



## Department of Health

**KATHY HOCHUL**  
Governor

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

**JOHANNE E. MORNE, M.S.**  
Executive Deputy Commissioner

March 14, 2024

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/](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 #24-0014**

This State Plan Amendment proposes to invest in Medicaid inpatient reimbursement rates, through acute and specialty hospital rate add-ons, for public hospitals in a city with a population of one million or more effective for services on or after January 1, 2024.

DRAFT

New York  
131(a)

**1905(a)(1) Inpatient Hospital Services**

**New York City Non-State Government Owned or Operated Hospital Rate Add-ons**

1. Effective on or after January 1, 2024, and each calendar year thereafter, the State will provide an inpatient rate add-on to public hospitals in a city with a population of one million or more, and not owned or operated by the State of New York or the State University of New York. The payment computed pursuant to this section will be calculated in accordance with the following:

a. An estimated total payment to be distributed annually of \$325,000,000 will be allocated to qualifying hospitals using each hospital's proportionate share of Medicaid Fee-For-Service (FFS) Acute and Specialty Long Term Acute Care Hospital (LTACH) discharges to the total associated Medicaid FFS discharges of the qualifying hospitals, based on 2022 calendar year paid claims.

b. A rate add-on will be calculated and incorporated into the Acute and LTACH rates for each qualifying hospital as follows:

i. Acute rate:

1) The per discharge rate add-on will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS acute discharges, based on paid claims.

2) The rate add-on per discharge will be added to the acute rate payment, after the application of the Service Intensity Weight and Wage Equalization Factor adjustments to the Statewide Base Price, as defined in the Hospital Acute Inpatient Reimbursement section of this Attachment.

ii. LTACH rate:

1) The per diem rate add-on will be calculated for by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS LTACH days, based on paid claims.

2) The rate add-on per diem will be added to the LTACH rate payment, as defined in the Specialty Long Term Acute Care Hospital section of this Attachment.

TN #24-0014

Approval Date \_\_\_\_\_

Supersedes TN #NEW

Effective Date January 1, 2024

114 Willoughby Street  
Brooklyn, New York 11201

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

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

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

### PUBLIC NOTICE

#### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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

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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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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### PUBLIC NOTICE

#### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0015**

This State Plan Amendment proposes to invest in Medicaid outpatient reimbursement rates, through Article 28 clinic, emergency department and ambulatory surgery rate add-ons, for public hospitals in a city with a population of one million or more effective for services on or after January 1, 2024.

DRAFT

**New York  
1 (I)(iii)**

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

**New York City Non-State Government Owned or Operated Hospital Rate Add-ons**

1. Effective on or after January 1, 2024, and each calendar year thereafter, the State will provide an outpatient rate add-on to public hospitals in a city with a population of one million or more, and not owned or operated by the State of New York or the State University of New York. The payment computed pursuant to this section will be calculated in accordance with the following:

- a. An estimated total payment to be distributed annually of \$80,000,000 will be allocated to qualifying hospitals using each hospital's proportionate share of total Medicaid Fee-For-Service (FFS) Article 28 general clinic, emergency department and ambulatory surgery services visits to the total associated Medicaid FFS visits of the qualifying hospitals, based on 2022 calendar year Medicaid FFS paid claims.
- b. A uniform rate add-on will be calculated and incorporated into the Article 28 general clinic, emergency department and ambulatory surgery rates for each qualifying hospital as follows:
  - i. The per visit rate add-on will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its total 2022 calendar year Medicaid FFS visits, based on the paid claims, that were used to allocate such payments.
  - ii. The rate add-on per visit will be added to the Ambulatory Patient Group (APG) Article 28 general clinic, emergency department and ambulatory surgery services rate payments, as defined in the APG Rate Computation – Hospital Outpatient section of this Attachment.

TN #24-0015

Approval Date: \_\_\_\_\_

Supersedes TN #NEW

Effective Date: January 1, 2024

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The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

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#### All Services

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0016**

This State Plan Amendment proposes for hospital-based clinic and ambulatory surgery services, including emergency room services, to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2024 and reflect the recalculated weight and component updates that will become effective on or after January 1, 2024. Also, this State Plan Amendment proposes to remove the restriction limiting services rendered by licensed social workers only to under age 21 and pregnant women effective January 1, 2024.

DRAFT



New York  
1(e)(1)

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

**Ambulatory Patient Group System: Hospital-Based Outpatient**

For dates of service beginning December 1, 2008, for hospital outpatient clinic and ambulatory surgery services, and beginning January 1, 2009, for emergency department services, through December 31, ~~2023~~ 2024, the operating component of rates for hospital based outpatient services will be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates will be made as an add-on to the operating component as described in the APG Rate Computation section.

If a clinic is certified by the Office of People with Developmental Disabilities (OPWDD), reimbursement will be as specified in the OPWDD section of the State Plan.

The Ambulatory Patient Group patient classification system is designed to explain the amount and type of resources used in an ambulatory visit by grouping patients with similar clinical characteristics and similar resource use into a specific APG. Each procedure code associated with a patient visit is assigned to an APG using the grouping logic developed by 3M Health Information Systems. When evaluation and management codes are coded, the APG grouping logic also uses the diagnosis code to make the APG assignment. Ultimately, the procedures and diagnoses coded for a patient visit will result in a list of APGs that correspond on a one-for-one basis with each procedure coded for the visit.

TN #24-0016

Approval Date \_\_\_\_\_

Supersedes TN #23-0018

Effective Date January 1, 2024

New York  
1(e)(2)

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

APG Reimbursement Methodology – Hospital Outpatient

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm). In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Contacts."

3M APG Crosswalk, version 3.18; updated as of ~~07/01/23 and 10/01/23~~ 01/01/24 and 04/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/crosswalk/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm)

<http://www.emedny.org/Crosswalk/> Click on "Accept" at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of ~~07/01/22~~ 01/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of ~~07/01/23 and 10/01/23~~ 01/01/24 and 04/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "~~2023~~ 2024"

APG 3M Definitions Manual Versions; updated as of ~~07/01/23 and 10/01/23~~ 01/01/24 and 04/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/crosswalk/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm)

APG Investments by Rate Period; updated as of 01/01/11:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Investments by Rate Period."

APG Relative Weights; updated as of ~~07/01/23~~ 01/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

Associated Ancillaries; updated as of 01/01/20:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Ancillary Policy."

TN #24-0016

Approval Date \_\_\_\_\_

Supersedes TN #23-0082

Effective Date January 1, 2024

New York  
1(e)(2.1)

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

**Carve-outs; updated as of 10/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Carve Outs."

**Coding Improvement Factors (CIF); updated as of 07/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "CIFs by Rate Period."

**If Stand Alone, Do Not Pay APGs; updated as of 01/01/15:**

[http://www.health.state.ny.us/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay APGs."

**If Stand Alone, Do Not Pay Procedures; updated as of 07/01/22:**

[http://www.health.state.ny.us/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay Procedures."

**Modifiers; updated as of ~~07/01/23~~ 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

**Never Pay APGs; updated as of 07/01/21:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

**Never Pay Procedures; updated as of ~~07/01/23~~ 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

**No-Blend APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

**No-Blend Procedures; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend Procedures."

TN     #24-0016    

Approval Date                     

Supersedes TN     #23-0082    

Effective Date   January 1, 2024

New York  
1(e)(2.2)

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

**No Capital Add-on APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on APGs."

**No Capital Add-on Procedures; updated as of ~~07/01/17~~ 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on Procedures."

**Non-50% Discounting APG List; updated as of 07/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Non-50% Discounting APG List."

**Rate Codes Carved Out of APGs; updated as of 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

**Rate Codes Subsumed by APGs; updated as of 10/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Rate Codes Subsumed by APGs – Hospital Article 28."

**Statewide Base Rate APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Statewide Base Rate APGs."

**Packaged Ancillaries in APGs; updated as of 01/01/23:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Packaged Ancillaries in APGs."

TN           #24-0016          

Approval Date   

Supersedes TN           #23-0018          

Effective Date           January 1, 2024

New York
1(I)(i)

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

Effective for dates of service on and after January 1, 2009, payments to general hospital outpatient departments for the following services will be based on fees or rates established by the Department of Health: (1) wheelchair evaluations, (2) eyeglass dispensing, and (3) individual psychotherapy services provided by licensed social workers to persons under the age of 21, and to persons requiring such services as a result of or related to pregnancy or giving birth. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency’s alternative payment fee schedule rates for the services listed in this paragraph were set September 1, 2009 and are effective for services provided on or after that date. A link to the APG alternative rates for all periods is available in the APG Reimbursement Methodology – Hospital Outpatient section.

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse general hospital outpatient departments for services provided by Licensed Mental Health Counselors (LMHCs), operating within their scope of practice and for services rendered by LMHC limited permit holders operating under the supervision of an LMHC. Reimbursement for LMHCs and LMHC limited permit holders will be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMHC services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule" and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link: https://www.health.ny.gov/health\_care/medicaid/rates/methodology/alt\_payment\_fee.htm

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse general hospital outpatient departments for services provided by Licensed Marriage and Family Therapists (LMFTs), operating within their scope of practice and for services rendered by LMFT limited permit holders operating under the supervision of an LMFT. Reimbursement for LMFTs and LMFT limited permit holders will be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMFT services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule" and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link: https://www.health.ny.gov/health\_care/medicaid/rates/methodology/alt\_payment\_fee.htm

VIII. Rates for services provided in hospital outpatient facilities located outside of New York State will be as follows:

- APG rates in effect for similar services for providers located in the downstate region of New York State will apply with regard to services provided by out-of-state providers located in the New Jersey counties of Sussex, Passaic, Bergen, Hudson, Essex, Union, Middlesex and Monmouth; in the Pennsylvania county of Pike; and in the Connecticut counties of Fairfield and Litchfield; and rates in effect for similar services for providers located in the upstate region of New York State will apply with regard to all other out-of-state providers.
- In the event the Department determines that an out-of-state provider is providing services which are not available within New York State, the Department will negotiate payment rates and conditions with such a provider up to but not in excess of the provider’s usual and customary charges. Prior approval by the Department will be required with regard to services provided by such providers.

