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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0078

This State Plan Amendment proposes to establish a fee to allow outpatient hospital departments to bill when there is no on-site presence at the clinic. Effective on or after July 1, 2023, the State will reimburse outpatient hospital departments for services furnished via telehealth when neither the provider nor the Medicaid member is on-site. The fee will replace billing of the professional component for these services.

DRAFT

New York
4(a)(i)(8)

1905(a)(2)(A) Outpatient Hospital Services

Telehealth Services – Outpatient Department Offsite Rate

Effective on or after July 1, 2023, the State will reimburse outpatient hospital departments, ambulatory surgery centers, and emergency departments, licensed under Article 28 of the Public Health Law, for services furnished via telehealth when neither the provider nor the Medicaid member is on-site. This fee will replace billing of the professional component for these services.

Effective for services on or after July 1, 2023, reimbursement will be paid at \$75.38 per visit.

DRAFT

TN #23-0078

Approval Date: _____

Supersedes TN # NEW

Effective Date July 1, 2023

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with PHL 2999-D and SSL §367-u. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2023, the State proposes to establish a fee to allow outpatient hospital departments to bill when there is no on-site presence at the clinic. The State will reimburse outpatient hospital departments for services furnished via telehealth when neither the provider nor the Medicaid member is on-site. This fee will replace billing of the professional component for these services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the 2023-2024 budget is \$0.16 million.

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

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

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

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

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

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

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

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

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

SUMMARY
SPA #23-0079

This State Plan Amendment proposes to establish a fee to allow freestanding clinics, also known as diagnostic and treatment centers (DTCs), to be reimbursed when there is no on-site presence at the DTC. Effective on or after July 1, 2023, the State will reimburse DTCs for services furnished via telehealth when neither the provider nor the Medicaid member is on-site.

DRAFT

New York
4(a)(i)(9)

1905(a)(9) Clinic Services

Telehealth Services – Diagnostic and Treatment Center Offsite Rate

Effective on or after July 1, 2023, the State will allow diagnostic and treatment centers (DTCs) licensed under Article 28 of the Public Health Law to be reimbursed when there is no on-site presence at the DTC for services furnished via telehealth when neither the provider nor the Medicaid member is on-site.

Effective for services on or after July 1, 2023, reimbursement will be paid at \$75.38 per visit.

DRAFT

TN #23-0079

Approval Date: _____

Supersedes TN # NEW

Effective Date July 1, 2023

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with PHL 2999-DD and SSL § 367-u. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2023, the State proposes to establish a fee to allow freestanding clinics, also known as diagnostic and treatment centers (DTCs), to be reimbursed when there is no on-site presence at the DTC. The State will reimburse DTCs for services furnished via telehealth when neither the provider nor the Medicaid member is on-site.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the 2023-2024 budget is \$0.29 million.

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

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

New York County
250 Church Street
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3220 Northern Boulevard
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95 Central Avenue, St. George
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For further information and to review and comment, please contact:

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

SUMMARY
SPA #23-0084

This State Plan Amendment proposes to increase the fees paid to reimburse Medicaid Comprehensive Psychiatric Emergency Program (CPEP) extended observation bed (EOB) services by 4% effective April 1, 2023.

DRAFT

New York
117(m)

1905(a)(1) Inpatient Hospital Services

- i. Eligible hospitals will be those general hospitals which receive approval for certificate of need applications submitted to the Department of Health between April 1, 2010 and March 31, 2011 for adding new behavioral health inpatient beds in response to the decertification of other general hospital behavioral health inpatient beds in the same service area, or which the Commissioner of Health, in consultation with the Commissioner of Mental Health, has determined to have complied with Department of Health requests to adjust behavioral health service delivery in order to ensure access.
 - ii. Eligible hospitals will, as a condition of their receipt of the rate adjustments, submit to the Department of Health proposed budgets for the expenditure of the additional Medicaid payments for the purpose of providing inpatient behavioral health services to Medicaid eligible individuals. The budgets must be approved by the Department of Health, in consultation with the Office of Mental Health, prior to the rate adjustments being issued.
 - iii. Distributions will be made as add-ons to each eligible facility’s inpatient Medicaid rate and will be allocated proportionally, utilizing the proportion of each approved hospital budget to the total amount of all approved hospital budgets. Distributions will be subsequently reconciled to ensure that actual aggregate expenditures are within available aggregate funding.
- l. For purposes of this section, the downstate region of New York State will consist of the following counties of: Bronx, New York, Kings, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess; and the upstate region of New York State will consist of all other New York counties.
- m. Reimbursement equivalent to the inpatient hospital per diem rate of reimbursement will be made for extended observation bed (EOB) services in hospital-based comprehensive psychiatric emergency programs (CPEP), subsequent to a CPEP full or triage and referral visit and where the beneficiary remains in the CPEP for longer than 24 hours. Such reimbursement ~~shall~~ will be limited to 72 hours. Effective ~~July~~ April 1, 2022 ~~2023~~, inpatient hospital rates for EOB services are available at the following Office of Mental Health website link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