TN #24-0016

Approval Date

Supersedes TN #22-0082

Effective Date January 1, 2024

# 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](http://www.osc.state.ny.us)

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## PUBLIC NOTICE

Department of Health

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### Non-Institutional Services

Effective on or after January 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments. Also, the restriction limiting services rendered by licensed social workers only to individual psychotherapy and only for persons under the age of 21 and individuals requiring services as a result of pregnancy or giving birth, is removed as of the same effective date.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$8.3 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](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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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0017**

This State Plan Amendment proposes for freestanding clinic and ambulatory surgery center services to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2024, and reflect the recalculated weight and component updates that will become effective on or after January 1, 2024. Also, this State Plan Amendment proposes to remove the restriction limiting services rendered by licensed social workers only to under age 21 and pregnant women effective January 1, 2024.

DRAFT



**New York  
2(g)(1)****1905(a)(9) Clinic Services****APG Reimbursement Methodology – Freestanding Clinics**

For the purposes of sections pertaining to the Ambulatory Patient Group, and excepted as otherwise noted, the term freestanding clinics will mean freestanding Diagnostic and Treatment Centers (D&TCs) and will include freestanding ambulatory surgery centers.

For dates of service beginning September 1, 2009, through December 31, ~~2023~~ 2024, for freestanding Diagnostic and Treatment Center (D&TC) and ambulatory surgery center services, the operating component of rates will be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates will be made as an add-on to the operating component as described in the APG Rate Computation section.

The Ambulatory Patient Group patient classification system is designed to explain the amount and type of resources used in an ambulatory visit by grouping patients with similar clinical characteristics and similar resource use into a specific APG. Each procedure code associated with a patient visit is assigned to an APG using the grouping logic developed by 3M Health Information Systems (3M). When evaluation and management codes are coded, the APG grouping logic also uses the diagnosis code to make the APG assignment. Ultimately, the procedures and diagnoses coded for a patient visit will result in a list of APGs that correspond on a one-for-one basis with each procedure coded for the visit.

TN     #24-0017    

Approval Date \_\_\_\_\_

Supersedes TN     #23-0019    Effective Date     January 1, 2024

New York  
2(g)(2)

1905(a)(9) Clinic Services

APG Reimbursement Methodology – Freestanding Clinics

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm). In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Contacts."

3M APG Crosswalk\*:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "3M Versions and Crosswalks," then on "3M APG Crosswalk" toward bottom of page, and finally on "Accept" at bottom of page.

APG Alternative Payment Fee Schedule; updated as of ~~07/01/22~~ 01/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from version ~~3.18.23.3 and 3.18.23.4~~ 3.18.24.1 and 3.18.24.2, updated as of ~~07/01/23 and 10/01/23~~ 01/01/24 and 04/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "~~2023~~ 2024"

APG 3M Definitions Manual; version 3.18 updated as of ~~07/01/23 and 10/01/23~~ 01/01/24 and 04/01/24: [http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "3M Versions and Crosswalk."

APG Investments by Rate Period, updated as of 07/01/10:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Investments by Rate Period."

APG Relative Weights; updated as of ~~07/01/23~~ 01/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

Associated Ancillaries; updated as of 01/01/20:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Ancillary Policy."

\*Older 3M APG crosswalk versions available upon request.

TN #24-0017

Approval Date \_\_\_\_\_

Supersedes TN #23-0083

Effective Date January 1, 2024

New York  
2(g)(3)

1905(a)(9) Clinic Services

**Carve-outs; updated as of 10/01/12. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Carve Outs."

**Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "CIFs by Rate Period."

**If Stand Alone, Do Not Pay APGs; updated 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay APGs."

**If Stand Alone, Do Not Pay Procedures; updated 07/01/22:**

[http://www.health.state.ny.us/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay Procedures."

**Modifiers; updated as of ~~07/01/23~~ 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

**Never Pay APGs; updated as of 07/01/21:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

**Never Pay Procedures; updated as of ~~07/01/23~~ 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

**No-Blend APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

**No-Blend Procedures; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No-Blend Procedures."

**No Capital Add-on APGs: updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on APGs."

TN     #24-0017    

Approval Date \_\_\_\_\_

Supersedes TN     #23-0083    

Effective Date   January 1, 2024

New York  
2(g)(3.1)

**1905(a)(9) Clinic Services**

**No Capital Add-on Procedures; updated as of ~~07/01/17~~ 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No  
Capital Add-on Procedures."

**Non-50% Discounting APG List; updated as of 07/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on  
"Non-50% Discounting APG List."

**Rate Codes Carved Out of APGs; updated as of 01/01/15:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on  
"Rate Codes Carved Out of APGs for Article 28 facilities."

**Rate Codes Subsumed by APGs; updated as of 01/01/11 and 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on  
"Rate Codes Subsumed by APGs – Freestanding Article 28."

**Statewide Base Rate APGs; updated as of 01/01/20:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on  
"Statewide Base Rate APGs."

**Packaged Ancillaries in APGs; updated as of 01/01/23:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on  
"Packaged Ancillaries in APGs."

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TN         #24-0017        

Approval Date                                 

Supersedes TN         #23-0019        

Effective Date         January 1, 2024



# 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  
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**SUMMARY**  
**SPA #24-0018**

This State Plan Amendment proposes to account for statutorily required increases to the minimum wage for Psychiatric Residential Treatment Facility (PRTF) providers.

DRAFT



New York  
4(d)

**1905(a)(16) Inpatient Psychiatric Hospital – PRTF**

Minimum Wage Adjustment – Effective January 1, 2024, and every January 1 thereafter a minimum wage add-on will be developed and applied to all PRTF rates.

<b>Minimum Wage Region</b>	<b>1-Jan-24</b>	<b>1-Jan-25</b>	<b>1-Jan-26</b>
<u>New York City</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Nassau, Suffolk &amp; Westchester</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Remainder of State</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.00</u>

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of august to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of august to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by 1/2 percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

The minimum wage adjustment will be developed and implemented as follows:

1. Minimum wage costs will mean the additional costs incurred beginning January 1, 2024, and thereafter, as a result of New York State statutory increases to minimum wage.
2. The annual facility specific minimum wage add-on for 2024 and subsequent years will be developed and calculated based on the facilities' consolidated fiscal report (CFR) wage data for the applicable base year. Once the costs are included in the CFR utilized in a base year, such reimbursement will be excluded from the add-on.

**TN: #24-0018** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Superseding TN: #NEW** \_\_\_\_\_

**Effective Date: January 1, 2024** \_\_\_\_\_

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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](mailto:spa_inquiries@health.ny.gov)

114 Willoughby Street  
Brooklyn, New York 11201

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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## 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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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Department of Health, Division of Finance and Rate Setting, 99  
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY  
12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0019**

This State Plan Amendment proposes to include minimum wage adjustments to current Medicaid reimbursement methodologies for Article 28 hospitals as a result of enacted legislation for minimum wage.

DRAFT

**Annotated pages**

**SPA 24-0019**

**Annotated Page(s)**: Attachment 4.19-A Part 1 – Page 105(b)

DRAFT

New York  
105(b)**1905(a)(1) Inpatient Hospital Services**

~~24. Minimum wage costs will mean the additional costs incurred by a hospital used in the calculation of a minimum wage add-on for the Acute Rate per Discharge, Specialty Long Term Acute Care Hospital, Cancer Hospital, Acute Care Children's Hospital, Critical Access Hospital, and Medical Rehabilitation Hospital rates beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage. The following regions' minimum wage will be increased on and after the stated periods as follows:~~

	<del>December 31, 2016</del>	<del>December 31, 2017</del>	<del>December 31, 2018</del>	<del>December 31, 2019</del>	<del>December 31, 2020</del>	<del>December 31, 2021</del>	<del>December 31, 2022</del>
<del>New York City</del>	<del>\$11.00</del>	<del>\$13.00</del>	<del>\$15.00</del>	<del>\$15.00</del>	<del>\$15.00</del>	<del>\$15.00</del>	<del>\$15.00</del>
<del>Nassau, Suffolk, &amp; Westchester counties</del>	<del>\$10.00</del>	<del>\$11.00</del>	<del>\$12.00</del>	<del>\$13.00</del>	<del>\$14.00</del>	<del>\$15.00</del>	<del>\$15.00</del>
<del>Remainder of the State</del>	<del>\$9.70</del>	<del>\$10.40</del>	<del>\$11.10</del>	<del>\$11.80</del>	<del>\$12.50</del>	<del>\$13.20*</del>	<del>\$14.20**</del>

~~\*Effective January 1, 2022, the minimum wage value for the Remainder of the State will be \$13.20.~~

~~\*\*Effective January 1, 2023, the minimum wage value for the Remainder of the State will be \$14.20.~~

- ~~a. For purposes of reimbursement the minimum wage in effect on January 1, 2017, and January 1<sup>st</sup> of each year thereafter, will be utilized in the calculation of the additional costs due to minimum wage increases until all regions of the State reach \$15.00 per hour.~~
- ~~b. Minimum wage costs will be developed using collected survey data submitted and attested to by the hospital. If a hospital fails to submit a survey, the hospital's minimum wage costs will default to an average wage calculation based on the latest available institutional cost report (ICR) data:~~
- ~~i. Minimum wage cost development based on survey data collected:~~
- ~~1. Survey data will be collected for hospital specific wage data.~~
  - ~~2. Hospitals will report by specified wage bands, the total count of FTEs and total hours paid of employees earning less than the statutory minimum wage applicable for the region.~~
  - ~~3. Hospitals will report an average fringe benefit percentage of the reported employees.~~
- ~~4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the hospital has reported total hours paid. To this result, the hospital's average fringe benefit percentage is applied and added to the costs resulting in total minimum wage costs.~~

TN #24-0019

Approval Date \_\_\_\_\_

Supersedes TN #23-0010

Effective Date January 1, 2024

**New York  
105(b)**

**1905(a)(1) Inpatient Hospital Services**

24. Minimum wage costs will mean the additional costs incurred by a hospital used in the calculation of a minimum wage add-on for the Acute Rate per Discharge, Specialty Long Term Acute Care Hospital, Cancer Hospital, Acute Care Children's Hospital, Critical Access Hospital, and Medical Rehabilitation Hospital rates beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage. The following regions' minimum wage will be increased on and after the stated periods as follows:

	<u>December 31, 2016</u>	<u>December 31, 2017</u>	<u>December 31, 2018</u>	<u>December 31, 2019</u>	<u>December 31, 2020</u>	<u>December 31, 2021</u>	<u>December 31, 2022</u>
<b><u>New York City</u></b>	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
<b><u>Nassau, Suffolk, &amp; Westchester counties</u></b>	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$15.00
<b><u>Remainder of the State</u></b>	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	\$13.20*	\$14.20**

\*Effective January 1, 2022, the minimum wage value for the Remainder of the State will be \$13.20.