TN #23-0084

Approval Date _____

Supersedes TN #22-0080-A

Effective Date April 1, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification**, the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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Richmond County, Richmond Center
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Staten Island, New York 10301

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

New York State Department of Health
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99 Washington Ave
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Suite 1432
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spa_inquiries@health.ny.gov

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.

SUMMARY
SPA #23-0086

This State Plan Amendment proposes to increase the operating cost component of hospital based Federally Qualified Health Center (FQHC) and Rural Health clinic (RHC) rates by 6.5%.

DRAFT

Attachment A

SPA 23-0086

Annotated page: Attachment 4.19-B: Page 2(c)(iv)

DRAFT

**New York
2(c)(iv)**

**~~1905(a)(2)(A): Outpatient Hospital Services; 1905(a)(9): Clinic Services
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics~~**

~~Prospective Payment System Reimbursement as of January 1, 2001 for and Rural Health Clinics including FQHCs located on Native American reservations and operated by Native American tribes or Tribal Organizations pursuant to applicable Federal Law and for which State licensure is not required.~~

~~For services provided on and after January 1, 2001 and prior to October 1, 2001, all-inclusive rates shall be calculated by the Department of Health, based on the lower of the facilities' allowable operating cost per visit or the peer group ceiling plus allowable capital cost per visit. The base for this calculation shall be the average of cost data submitted by facilities for both the 1999 and 2000 base years.~~

~~For each twelve-month period following September 30, 2001, the operating cost component of such rates of payment shall reflect the operating cost component in effect on September 30th of the prior period as increased by the percentage increase in the Medicare Economic Index and as adjusted pursuant to applicable regulations to take into account any increase or decrease in the scope of services furnished by the facility. Effective May 1, 2015 and each October 1 thereafter, rates of payment for the group psychotherapy and individual off-site services will be increased by the percentage increase in the Medicare Economic Index.~~

~~Supplementary increases in Medicaid rates of payment for these providers which is paid for the purpose of recruitment and retention of non-supervisory workers or workers with direct patient care responsibility, in accordance with the provisions of the Workforce Recruitment and Retention section of this Attachment, are in addition to the standard Medicaid operating cost component calculation. As such, they are not subject to trend adjustments. These supplementary increases shall be in effect through June 30, 2005.~~

~~Rates of payments to facilities which first qualify as federally qualified health centers on or after October 1, 2000 shall be computed as above provided, however, that the operating cost component of such rates shall reflect an average of the operating cost components of rates of payments issued to other FQHC facilities during the same rate period and in the same geographic region, and with similar case load, and further provided that the capital cost component of such rates shall reflect the most recently available capital cost data for such facility as reported to the Department of Health. Effective May 1, 2011, the geographic regions will consist of the Downstate Region, which includes the five counties comprising New York City and the counties of Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess and the Upstate Region, which includes all counties in the State other than those counties included in the Downstate Region. For each twelve-month period following the rate period in which such facilities commence operation, the operating cost components of rates of payment for such facilities shall be computed as described above.~~

~~Effective for the dates of service on or after April 1, 2022, the operating cost component of all-inclusive rates and the rates of payment for the group psychotherapy and individual off-site services will be increased by one percent. The increases in Medicaid rates of payment for these providers are in addition to the standard Medicaid operating cost component calculation, which is increased by the percentage increase in the Medicare Economic Index every October 1.~~

~~For services provided on and after April 1, 2016 the cost of long acting reversible contraceptives (LARC) will be separated from the PPS reimbursement. Reimbursement for LARC will be based on actual acquisition cost. The facility must submit a separate claim to be reimbursed for the actual acquisition cost of the LARC device.~~

TN #23-0086

Approval Date: _____

Supersedes TN #22-0067

Effective Date: April 01, 2023

Appendix I
2023 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

DRAFT

**New York
2(c)(iv)**

**1905(a)(2)(A): Outpatient Hospital Services; 1905(a)(9): Clinic Services
Federally Qualified Health Centers (FOHCs) and Rural Health Clinics**

Prospective Payment System Reimbursement as of January 1, 2001 for and Rural Health Clinics including FOHCs located on Native American reservations and operated by Native American tribes or Tribal Organizations pursuant to applicable Federal Law and for which State licensure is not required.

For services provided on and after January 1, 2001 and prior to October 1, 2001, all-inclusive rates shall be calculated by the Department of Health, based on the lower of the facilities' allowable operating cost per visit or the peer group ceiling plus allowable capital cost per visit. The base for this calculation shall be the average of cost data submitted by facilities for both the 1999 and 2000 base years.

For each twelve month period following September 30, 2001, the operating cost component of such rates of payment shall reflect the operating cost component in effect on September 30th of the prior period as increased by the percentage increase in the Medicare Economic Index and as adjusted pursuant to applicable regulations to take into account any increase or decrease in the scope of services furnished by the facility. Effective May 1, 2015 and each October 1 thereafter, rates of payment for the group psychotherapy and individual off-site services will be increased by the percentage increase in the Medicare Economic Index.

Supplementary increases in Medicaid rates of payment for these providers which is paid for the purpose of recruitment and retention of non-supervisory workers or workers with direct patient care responsibility, in accordance with the provisions of the Workforce Recruitment and Retention section of this Attachment, are in addition to the standard Medicaid operating cost component calculation. As such, they are not subject to trend adjustments. These supplementary increases shall be in effect through June 30, 2005.

Rates of payments to facilities which first qualify as federally qualified health centers on or after October 1, 2000 shall be computed as above provided, however, that the operating cost component of such rates shall reflect an average of the operating cost components of rates of payments issued to other FOHC facilities during the same rate period and in the same geographic region, and with similar case load, and further provided that the capital cost component of such rates shall reflect the most recently available capital cost data for such facility as reported to the Department of Health. Effective May 1, 2011, the geographic regions will consist of the Downstate Region, which includes the five counties comprising New York City and the counties of Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess and the Upstate Region, which includes all counties in the State other than those counties included in the Downstate Region. For each twelve-month period following the rate period in which such facilities commence operation, the operating cost components of rates of payment for such facilities shall be computed as described above.

Effective for the dates of service on or after April 1, 2022, the operating cost component of all-inclusive rates and the rates of payment for the group psychotherapy and individual off-site services will be increased by one percent. Also, effective for the dates of service on or after April 1, 2023, the operating cost component of all-inclusive rates and the rates of payment for the group psychotherapy and individual off-site services for hospital based FOHCs and Rural Health Clinics will be increased by six and one-half percent (6.5%). The increases in Medicaid rates of payment for these providers are in addition to the standard Medicaid operating cost component calculation, which is increased by the percentage increase in the Medicare Economic Index every October 1.

TN #23-0086 _____

Approval Date: _____

Supersedes TN #22-0067 _____

Effective Date: April 01, 2023 _____

New York
2(c)(iv)(1)

**1905(a)(2)(A): Outpatient Hospital Services; 1905(a)(9): Clinic Services
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics**

For services provided on and after April, 1, 2016 the cost of long acting reversible contraceptives (LARC) will be separated from the PPS reimbursement. Reimbursement for LARC will be based on actual acquisition cost. The facility must submit a separate claim to be reimbursed for the actual acquisition cost of the LARC device.

DRAFT

TN #23-0086

Approval Date: _____

Supersedes TN #New

Effective Date: April 01, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification**, the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective for dates of service on or after April 1, 2023, the Department of Health will adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$186.5 million.