\*\*Effective January 1, 2023, the minimum wage value for the Remainder of the State will be \$14.20.

	<u>January 1, 2024</u>	<u>January 1, 2025</u>	<u>January 1, 2026</u>
<b><u>New York City</u></b>	\$16.00	\$16.50	\$17.00
<b><u>Nassau, Suffolk, &amp; Westchester counties</u></b>	\$16.00	\$16.50	\$17.00
<b><u>Remainder of the State</u></b>	\$15.00	\$15.50	\$16.00

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the thirty-first of July over the preceding period of the first of August to the thirty-first of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.

TN #24-0019

Approval Date \_\_\_\_\_

Supersedes TN #23-0010

Effective Date January 1, 2024



New York  
105(b)(1)**1905(a)(1) Inpatient Hospital Services**

- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending thirty-first of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.
- a. For purposes of reimbursement the minimum wage in effect on January 1, 2017, and January 1<sup>st</sup> of each year thereafter, will be utilized in the calculation of the additional costs due to minimum wage increases.
- b. Minimum wage costs will be developed using collected survey data submitted and attested to by the hospital. If a hospital fails to submit a survey, the hospital's minimum wage costs will default to an average wage calculation based on the latest available institutional cost report (ICR) data.
  - i. Minimum wage cost development based on survey data collected.
    1. Survey data will be collected for hospital specific wage data.
    2. Hospitals will report by specified wage bands, the total count of FTEs and total hours paid of employees earning less than the statutory minimum wage applicable for the region.
    3. Hospitals will report an average fringe benefit percentage of the reported employees.
    4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the hospital has reported total hours paid. To this result, the hospital's average fringe benefit percentage is applied and added to the costs resulting in total minimum wage costs.

TN       #24-0019      Approval Date \_\_\_\_\_Supersedes TN   #NEW  Effective Date   January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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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Albany, New York 12210  
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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 institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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### Department of Health

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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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0020**

This State Plan Amendment proposes a continuation of minimum wage adjustments through the current Federally Qualified Health Centers (FQHCs)' Prospective Payment System (PPS) threshold rate for Article 28 freestanding FQHCs, as a result of New York state statutory increases to minimum wage on and after January 1, 2024.

DRAFT

SPA 24-0020

Appendix A

Annotated Pages

Annotated Page: Att 4.19-B – Page 2(c)(iv)(c)

DRAFT



**Appendix I**  
**2024 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

DRAFT



**New York  
2(c)(iv)(c)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Center (FQHC) Services**

**Minimum Wage – Article 28 FQHCs**

**Adjustment for Minimum Wage Increases.** Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to adjust Article 28 freestanding FQHC rate as an alternative payment method (APM) rate.

<u>Minimum Wage (MW) Region</u>	<u>12/31/2016</u>	<u>12/31/2017</u>	<u>12/31/2018</u>	<u>12/31/2019</u>	<u>12/31/2020</u>	<u>12/31/2021</u>	<u>12/31/2022</u>
<u>New York City (Large employers)</u>	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
<u>New York City (Small employers)</u>	\$10.50	\$12.00	\$13.50	\$15.00	\$15.00	\$15.00	\$15.00
<u>Nassau, Suffolk, &amp; Westchester counties</u>	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$15.00
<u>Remainder of the State</u>	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	\$13.20*	\$14.20**

\*Effective January 1, 2022, the minimum wage value for the Remainder of the State will be \$13.20.

\*\*Effective January 1, 2023, the minimum wage value for the Remainder of the State will be \$14.20.

<u>Minimum Wage (MW) Region</u>	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>				
<u>New York City (Large employers)</u>	\$16.00	\$16.50	\$17.00				
<u>New York City (Small employers)</u>	\$16.00	\$16.50	\$17.00				
<u>Nassau, Suffolk, &amp; Westchester counties</u>	\$16.00	\$16.50	\$17.00				
<u>Remainder of the State</u>	\$15.00	\$15.50	\$16.00				

TN #24-0020 \_\_\_\_\_

Approval Date \_\_\_\_\_

Supersedes TN #23-0012 \_\_\_\_\_

Effective Date January 1, 2024 \_\_\_\_\_

New York  
2(c)(iv)(c)(1)

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Center (FQHC) Services

Minimum Wage – Article 28 FQHCs (continued)

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

TN #24-0020

Approval Date \_\_\_\_\_

Supersedes TN #NEW

Effective Date January 1, 2024

New York  
2(c)(iv)(c)(2)

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Center (FQHC) Services

Minimum Wage – Article 28 FQHCs (continued)

The minimum wage add-on and the APM rate will be posted to Health Commerce System (HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)). An Article 28 FQHC's PPS threshold rate will be adjusted by a minimum wage add-on based on the following:

- a. Minimum wage costs will mean the additional costs incurred beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage.
  - i. Minimum wage cost development based on survey data collected.
    - 1. Survey data will be collected for Article 28 FQHC specific wage data.
    - 2. Article 28 FQHCs will report by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
    - 3. Article 28 FQHCs will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
    - 4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the Article 28 FQHC has reported total hours paid. To this result, the Article 28 FQHC's average fringe benefit percentage is applied and added to the costs.
  - ii. Minimum wage cost development based on the AHCF cost report data.
    - 1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
    - 2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the AHCF cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.

TN   #24-0020  

Approval Date \_\_\_\_\_

Supersedes TN   #NEW  

Effective Date   January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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

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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:

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](mailto:spa_inquiries@health.ny.gov)

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12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 million.

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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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0021**

This State Plan Amendment proposes a continuation of minimum wage adjustments through the current Ambulatory Patient Group (APG) rates for Article 28 freestanding clinics and ambulatory surgery centers, as a result of New York state statutory increases to minimum wage on and after January 1, 2024.

DRAFT

SPA 24-0021

Appendix A

Annotated Pages

Annotated Page: Att 4.19-B – Page 2(p)(ii)

DRAFT



New York  
2(p)(ii)

~~1905(a)(9) Clinic Services~~~~Minimum Wage—Article 28 Freestanding Clinics~~

~~**Adjustment for Minimum Wage Increases.** Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to the Ambulatory Patient Group (APG) rate for freestanding clinics and ambulatory surgery centers under Article 28.~~

Minimum Wage (MW) Region	12/31/2016	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021	12/31/2022
New York City (Large employers)	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$10.50	\$12.00	\$13.50	\$15.00	\$15.00	\$15.00	\$15.00
Nassau, Suffolk, & Westchester counties	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$15.00
Remainder of the State	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	\$13.20*	\$14.20**

\*Effective January 1, 2022, the minimum wage value for the Remainder of the State will be \$13.20.

\*\*Effective January 1, 2023, the minimum wage value for the Remainder of the State will be \$14.20.

The minimum wage add-on and the adjusted APG rate will be posted to Health Commerce System (HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)). The minimum wage add-on will be developed and implemented as follows:

- a. ~~Minimum wage costs will mean the additional costs incurred beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage until all regions of the state reach \$15.00 per hour.~~
  - i. ~~Minimum wage cost development based on survey data collected.~~
    1. ~~Survey data will be collected for facility specific wage data.~~
    2. ~~Facilities will report by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.~~
    3. ~~Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.~~
    4. ~~The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the facility has reported total hours paid. To this result, the facility's average fringe benefit percentage is applied and added to the costs.~~
  - ii. ~~Minimum wage cost development based on the AHCF cost report data.~~
    1. ~~The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.~~
    2. ~~The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the AHCF cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.~~
    3. ~~The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.~~
    4. ~~The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.~~

TN         #24-0021        

Approval Date   

Supersedes TN         #23-0011        

Effective Date         January 1, 2024

**Appendix I**  
**2024 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

DRAFT

**New York  
2(p)(ii)**

**1905(a)(9) Clinic Services****Minimum Wage – Article 28 Freestanding Clinics**

**Adjustment for Minimum Wage Increases.** Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to the Ambulatory Patient Group (APG) rate for freestanding clinics and ambulatory surgery centers under Article 28.

<u>Minimum Wage (MW) Region</u>	<u>12/31/2016</u>	<u>12/31/2017</u>	<u>12/31/2018</u>	<u>12/31/2019</u>	<u>12/31/2020</u>	<u>12/31/2021</u>	<u>12/31/2022</u>
<u>New York City (Large employers)</u>	<u>\$11.00</u>	<u>\$13.00</u>	<u>\$15.00</u>	<u>\$15.00</u>	<u>\$15.00</u>	<u>\$15.00</u>	<u>\$15.00</u>
<u>New York City (Small employers)</u>	<u>\$10.50</u>	<u>\$12.00</u>	<u>\$13.50</u>	<u>\$15.00</u>	<u>\$15.00</u>	<u>\$15.00</u>	<u>\$15.00</u>
<u>Nassau, Suffolk, &amp; Westchester counties</u>	<u>\$10.00</u>	<u>\$11.00</u>	<u>\$12.00</u>	<u>\$13.00</u>	<u>\$14.00</u>	<u>\$15.00</u>	<u>\$15.00</u>
<u>Remainder of the State</u>	<u>\$9.70</u>	<u>\$10.40</u>	<u>\$11.10</u>	<u>\$11.80</u>	<u>\$12.50</u>	<u>\$13.20*</u>	<u>\$14.20**</u>

\*Effective January 1, 2022, the minimum wage value for the Remainder of the State will be \$13.20.

\*\*Effective January 1, 2023, the minimum wage value for the Remainder of the State will be \$14.20.

<u>Minimum Wage (MW) Region</u>	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>				
<u>New York City (Large employers)</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>				
<u>New York City (Small employers)</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>				
<u>Nassau, Suffolk, &amp; Westchester counties</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>				
<u>Remainder of the State</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.00</u>				

TN #24-0021

Approval Date \_\_\_\_\_

Supersedes TN #23-0011

Effective Date January 1, 2024

**New York  
2(p)(ii)(1)**

**1905(a)(9) Clinic Services**

**Minimum Wage – Article 28 Freestanding Clinics (continued)**

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by  $\frac{1}{2}$  percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

TN       #24-0021      

Approval Date \_\_\_\_\_

Supersedes TN       #NEW      

Effective Date   January 1, 2024

**New York  
2(p)(ii)(2)**

**1905(a)(9) Clinic Services**

**Minimum Wage – Article 28 Freestanding Clinics (continued)**

The minimum wage add-on and the adjusted APG rate will be posted to Health Commerce System (HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)). The minimum wage add-on will be developed and implemented as follows:

- a. Minimum wage costs will mean the additional costs incurred beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage.
  - i. Minimum wage cost development based on survey data collected.
    1. Survey data will be collected for facility specific wage data.
    2. Facilities will report by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
    3. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
    4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the facility has reported total hours paid. To this result, the facility's average fringe benefit percentage is applied and added to the costs.
  - ii. Minimum wage cost development based on the AHCF cost report data.
    1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
    2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the AHCF cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.
    3. The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
    4. The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.

TN   #24-0021  

Approval Date \_\_\_\_\_

Supersedes TN   #NEW  

Effective Date   January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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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#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 million.

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#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 million.

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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 Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:



**SUMMARY**  
**SPA #24-0022**

This State Plan Amendment proposes to provide across-the-board operating rate increases to OASAS-certified hospital-based chemical dependency rehabilitation inpatient services (7.9%) and hospital-based substance abuse detoxification inpatient services (4.7%) effective January 1, 2024.

DRAFT



114 Willoughby Street  
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#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**Institutional Services**

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for hospital-based Chemical Dependence Inpatient Rehabilitation, Medically Managed and Medically Supervised Inpatient Withdrawal and Stabilization programs. Hospital-based Chemical Dependence Inpatient Rehabilitation programs will receive an across the board increase of 7.9%. Hospital-based Medically Managed Inpatient Withdrawal and Stabilization and Medically Supervised Inpatient Withdrawal and Stabilization programs will receive an across the board increase of 4.7%.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$969,000.

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](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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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](mailto: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 long term care services to comply with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

**Long Term Care Services**

Effective on or after January 1, 2024, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following measure will be removed from the measurement set: Percent of Long Stay Residents with Dementia Who Received an Antipsychotic Medication (PQA). The following measure will be added to the measurement set: Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines.

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

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

state\_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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New York, New York 10018

Queens County, Queens Center  
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Long Island City, New York 11101

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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](mailto: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 the enacted New York State budget. The following changes are proposed:

**Non-Institutional Services**

Effective on or after January 1, 2024, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for Office of Mental Health (OMH) Outpatient Services, Clinic Services and Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$312,000.

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

Bronx County, Tremont Center

**SUMMARY**  
**SPA #24-0023**

This State Plan Amendment proposes to amend the Title XIX (Medicaid) for non-institutional services to comply with enacted statutory provisions 1945 of the Social Security Act. The changes proposed in the SPA seek to update the fees of the Health Home Serving Children care management and add an additional tiered fee for Health Home Serving Children providing High Fidelity Wraparound (HFW) as an evidence-based care management service provided to children/youth referred and eligible for HFW within Health Home Serving Children, by agencies designated by the New York State designation process.

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[Records](#) / [Submission Packages - Your State](#)

# NY - Submission Package - NY2024MS0002O - (NY-24-0023) - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2024MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	NYS Health Home Program	<b>State</b>	NY
<b>SPA ID</b>	NY-24-0023	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Pending

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# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

### Package Header

<b>Package ID</b> NY2024MS0002O	<b>SPA ID</b> NY-24-0023
<b>Submission Type</b> Official	<b>Initial Submission Date</b> N/A
<b>Approval Date</b> N/A	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** NY-24-0023

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	1/1/2024	NY-23-0061
Health Homes Population and Enrollment Criteria	1/1/2024	NY-21-0026
Health Homes Providers	1/1/2024	NY-20-0034
Health Homes Payment Methodologies	1/1/2024	NY-23-0061

DRAFT



### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

### Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** 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 update the fees of Health Home Serving Children care management and add an additional tiered fee for Health Homes Serving Children providing High Fidelity Wraparound (HFW) as an evidence-based care management service provided to children/youth referred and eligible for High Fidelity Wraparound within Health Homes Serving Children, by agencies designated by the New York State designation process.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

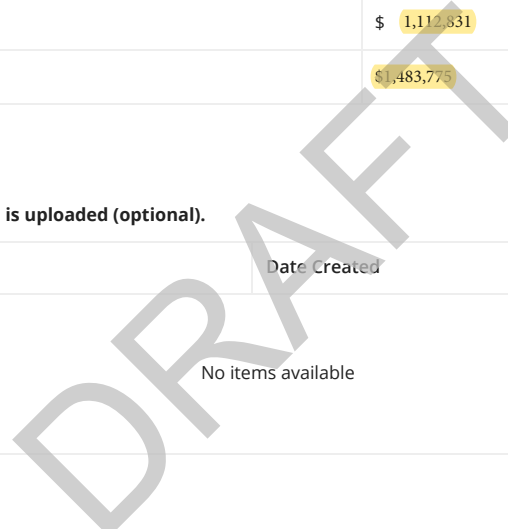
	Federal Fiscal Year	Amount
First	2024	\$ 1,112,831
Second	2025	\$1,483,775

#### Federal Statute / Regulation Citation

1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	



## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

### Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | NY2024MS00020 | NY-24-0023 | 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 checked="" type="checkbox"/>	Health Homes Intro	(	APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	(	APPROVED
<input checked="" type="checkbox"/>	Health Homes Population and Enrollment Criteria	(	APPROVED
<input checked="" type="checkbox"/>	Health Homes Providers	(	APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	(	APPROVED
<input checked="" 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 | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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	
<a href="#">FPN HHSC Rates and HFW (24-0023)</a>	2/8/2024 9:43 AM EST	

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b> NY2024MS0002O	<b>SPA ID</b> NY-24-0023
<b>Submission Type</b> Official	<b>Initial Submission Date</b> N/A
<b>Approval Date</b> N/A	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> 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
No items available

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# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-23-0061		
	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

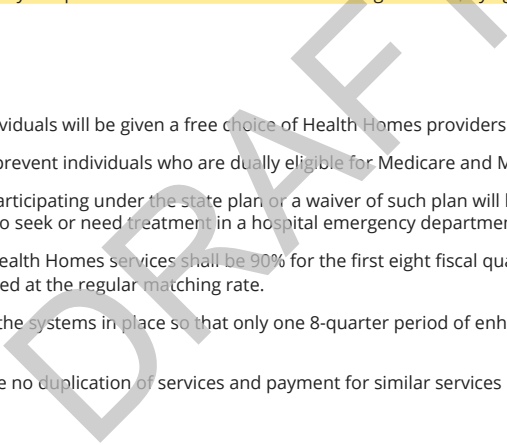
## Executive Summary

**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**

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 update the fees of Health Home Serving Children care management and add an additional tiered fee for Health Homes Serving Children providing High Fidelity Wraparound (HFV) as an evidence-based care management service provided to children/youth referred and eligible for High Fidelity Wraparound within Health Homes Serving Children, by agencies designated by the New York State designation process.

## 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 Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

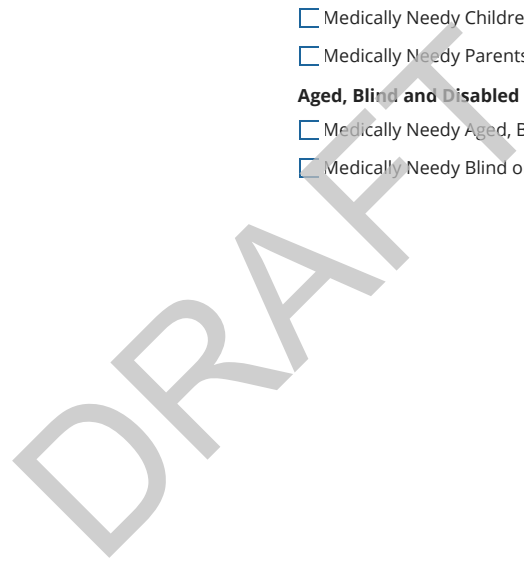
## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-21-0026		
	System-Derived		

## Categories of Individuals and Populations Provided Health Home Services

The state will make Health Home services available to the following categories of Medicaid participants

- Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- Medically Needy Eligibility Groups
  - Mandatory Medically Needy
    - Medically Needy Pregnant Women
    - Medically Needy Children under Age 18
  - Optional Medically Needy (select the groups included in the population)
    - Families and Adults**
      - Medically Needy Children Age 18 through 20
      - Medically Needy Parents and Other Caretaker Relatives
    - Aged, Blind and Disabled**
      - Medically Needy Aged, Blind or Disabled
      - Medically Needy Blind or Disabled Individuals Eligible in 1973





# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-21-0026		
	System-Derived		

## Population Criteria

The state elects to offer Health Homes services to individuals with:

Two or more chronic conditions

**Specify the conditions included:**

- Mental Health Condition
- Substance Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Other (specify):

Name	Description
BMI over 25	BMI is defined as, at or above 25 for adults, and BMI at or above the 85 percentile for children.

One chronic condition and the risk of developing another

**Specify the conditions included:**

- Mental Health Condition
- Substance Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Other (specify):

Name	Description
HIV/AIDS	see description below
One Serious Mental illness	see description below
SED/Complex Trauma	see description below
Sickle Cell Disease	see description below

**Specify the criteria for at risk of developing another chronic condition:**

HIV, Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) and complex trauma are each single qualifying conditions for which NYS was approved. Providers do not need to document a risk of developing another condition in these cases.

New York's Medicaid program serves over 5 million enrollees with a broad array of health care needs and challenges. While many Medicaid enrollees are relatively healthy and access practitioners to obtain episodic and preventive health care, the Medicaid program also has several population groups who have complex medical, behavioral, and long term care needs that drive a high volume of high cost services including inpatient and long term institutional care.

Of the 5.4M Medicaid enrollees who access services on a fee for service or

managed care basis, 975,000 (including dual eligibles) have been identified as high cost/high need enrollees with two or more chronic conditions and/or a Serious Persistent Mental Illness. These high cost/high need enrollees are categorized into four groups representing enrollees with intellectual disabilities, enrollees in need of long term care services, enrollees with behavioral health issues, and enrollees with two or more chronic medical conditions. One of NY's first health home initiatives will focus on enrollees with behavioral health and/or chronic medical conditions.

The NYS Medicaid program plans to certify health homes that build on current provider partnerships. Applicant health home providers will be required to meet State defined health home requirements that assure access to primary, specialty and behavioral health care that support the integration and coordination of all care. Recently passed New York State Law provides the Commissioners of Health, Mental Health, Alcoholism and Substance Abuse Services, and People with Developmental Disabilities the authority to integrate care delivery by synching health care, substance abuse services, and mental health certification requirements for health homes. Approved health homes will directly provide, or contract for, health home services to the identified eligible beneficiaries. To meet this goal, it is expected that health home providers will develop health home networks with primary, medical, specialty and mental health providers, substance abuse service providers, community based organizations, managed care plans and others to provide enrollees access to needed services.