Effective on or after April 1, 2023, and each state fiscal year (SFY) thereafter, this proposal would reduce the size of the voluntary hospital Indigent Care Pool by an additional \$85.4 million (gross). This reduction would be additive to the \$150 million (gross) reduction implemented in the FY 2021 Enacted Budget, for a total reduction of \$235.4 million. Similar to the previous \$150 million reduction, the \$85.4 million reduction would only apply to voluntary hospitals whose public payor (Medicare and Medicaid) mix is less than the statewide average. Additionally, hospitals qualifying as Enhanced Safety Net Hospitals under PHL 2807-c would be exempt from this reduction.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$85.4 million).

Effective for the period January 1, 2023, through December 31, 2025, indigent care pool payments will be made using an uninsured unit's methodology. Each hospital's uncompensated care need amount will be determined as follows:

- Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;
- Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year (exclusive of the public goods surcharge);
- Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and
- Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:
 - \$139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and
 - \$884.5 million to general hospitals, other than major public general hospitals.

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

Long Term Care Services

Effective on or after April 1, 2023, 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 not excluding public residential health care facilities operating 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 2021 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.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Nursing Home (NH) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$314 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with SSL 365-a (2)(jj). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2023, Medicaid will reimburse for services provided by certified dietitians and nutritionists to eligible populations.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$520,000.

Effective on or after April 1, 2023, Medicaid will reimburse for the services of Community Health Workers for services rendered to eligible populations. A Community Health Worker is a public health worker that reflects the community served (through lived experience that may include, but is not limited to pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence), and functions as a liaison between healthcare systems, social services, and community-based

SUMMARY
SPA #23-0090

This State Plan Amendment proposes to increase the CFTSS Children's Medicaid Rates by 4% for the Cost of Living Adjustment (COLA) authorized under Chapter 57 of the laws of 2023 part DD.

DRAFT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF
CARE
1905(a)(6) Medical Care, or Any Other Type of Remedial Care

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

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

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

~~Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training.~~

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

All Other Licensed Practitioner rates are published on the Department of Health website:

~~**Crisis Intervention Rates:**~~

~~https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf~~

~~**Family Peer Supports Services and Youth Peer supports Rates:**~~

~~https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/fpps_bh_kids_ffs_rates.pdf~~

~~**Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:**~~

~~https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf~~

TN # #23-0090

Approval Date _____

Supersedes TN # 22-0091

Effective Date April 1, 2023

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Rehabilitative Services (EPSDT only)

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

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019 for ~~Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports~~, and are effective for these services provided on or after that date.

Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

~~Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training.~~

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

All Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Family Peer Support Services, Crisis, Intervention and Youth Peer Supports and Training rates are published on the Department of Health website:

~~Crisis Intervention Rates:~~

~~https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf~~

~~Family Peer Supports Services and Youth Peer supports Rates:~~

~~https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/fpss_bh_kids_ffs_rates.pdf~~

~~Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:~~

~~https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf~~

TN # #23-0090

Approval Date _____

Supersedes TN # 22-0091

Effective Date April 1, 2023

Public Notice **NYS Department of Health**

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

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

All Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates statewide to reflect a 2.5% Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services. **With clarification,** the Cost of Living Adjustment will be four percent (4%) and includes the following services:

OMH Outpatient Services, OMH Inpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$89.8 million.

Institutional Services and Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision to adjust inpatient rates for hospital providers, certified under Article 28 of the Public Health Law, by an additional five percent (5%) across the board increase to the operating portion of the rates. **With clarification**, the across the board increase to the operating portion of the rates will now be seven and one-half percent (7.5%) and includes a non-institutional additional six and one-half percent (6.5%) across the board increase to the operating portion of outpatient rates for hospital providers, for services certified under Article 28 of the Public Health Law.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$244.4 million.

Non-Institutional

The following is a clarification to the March 29, 2023, noticed provision for the Assisted Living Program (ALP) and Adult Day Health Care (ADHC) which stated the Department of Health will adjust rates for these providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on 3/31/23. **With clarification**, the Department of Health will provide a seven and one-half percent (7.5%) across the board increase for Adult Day Health Care rates (ADHC) and a six and one-half percent (6.5%) across the board increase for Assisted Living Program rates (ALP), to the most recently active operating rate in effect on 3/31/23, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$24.7 million.

Long Term Care Services

The following is a clarification to the March 29, 2023, noticed provision to adjust rates for Nursing Home (NH) providers by a five percent (5%) across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider. **With clarification**, the across the board increase to the most recently active operating base rates will now be seven and one-half percent (7.5%).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$403 million.