To facilitate the use of health information technology by health homes to improve service delivery and coordination across the care continuum, NY has developed initial and final HIT standards for health homes that are consistent with NYS' Operational Plan for Health Information Technology and Exchange approved by CMS. Providers must meet initial HIT standards to implement a health home. Furthermore, applicants must provide a plan to achieve the final standards within eighteen months of program initiation in order to be approved as a health home provider.

To the extent possible health home providers will be encouraged to utilize regional health information organizations or qualified entities to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. hospitals, TCMS). Health home providers will be encouraged to utilize HIT as feasible to create, document, execute and update a plan of care that is accessible to the interdisciplinary team of providers for every patient. Health home providers will also be encouraged to utilize HIT as feasible to process and follow up on patient testing, treatments, community based services and provider referrals.

NY will target populations for health homes services in the major categories and the associated 3M Clinical Risk Group categories of chronic behavioral and medical conditions listed below.

Major Category: Alcohol and Substance Abuse  
3M Clinical Risk Group (3M CRGs) Category

1. Alcohol Liver Disease
2. Chronic Alcohol Abuse
3. Cocaine Abuse
4. Drug Abuse - Cannabis/NOS/NEC
5. Substance Abuse
6. Opioid Abuse
7. Other Significant Drug Abuse

Major Category: Mental Health  
3M Clinical Risk Group (3M CRGs) Category

1. Bi-Polar Disorder
2. Conduct, Impulse Control, and Other Disruptive Behavior Disorders
3. Dementing Disease
4. Depressive and Other Psychoses
5. Eating Disorder
6. Major Personality Disorders
7. Psychiatric Disease (Except Schizophrenia)
8. Schizophrenia

Major Category: Cardiovascular Disease  
3M Clinical Risk Group (3M CRGs) Category

1. Advanced Coronary Artery Disease
2. Cerebrovascular Disease
3. Congestive Heart Failure
4. Hypertension
5. Peripheral Vascular Disease

Major Category: HIV/AIDS  
3M Clinical Risk Group (3M CRGs) Category  
1. HIV Disease

Major Category: Metabolic Disease  
3M Clinical Risk Group (3M CRGs) Category  
1. Chronic Renal Failure  
2. Diabetes

Major Category: Respiratory Disease  
3M Clinical Risk Group (3M CRGs) Category  
1. Asthma  
2. Chronic Obstructive Pulmonary Disease

Major Category: Other  
3M Clinical Risk Group (3M CRGs) Category  
1. Other Chronic Disease -conditions listed above as well as other specific diagnoses of the population.

Description of population selection criteria

The target population to receive health home services under this amendment includes categorically needy and medically needy beneficiaries served by Medicaid managed care or fee for service and Medicare/Medicaid dual eligible beneficiaries who meet health home selection criteria. NY will offer Health Home Services to individuals with two or more chronic conditions, individuals with HIV/AIDS, individuals with one serious mental illness, individuals with SED, individuals with complex trauma, and individuals with Sickle Cell Disease.

Enrollees in the behavioral health category have been identified through claims and encounter data analysis as having received mental health or substance abuse services and/or having select mental health diagnoses. These enrollees often have co-morbid chronic, medical conditions. In addition, based on experience in working with this population, many of these enrollees have social issues, such as lack of permanent housing, that take priority to these individuals over their health care conditions. Enrollees in the chronic medical condition category have been identified through claims and encounter data analysis as having two or three chronic medical conditions.

Complex trauma exposure in childhood has been shown to impair brain development and the ability to learn and develop social and emotional skills during childhood, consequently increasing the risks of developing serious or chronic diseases in adolescence and adulthood. Children who have experienced complex trauma and who are not old enough to have experienced long-term impacts are uniquely vulnerable. Childhood exposure to child maltreatment, including emotional abuse and neglect, exposure to violence, sexual and physical abuse are often traumatic events that continue to be distressing for children even after the maltreatment has ceased, with negative physical, behavioral, and/or psychological effects on the children. Since child maltreatment occurs in the context of the child's relationship with a caregiver, the child's ability to form secure attachment bonds, sense of safety and stability are disrupted. Without timely and effective intervention during childhood, a growing body of research shows that a child's experience of these events (simultaneous or sequential maltreatment) can create wide-ranging and lasting adverse effects on developmental functioning, and physical, social, emotional or spiritual well-being. Enrolling children who are experiencing complex trauma in Health Homes will work to prevent, while an individual is still in childhood, the development of other more complex chronic conditions in adulthood.

Enrollees in the complex trauma category will be identified for referral to Health Homes by various entities, including child welfare systems (i.e., foster care and local departments of social services), health and behavioral health care providers, and other systems (e.g., education) that impact children.

Enrollees in the behavioral health category have been identified through claims and encounter data analysis as having received mental health or substance abuse services and/or having select mental health diagnoses. These enrollees often have co-morbid chronic, medical conditions. In addition, based on experience in working with this population, many of these enrollees have social issues, such as lack of permanent housing, that take priority to these individuals over their health care conditions. Enrollees in the chronic medical condition category have been identified through claims and encounter data analysis as having two or three chronic medical conditions.

One serious and persistent mental health condition

**Specify the criteria for a serious and persistent mental health condition:**

The guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses. 1. Definition of Complex Trauma a. The term complex trauma incorporates at least:

- i. Infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
- ii. the wide ranging long-term impact of this exposure.

b. Nature of the traumatic events:

- i. often is severe and pervasive, such as abuse or profound neglect
- ii. usually begins early in life
- iii. can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.)
- iv. often occur in the context of the child's relationship with a caregiver, and
- v. can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.

c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.

d. Wide-ranging, long-term adverse effects can include impairments in:

- i. physiological responses and related neurodevelopment
- ii. emotional responses
- iii. cognitive processes including the ability to think, learn, and concentrate
- iv. impulse control and other self-regulating behavior
- v. self-image, and
- vi. relationships with others and
- vii. dissociation.

Effective October 1, 2016 complex trauma and SED will each be a single qualifying condition.

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# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00020 | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS00020	<b>SPA ID</b>	NY-24-0023
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-21-0026		
	System-Derived		

## Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:

- Opt-In to Health Homes provider
- Referral and assignment to Health Homes provider with opt-out
- Other (describe)

### Describe the process used:


Any Individual, including those for which consent to enroll in a health home will be provided by a parent or guardian, will be referred to health homes by health homes, care managers, managed care plans and other providers and entities, including local departments of social services, and local government units. Referrals will be processed for assignment, and such assignments will take into account existing relationships with health care providers or health care delivery system relationships, geography, and/or qualifying condition. Such individuals/parents/guardians will be given the option to choose another health home when available, or opt out of enrollment of a health home.

One exception to the processes described above relates to beneficiaries for High Fidelity Wraparound (HFW) for this level of care coordination requires: the child/youth must meet each of the following factors: 1) Age 6-21, 2) A functional impairment in the home, school, or community as measured by the Children and Adolescent Needs and Strengths (CANS-NY), 3) Health Home (HH) Enrolled/Eligible through SED or 2 MH diagnoses, AND 4) The child/ youth is involved with two or more systems. In addition, the child/youth must meet service utilization criteria which demonstrates their level of need for intensive care management services. Services include, but are not limited to, out-of-home inpatient or residential services, crisis and emergency services, intensive treatment programs, or services restricted to high-need populations.

Children/youth identified through the various child system of care providers, the local county department of mental health Single Point of Access (SPOAs) who have direct connections to mental health providers, schools, hospitals, and psychiatric centers, and the Health Home care management agencies will identify potential members and will receive referrals for Health Home care management services inclusive of High Fidelity Wrap.

Children/youth entering the Health Home Serving Children program who meet high needs/high risk criteria above for mental health will be screened for the potential of HFW.

The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Homes benefit or to change Health Homes providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individuals of the Health Homes benefit and their rights to choose or change Health Homes providers or to elect not to receive the benefit.

Name	Date Created	
NY Health Home Brochure	9/14/2016 10:08 AM EDT	

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# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-20-0034		
	System-Derived		

## Types of Health Homes Providers

Designated Providers

**Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards**

- Physicians
- Clinical Practices or Clinical Group Practices
- Rural Health Clinics
- Community Health Centers
- Community Mental Health Centers
- Home Health Agencies
- Case Management Agencies
- Community/Behavioral Health Agencies
- Federally Qualified Health Centers (FQHC)
- Other (Specify)

Provider Type	Description
Designated Providers as described in section 1945(h)(5)	please see text below

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## Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

### Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
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Teams of Health Care Professionals

Health Teams

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# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-20-0034		
	System-Derived		

## Provider Infrastructure

### Describe the infrastructure of provider arrangements for Health Home Services

New York's health home provider infrastructure will include designated providers working with multidisciplinary teams as described below. 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 provider that meet health home provider standards. To assure that NY health homes meet the proposed federal health home model of service delivery and NYS standards, health home provider qualification standards were developed. The standards were developed with input from a variety of stakeholders including hospitals, clinics, physicians, mental health experts, chemical dependency treatment experts and housing providers. Representatives from the Department of Health's Offices of Health Systems Management, Health IT Transformation, and the AIDS Institute and the NYS Offices of Mental Health and Office of Addiction Services and Supports also participated in the development of these standards. The standards set the ground work for assuring that health home enrollees will receive appropriate, and timely access to medical, behavioral, and social services in a coordinated and integrated manner.

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care. Optional team members may include nutritionists/dieticians, pharmacists, outreach workers including peer specialists and other representatives as appropriate to meet the enrollee needs (housing representatives, entitlement, employment). All members of the team will be responsible for reporting back to the care manager on patient status, treatment options, actions taken and outcomes as a result of those interventions. All members of the team will also be responsible for ensuring that care is person-centered, culturally competent and linguistically capable.

A single care management record will be agreed to and shared by all team professionals and case reviews will be conducted on a regular basis. The care manager will be responsible for overall management and coordination of the enrollee's care plan which will include both medical/behavioral health and social service needs and goals.

In order to ensure the delivery of quality health home services, the State will provide educational opportunities for health home providers, such as webinars, regional meetings and/ or learning collaboratives to foster shared learning, information sharing and problem solving. Educational opportunities will be provided to support the provision of timely, comprehensive, high-quality health homes services that are whole person focused and that integrate medical, behavioral health and other needed supports and social services. The State will maintain a highly collaborative and coordinated working relationship with individual health home providers through frequent communication and feedback. Learning activities and technical assistance will also support providers of health home services to address the following health home functional components:

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;
2. Coordinate and provide access to high-quality health care services informed by evidence-based clinical practice guidelines;
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders;
4. Coordinate and provide access to mental health and substance abuse services;
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families;
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services;
8. Coordinate and provide access to long-term care supports and services;
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

The Department of Health in partnership with the Office of Mental Health and the Office of Addiction Services and Supports will closely monitor health home providers to ensure that health home services are being provided that meet the NYS health home provider standards and CMS' health home core functional requirements. Oversight activities will include, but not be limited to: medical chart and care management record review, site audits, team composition analysis, and review of types and number of contacts, etc.

Health Home care management agencies must be designated by New York State to offer High Fidelity Wraparound. Agencies must demonstrate and detail their understanding, commitment, and experience with the key qualifications necessary to effectively implement HFW and agree to remain in compliance throughout implementation.

HFW care managers must complete the required State certification in the HFW model. HFW care managers must also meet the Health Home Serving Children staff qualifications.

High Fidelity Wraparound caseloads will not exceed 1:12

## Supports for Health Homes Providers



**Describe the methods by which the state will support providers of Health Homes services in addressing the following components**

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

**Description**

High Fidelity Wraparound certification training consists of self-paced and trainer-led instruction, peer learning collaboratives, and skills clinics. The certification training is completed over the course of 16 weeks with the skills and knowledge presented divided across the four phases of HFW. In addition to training, care managers are required to attend one coaching session per month for twelve months to receive full certification. Provisional certification is awarded to care managers following the successful completion of all training modules offered in the initial eight-week training period and two coaching calls. A care manager may begin implementing HFW with youth and families once provisional certification is achieved.

High Fidelity Wraparound Supervisory Certification is attained after successfully completing the initial 16-week care manager certification training and completing an additional HFW Supervision training module. This module consists of self-paced and trainer-led courses and is completed over the course of 6 weeks. In addition to care manager and supervisor training, supervisors are required to attend one coaching session per month for twelve months to receive full certification.

NYS has established a dynamic data collection and analysis process to monitor the delivery and outcomes related to HFW.

**Other Health Homes Provider Standards****The state's requirements and expectations for Health Homes providers are as follows**

The state's minimum requirements and expectations for Health Home providers are as follows: Under New York State's approach to health home implementation, a health home provider is the central point for directing patient-centered care and is accountable for reducing avoidable health care costs, specifically preventable hospital admissions/readmissions and avoidable emergency room visits; providing timely post discharge follow-up, and improving patient outcomes by addressing primary medical, specialist and behavioral health care through direct provision, or through contractual arrangements with appropriate service providers, of comprehensive, integrated services.

## General Qualifications

1. Health home providers/plans must be enrolled (or be eligible for enrollment) in the NYS Medicaid program and agree to comply with all Medicaid program requirements.
2. Health home providers can either directly provide, or subcontract for the provision of, health home services. The health home provider remains responsible for all health home program requirements, including services performed by the subcontractor.
3. Care coordination and integration of health care services will be provided to all health home enrollees by an interdisciplinary team of providers, where each individual's care is under the direction of a dedicated care manager who is accountable for assuring access to medical and behavioral health care services and community social supports as defined in the enrollee care plan.
4. Hospitals that are part of a health home network must have procedures in place for referring any eligible individual with chronic conditions who seek or need treatment in a hospital emergency department to a DOH designated health home provider.
5. Health home providers must demonstrate their ability to perform each of the eleven CMS health home core functional components. (Refer to section iii. Provider Infrastructure) Including:
  - i. processes used to perform these functions;
  - ii. processes and timeframes used to assure service delivery takes place in the described manner; and
  - iii. description of multifaceted health home service interventions that will be provided to promote patient engagement, participation in their plan of care and that ensures patients appropriate access to the continuum of physical and behavioral health care and social services.
6. Health home providers must meet the following core health home requirements in the manner described below. Health home providers must provide written documentation that clearly demonstrates how the requirements are being met.

\* Please note whenever the individual/ patient /enrollee is stated when applicable, the term is interchangeable with guardian.

## I. Comprehensive Care Management

Policies and procedures are in place to create, document, execute and update an individualized, patient centered plan of care for each individual.

- 1a. A comprehensive health assessment that identifies medical, mental health, chemical dependency and social service needs is developed.
- 1b. The individual's plan of care integrates the continuum of medical, behavioral health services, rehabilitative, long term care and social service needs and clearly identifies the primary care physician/nurse practitioner, specialist(s), behavioral health care provider(s), care manager and other providers directly involved in the

individual's care.

1c. The individual (or their guardian) play a central and active role in the development and execution of their plan of care and should agree with the goals, interventions and time frames contained in the plan.

1d. The individual's plan of care clearly identifies primary, specialty, behavioral health and community networks and supports that address their needs.

1e. The individual's plan of care clearly identifies family members and other supports involved in the patient's care. Family and other supports are included in the plan and execution of care as requested by the individual.

1f. The individual's plan of care clearly identifies goals and timeframes for improving the patient's health and health care status and the interventions that will produce this effect.

1g. The individual's plan of care must include outreach and engagement activities that will support engaging patients in care and promoting continuity of care.

1h. The individual's plan of care includes periodic reassessment of the individual needs and clearly identifies the patient's progress in meeting goals and changes in the plan of care based on changes in patient's need.

## II. Care Coordination and Health Promotion

2a. The health home provider is accountable for engaging and retaining health home enrollees in care; coordinating and arranging for the provision of services; supporting adherence to treatment recommendations; and monitoring and evaluating a patient's needs, including prevention, wellness, medical, specialist and behavioral health treatment, care transitions, and social and community services where appropriate through the creation of an individual plan of care.

2b. The health home provider will assign each individual a dedicated care manager who is responsible for overall management of the patient's care plan. The health home care manager is clearly identified in the patient record. Each individual enrolled with a health home will have one dedicated care manager who has overall responsibility and accountability for coordinating all aspects of the individual's care. The individual cannot be enrolled in more than one care management program funded by the Medicaid program.

2c. The health home provider must describe the relationship and communication between the dedicated care manager and the treating clinicians that assure that the care manager can discuss with clinicians on an as needed basis, changes in patient condition that may necessitate treatment change (i.e., written orders and/or prescriptions).

2d. The health home provider must define how patient care will be directed when conflicting treatment is being provided.

2e. The health home provider has policies, procedures and accountabilities (contractual agreements) to support effective collaborations between primary care, specialist and behavioral health providers, evidence-based referrals and follow-up and consultations that clearly define roles and responsibilities.

2f. The health home provider supports continuity of care and health promotion through the development of a treatment relationship with the individual and the interdisciplinary team of providers.

2g. The health home provider supports care coordination and facilitates collaboration through the establishment of regular case review meetings, including all members of the interdisciplinary team on a schedule determined by the health home provider. The health home provider has the option of utilizing technology conferencing tools including audio, video and /or web deployed solutions when security protocols and precautions are in place to protect PHI.

2h. The health home provider ensures 24 hours/seven days a week availability to a care manager to provide information and emergency consultation services.

2i. The health home provider will ensure the availability of priority appointments for health home enrollees to medical and behavioral health care services within their health home provider network to avoid unnecessary, inappropriate utilization of emergency room and inpatient hospital services.

2j. The health home provider promotes evidence based wellness and prevention by linking health home enrollees with resources for smoking cessation, diabetes, asthma, hypertension, self help recovery resources, and other services based on individual needs and preferences.

2k. The health home provider has a system to track and share patient information and care needs across providers and to monitor patient outcomes and initiate changes in care, as necessary, to address patient need.

## III. Comprehensive Transitional Care

3a. The health home provider has a system in place with hospitals and residential/rehabilitation facilities in their network to provide the health home prompt notification of an individual's admission and/or discharge to/from an emergency room, inpatient, or residential/rehabilitation setting.

3b. The health home provider has policies and procedures in place with local practitioners, health facilities including emergency rooms, hospitals, and residential/rehabilitation settings, providers and community-based services to help ensure coordinated, safe transitions in care for its patients who require transfers in the site of care.

3c. The health home provider utilizes HIT as feasible to facilitate interdisciplinary collaboration among all providers, the patient, family, care givers, and local supports.

3d. The health home provider has a systematic follow-up protocol in place to assure timely access to follow-up care post discharge that includes at a minimum receipt of a summary care record from the discharging entity, medication reconciliation, timely scheduled appointments at recommended outpatient providers, care manager verification with outpatient provider that the patient attended the appointment, and a plan to outreach and reengage the patient in care if the appointment was missed.

## IV. Patient and Family Support

4a. Patient's individualized plan of care reflects patient and family or caregiver preferences, education and support for self-management; self help recovery, and other resources as appropriate.

4b. Patient's individualized plan of care is accessible to the individual and their families or other caregivers based on the individual's preference.

4c. The health home provider utilizes peer supports, support groups and self-care programs to increase patients' knowledge about their disease, engagement and self management capabilities, and to improve adherence to prescribed treatment.

4d. The health home provider discusses advance directives with enrollees and their families or caregivers.

4e. The health home provider communicates and shares information with individuals and their families and other caregivers with appropriate consideration for language, literacy and cultural preferences.

4f. The health home provider gives the patient access to care plans and options for accessing clinical information.

## V. Referral to Community and Social Support Services

5a. The health home provider identifies available community-based resources and actively manages appropriate referrals, access, engagement, follow-up and coordination of services.

5b. The health home provider has policies, procedures and accountabilities (contractual agreements) to support effective collaborations with community-based resources, which clearly define roles and responsibilities.

5c. The plan of care should include community-based and other social support services as well as healthcare services that respond to the patient's needs and

preferences and contribute to achieving the patient's goals.

VI. Use of Health Information Technology to Link Services

Health home providers will make use of available HIT and accesses data through the regional health information organization (RHIOs)/Qualified Entities (QE) to conduct these processes as feasible, to comply with the initial standards cited in items 6a.-6d for implementation of health homes. In order to be approved as health home provider, applicants must provide a plan to achieve the final standards cited in items 6e.-6i. within eighteen (18) months of program initiation.