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

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

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

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Department of Health

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 on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect a 2.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$53.6 million.

Non-Institutional Services

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to allow for reimbursement of Medicaid covered services provided by pharmacists within their lawful scope of practice, including pharmacist prescribing oral contraceptives and smoking cessation products.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.6 million. In the out years the net aggregate in gross Medicaid expenditure for smoking cessation products will be a savings.

Effective on or after April 1, 2024, this proposal would eliminate Prescriber Prevals which applies to the Medicaid fee-for-service pharmacy program. Doing so would reduce inappropriate prescribing, remove barriers that limit the State's ability to manage pharmacy programs, and minimize the inappropriate influence of pharmaceutical manufacturers in the prior authorization process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$99 million).

Effective on or after April 1, 2023, the Department will remove copayments for over the counter (OTC) products and limit OTC products to those that are medically necessary. 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 net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$17.4 million).

Effective on and after April 1, 2023, the New York State Department of Health proposes to amend the State Plan to modify the specific drug class language for excluded drugs, to alternatively use current publicly available Department resources for coverage transparency.

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

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023, through March 31, 2024, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective April 1, 2023, and each state fiscal year thereafter, this amendment proposes to revise the calculation to extract data later on in the calendar year for the applicable dates of service. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates for Assisted Living Program (ALP) providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$18 million.

Effective on or after April 1, 2023, the Department of Health will adjust rates for Adult Day Health Care providers by a 5% across the board increase to the most recently active Operating rate in effect on March 31, 2023, for each provider.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$838,000.

Effective on and after April 1, 2023, 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, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$7.5 million and contained in the budget for state fiscal year 2024-2025 is \$7.5 million.

Effective on and after April 1, 2023, this notice provides for a temporary rate adjustment with an aggregate payment amount totaling no less than \$10 million annually, for Essential Community Providers (ECPs) for the periods April 1, 2023, through March 31, 2024, and April 1, 2024, through March 31, 2025. Funding will be allocated to financially distressed hospitals with plans to reconfigure operations by improving financial management, improving quality of care and service delivery and/or improving operational efficiency and cost effectiveness.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$10 million and contained in the budget for state fiscal year 2024-2025 \$10 million.

Effective on or after April 1, 2023, this notice proposes to establish Medical Assistance coverage and rates of payment for rehabilitative services for individuals residing in OMH-licensed residential settings who have been diagnosed with an eating disorder, in order to provide appropriate care and treatment to adults and children with eating disorders.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4 million.

Effective on or after May 1, 2023, the NYS Medicaid Program proposes to reimburse enrolled ambulance services for administration of vaccinations performed by Emergency Medical Technicians (EMT) / Paramedics employed by the ambulance service. This proposal is

intended to ensure ongoing access to vaccinations after the end of the federal COVID-19 Public Health Emergency.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-24 is \$35,000.

Effective March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program assures coverage of COVID-19 vaccines and administration of the vaccines, COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), and COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) recommendations.

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

Effective December 1, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, the Medicaid program proposes to reimburse providers for medically necessary COVID-19 vaccine counseling for children under 21 at a fee of \$25.00 per session.

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

Effective on or after April 1, 2023, the Department of Health will adjust rates statewide to reflect up to a twenty-five percent rate increase for all services provided by School-based Mental Health Outpatient Treatment and Rehabilitative Service (SBMH MHOTRS) programs licensed by the Office of Mental Health.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$9.2 million.

Effective on or after April 1, 2023, Medicaid will increase the APG Base Rates by ten percent for School Based Health Centers (SBHC).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$2.8 million.

Effective on or after April 1, 2023, a Supplemental Payment Program will be established to reimburse eligible Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Diagnostic and Treatment Centers (DTCs) for potential loss of funding associated with the 340B Drug Pricing Program due to State policy change. Additionally, this Amendment clarifies the reimbursement methodology for the Supplemental Payment Wrap Program for FQHCs and RHCs which provides supplemental payments that are equal to 100% of the difference between the facility's reasonable cost per visit rate and the amount per visit reimbursed by the Medicaid managed care health plan.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$250 million.

Institutional Services

Effective on or after April 1, 2023, 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 estimated change to gross Medicaid expenditures as a result of this proposed amendment.

For state fiscal year beginning April 1, 2023 through March 31, 2024, 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 will 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.