Initial Standards

- 6a. Health home provider has structured information systems, policies, procedures and practices to create, document, execute, and update a plan of care for every patient.
- 6b. Health home provider has a systematic process to follow-up on tests, treatments, services and, and referrals which is incorporated into the patient's plan of care.
- 6c. Health home provider has a health record system which allows the patient's health information and plan of care to be accessible to the interdisciplinary team of providers and which allows for population management and identification of gaps in care including preventive services.
- 6d. Health home provider makes use of available HIT and accesses data through the RHIO/QE to conduct these processes, as feasible.

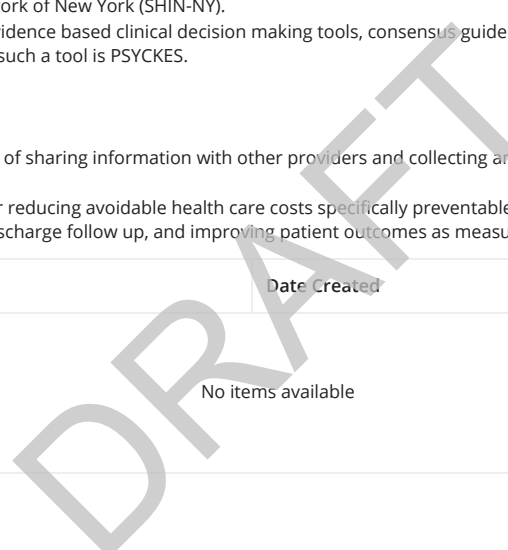
Final Standards

- 6e. Health home provider has structured interoperable health information technology systems, policies, procedures and practices to support the creation, documentation, execution, and ongoing management of a plan of care for every patient.
- 6f. Health home provider uses an electronic health record system that qualifies under the Meaningful Use provisions of the HITECH Act, which allows the patient's health information and plan of care to be accessible to the interdisciplinary team of providers. If the provider does not currently have such a system, they will provide a plan for when and how they will implement it.
- 6g. Health home provider will be required to comply with the current and future version of the Statewide Policy Guidance ([http://health.ny.gov/technology/statewide\\_policy\\_guidance.htm](http://health.ny.gov/technology/statewide_policy_guidance.htm)) which includes common information policies, standards and technical approaches governing health information exchange.
- 6h. Health home provider commits to joining regional health information networks or qualified health IT entities for data exchange and includes a commitment to share information with all providers participating in a care plan. RHIOs/QE provides policy and technical services required for health information exchange through the Statewide Health Information Network of New York (SHIN-NY).
- 6i. Health home provider supports the use of evidence based clinical decision making tools, consensus guidelines, and best practices to achieve optimal outcomes and cost avoidance. One example of such a tool is PSYCKES.

VII. Quality Measures Reporting to State

- 7a. The health home provider has the capability of sharing information with other providers and collecting and reporting specific quality measures as required by NYS and CMS.
- 7b. The health home provider is accountable for reducing avoidable health care costs specifically preventable hospital admissions/readmissions and avoidable emergency room visits; providing timely post discharge follow up, and improving patient outcomes as measured by NYS and CMS required quality measures.

Name	Date Created
No items available	



# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS0002O	<b>SPA ID</b>	NY-24-0023
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<b>Superseded SPA ID</b>	NY-23-0061		
	System-Derived		

## Payment Methodology

The State's Health Homes payment methodology will contain the following features

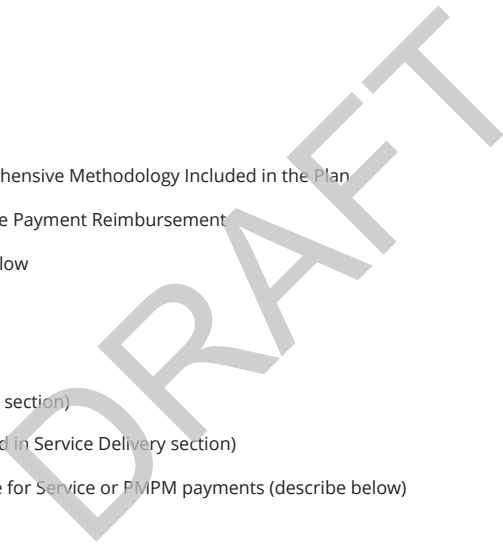
- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Fee for Service Rates based on
    - Severity of each individual's chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other

**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 | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

## Package Header

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<b>Superseded SPA ID</b>	NY-23-0061		
	System-Derived		

## 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](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/index.htm)

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## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0002O | NY-24-0023 | NYS Health Home Program

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	System-Derived		

### 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](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](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](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](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		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		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		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		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		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		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		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		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.

Effective January 1, 2024, a per member per month (PMPM) care management fee was developed separately for the Health Homes Serving Children designated by the NYS designation process and providing High Fidelity Wraparound. The fee is based on modeling estimated enrollment, staff salaries, benefits, non-personnel costs, overhead, and administrative costs that is based on region under High Fidelity Wraparound based on the caseload assumptions. Separate projections and rates are developed for this population of most vulnerable children who meet the following conditions to be part of this service:

Diagnosis of SED diagnosis as well as additional criteria, namely that the child or youth is:

- Between 6 and 21 years of age;
- Has a functional impairment in the home, school, or community as measured by the Children and Adolescent Needs and Strengths (CANS-NY);
- Is Health Home (HH) Enrolled/Eligible through SED or 2 MH diagnoses;
- Is involved with two or more systems;
- Has a history of service utilization with out-of-home residential or inpatient services, crisis and emergency services, intensive treatment programs or represent high needs populations.

Separate rates are developed for the children's High Fidelity Wraparound services for the Health Homes Serving Children. State Health Home Rates and Rate Codes Effective January 1, 2024 can be found at:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/billing/index.htm](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 | NY2024MS00020 | NY-24-0023 | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2024MS00020	<b>SPA ID</b>	NY-24-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	NY-23-0061		
	System-Derived		

## 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](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).

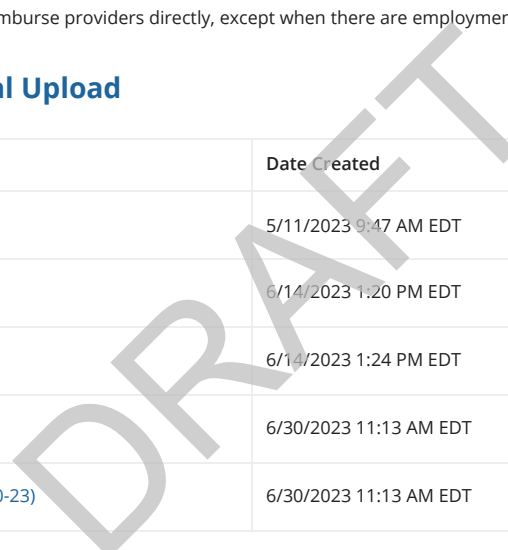
The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

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	
Authorizing Provisions 4% COLA (003)	6/14/2023 1:20 PM EDT	
Summary (23-0061) - 4% COLA HH+	6/14/2023 1:24 PM EDT	
HCFA (23-0061)(CMS 6-30-23)	6/30/2023 11:13 AM EDT	
Original Submission Letter (23-0061)(CMS 6-30-23)	6/30/2023 11:13 AM EDT	

1 - 5 of 5



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 2/8/2024 9:47 AM EST*

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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](http://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 revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e) and remove restrictions for licensed social workers in accordance with Public Health Law § 2807(2-a)(f)(ii)(C). The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments. Also, the restriction limiting services rendered by licensed social workers only to individual psychotherapy and only for persons under the age of 21 and individuals requiring services as a result of pregnancy or giving birth, is removed as of the same effective date.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$8.3 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](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](mailto: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 Section 1945 of the Social Security Act and other enacted statutory provisions. The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2024, the proposed amendment establishes revised rates for Health Home Serving Children care management and authorizes payment for High Fidelity Wraparound as an evidence-based care management service provided to children/youth referred and eligible for High Fidelity Wraparound within Health Homes Serving Children, by agencies designated by the New York State designation process.

The estimated annual net aggregate increase in annual gross Medicaid expenditures attributable to these initiatives is \$2.8 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

114 Willoughby Street  
Brooklyn, New York 11201

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

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

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

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0025**

This State Plan Amendment proposes to maintain the quality incentive for nursing homes into the 2023 rate year and will continue to recognize improvement in performances as an element in the program and provide for other minor modifications. This SPA will clarify the reporting requirements related to the 2023 quality adjustments.

DRAFT

**Attachment A**  
**Annotated Pages**

**Annotated Page:**

**Attachment 4.19-D:** Page 110(d)(22.1)(a)

DRAFT





**Appendix I**  
**2024 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

DRAFT

**New York  
110(d)(21)**

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

The New York State Nursing Home Quality Pool (NHQP) is an annual budget-neutral pool of \$50 million dollars. The intent of the NHQP is to incentivize Medicaid-certified nursing facilities across New York State to improve the quality of care for their residents, and to reward facilities for quality based on their performance. The set of measures used to evaluate nursing homes are part of the Nursing Home Quality Initiative (NHQI). The performances of facilities in the NHQI determine the distribution of the funds in the NHQP.

NHQI is described below using MDS (Minimum Data Set) year and NHQI (Nursing Home Quality Initiative) year. MDS year refers to the year the assessment data is collected. NHQI year refers to the year when the nursing home performance is evaluated. For example, if the NHQI year is ~~2022~~ 2023, then the MDS year is ~~2021~~ 2022. For NHQI ~~2022~~ 2023, the Commissioner will calculate a score and quintile ranking based on data from the MDS year ~~2021~~ 2022 (January 1 of the MDS year through December 31 of the MDS year), for each non-specialty facility. The score will be calculated based on measurement components comprised of Quality, Compliance, and Efficiency Measures. These measurement components and their resulting score and quintile ranking will be referred to as the Nursing Home Quality Initiative. From the NHQI, the Commissioner will exclude specialty facilities consisting of non-Medicaid facilities, Special Focus Facilities as designated by the Centers for Medicare and Medicaid Services (CMS), Continuing Care Retirement Communities, Transitional Care Units, specialty facilities, and specialty units within facilities. Specialty facilities and specialty units will include AIDS facilities or discrete AIDS units within facilities, facilities or discrete units within facilities for residents receiving care in a long-term inpatient rehabilitation program for traumatic brain injured persons, facilities or discrete units within facilities that provide specialized programs for residents requiring behavioral interventions, facilities or discrete units within facilities for long-term ventilator dependent residents, facilities or discrete units within facilities that provide services solely to children, and neurodegenerative facilities or discrete neurodegenerative units within facilities. The score for each such non-specialty facility will be calculated using the following Quality, Compliance, and Efficiency Measures. The measures in this NHQI are listed below:

<b>Quality Measures</b>		<b>Measure Steward</b>
1	Percent of Long Stay Residents Who Received the Pneumococcal Vaccine	CMS
2	Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine	CMS
3	Percent of Long Stay Residents Experiencing One or More Falls with Major Injury	CMS
4	Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder	CMS
5	Percent of Long Stay High Risk Residents with Pressure Ulcers (As Risk Adjusted by the Commissioner)	CMS
6	Percent of Long Stay Residents Who have Depressive Symptoms	CMS
7	Percent of Long Stay Residents Who Lose Too Much Weight (As Risk Adjusted by the Commissioner)	CMS

TN       #24-0025      

Approval Date \_\_\_\_\_

Supersedes TN   #23-0016  

Effective Date   January 1, 2024





New York  
110(d)(22.1)(a)

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

**Total Nursing Staff Turnover (by region) continued**

The annual turnover percentages for all the NHQI facilities are downloaded from CMS for the MDS year. These percentages are used to calculate quintile cut points for Metropolitan (MARO) and Non-Metropolitan (Non-MARO) regions in the New York state. Non-Metropolitan region include Western New York, Capital District, and Central New York. Nursing homes will be given points for this measure based on their performance in that region.

**Metropolitan Area Regional Offices (MARO):** Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, and Westchester.

**Non-Metropolitan Area Regional Offices (Non-MARO):** Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saint Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, and Yates.

**Percentage of Current Residents Up to Date with COVID-19 Vaccines**

The vaccination rate for this measure is calculated as follows:  $(\text{Number of Residents Staying in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines} / \text{Number of Residents Staying in this Facility for At Least 1 Day This Week}) * 100.$

The weekly vaccination rates for this measure are downloaded from the CMS’s COVID-19 Nursing Home data website. The Nursing Home COVID-19 Public File includes data reported by nursing homes to the CDC’s National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module: Surveillance Reporting Pathways and COVID-19 Vaccinations. One of the weekly vaccination rates during October to December 2023 will be used. The rates will be used to calculate quintile cut points. Nursing homes will be given points for this measure based on their performance.

TN     #24-0025    

Approval Date \_\_\_\_\_

Supersedes TN     #23-0016    

Effective Date     January 1, 2024

New York  
110(d)(22.1)(b)

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

**Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines**

The vaccination rate for this measure is calculated as follows: Number of Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines / Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week) \* 100

The weekly vaccination rates for this measure are downloaded from the CMS's COVID-19 Nursing Home data website. The Nursing Home COVID-19 Public File includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module: Surveillance Reporting Pathways and COVID-19 Vaccinations. One of the weekly vaccination rates during October to December 2023 will be used. The rates will be used to calculate quintile cut points. Nursing homes will be given points for this measure based on their performance.

**Awarding for Improvement**

Nursing homes will be awarded improvement points from previous years' performance in selected measures in the Quality Component only. One improvement point will be awarded for a nursing home that improves in its quintile for a specific quality measure, compared to its quintile in the previous year for that quality measure. Nursing homes that obtain the top quintile in a quality measure will not receive an improvement point because maximum points per measure cannot exceed five. The threshold-based quality measures below will not be eligible to receive improvement points:

- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
- Percent of Long Stay Residents with a Urinary Tract Infection
- Percent of Contract/Agency Staff Used

TN #24-0025

Approval Date \_\_\_\_\_

Supersedes TN #NEW

Effective Date January 1, 2024



New York  
110(d)(22.3)

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

- Percent of Long Stay Residents Who Lose Too Much Weight: The covariates include age, hospice care, cancer, renal failure, prognosis of less than six months of life expected.

For these two measures the risk adjusted methodology includes the calculation of the observed rate; that is the facility's numerator-compliant population divided by the facility's denominator.

The expected rate is the rate the facility would have had if the facility's patient mix was identical to the patient mix of the state. The expected rate is determined through the risk-adjusted model and follows the CMS methodology found in the MDS 3.0 Quality Measures User's Manual, [Appendix A-1](#).

The facility-specific, risk-adjusted rate is the ratio of observed to expected measure rates multiplied by the overall statewide measure rate.

Reduction of Points Base: When a quality measure is not available for a nursing home, the number of points the measure is worth will be reduced from the NHQI maximum base points. The nursing home's total score will be the sum of its points divided by the base. For example, this reduction can happen in the following scenario: when a quality measure has a denominator of less than 30.

TN           #24-0025                                

Approval Date   

Supersedes TN           #23-0016                                

Effective Date           January 1, 2024





Institutional Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for hospital-based Chemical Dependence Inpatient Rehabilitation, Medically Managed and Medically Supervised Inpatient Withdrawal and Stabilization programs. Hospital-based Chemical Dependence Inpatient Rehabilitation programs will receive an across the board increase of 7.9%. Hospital-based Medically Managed Inpatient Withdrawal and Stabilization and Medically Supervised Inpatient Withdrawal and Stabilization programs will receive an across the board increase of 4.7%.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$969,000.

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](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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**PUBLIC NOTICE**

**Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

**Long Term Care Services**

Effective on or after January 1, 2024, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following measure will be removed from the measurement set: Percent of Long Stay Residents with Dementia Who Received an Antipsychotic Medication (PQA). The following measure will be added to the measurement set: Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines.

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

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

state\_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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**PUBLIC NOTICE**

**Department of Health**

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

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

**Non-Institutional Services**

Effective on or after January 1, 2024, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for Office of Mental Health (OMH) Outpatient Services, Clinic Services and Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$312,000.

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](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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Brooklyn, New York 11201

Bronx County, Tremont Center

**SUMMARY**  
**SPA #24-0027**

This State Plan Amendment proposes to update minimum wage for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage.

DRAFT

**New York  
110(d)(28.1)**

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

**Adjustment for Minimum Wage Increases.** Effective January 1, 2024, and every January 1 thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to the specialty and non-specialty Nursing Home rate. The methodology remains consistent with the minimum wage methodology outlined in SPA.

<b><u>Minimum Wage Region</u></b>	<b><u>January 1, 2024</u></b>	<b><u>January 1, 2025</u></b>	<b><u>January 1, 2026</u></b>
<u>New York City</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Nassau, Suffolk &amp; Westchester</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Remainder of State</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.00</u>

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

Rates of payments to Nursing Home programs are available at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/nhr/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/nhr/)

TN #24-0027

Approval Date \_\_\_\_\_

Supersedes TN #NEW

Effective Date January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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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12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0028**

This State Plan Amendment proposes to update minimum wage for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage.

DRAFT



New York  
4(8)(1)(c)

**1905(a)(7) Home Health Care Services**

**Adjustment for Future Minimum Wage Increases.**

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

Further, the homecare worker minimum wage should be the sum of homecare worker minimum wage from the previous calendar year in addition to the home care worker wage adjustment. The wage of home care workers should not exceed the minimum wage of non-homecare workers plus \$3.00, plus applicable fringe.

Rates of payments to CHHA programs are available at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/chha/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/)

TN #24-0028

Approval Date \_\_\_\_\_

Supersedes TN #NEW

Effective Date January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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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Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY  
12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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## 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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0029**

This State Plan Amendment proposes to update minimum wage for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage.

DRAFT

New York  
4(c)(1.3)

**1905(a)(7) Home Health Care Services**

**Adjustment for Minimum Wage Increases.** Effective January 1, 2024, and every January 1 thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to rates for all ALP providers. The methodology remains consistent with the minimum wage methodology outlined in SPA.

<u>Minimum Wage Region</u>	<u>January 1, 2024</u>	<u>January 1, 2025</u>	<u>January 1, 2026</u>
<u>New York City</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Nassau, Suffolk &amp; Westchester</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Remainder of State</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.00</u>

Rates of payments to Assisted Living Programs are available at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/alp/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/alp/)

DRAFT

TN #24-0029

Supersedes TN #NEW

Approval Date

Effective Date January 1, 2024

**New York  
4(c)(1.4)**

**1905(a)(7) Home Health Care Services**

**Adjustment for Minimum Wage Increases. (Cont.)**

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

Further, the homecare worker minimum wage should be the sum of homecare worker minimum wage from the previous calendar year in addition to the home care worker wage adjustment. The wage of home care workers should not exceed the minimum wage of non-homecare workers plus \$3.00, plus applicable fringe.

TN #24-0029

Supersedes TN #NEW

Approval Date \_\_\_\_\_

Effective Date January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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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#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0030**

This State Plan Amendment proposes to increase the rates for Collaborative Care services provided by Article 28 hospital outpatient departments and freestanding clinics and physicians and nurse practitioners designated by the Office of Mental Health to provide Collaborative Care services.

DRAFT

**SPA 24-0030**  
**Attachment A**  
**Annotated Pages**

**Annotated Page:**

**Attachment 4.19-B:** Page 2(y)

DRAFT

New York  
2(y)**Collaborative Care Services****Reimbursement for Freestanding Clinics and Hospital Outpatient Departments**

Effective January 1, 2015, reimbursement will be provided to freestanding clinics and hospital outpatient departments licensed under Article 28 of the Public Health Law for Collaborative Care Services for patients diagnosed with depression in the form of a monthly case rate, specified below. Effective January 1, 2018, reimbursement will be provided to such providers for Collaborative Care Services for patients with other mental illness diagnoses at the same rates. Reimbursement shall be the same for both governmental and non-governmental providers.

Rate Code	Rate Code Description	Gross Rate
5246	Collaborative Care Monthly Case Rate - Year 1	\$150.00*
5247	Collaborative Care Monthly Case Rate - Year 2	\$100.00*
5248	Collaborative Care Retainage Monthly - Year 1	\$37.50
5249	Collaborative Care Retainage Monthly - Year 2	\$25.00

\*Twenty-five percent of the full monthly case rate will be withheld by the State and reimbursed to the provider in the form of a monthly retainage payment based on criteria specified below. The monthly withholding during year one is \$37.50, resulting in a net monthly case payment of \$112.50. The monthly withholding during year two is \$25.00, resulting in a net monthly case payment of \$75.00.

Providers shall be eligible to receive the monthly Collaborative Care Retainage withheld by the State after the patient has been enrolled in the Collaborative Care program for a minimum of three months and if one of the following criteria is met:

1. Demonstrable clinical improvement as defined by a decrease in the patient's baseline score on the PHQ-9, GAD-7, or other applicable evidenced-based assessment tool as further described in OMH guidelines available at [https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement](https://www.omh.ny.gov/omhweb/medicaid_reimbursement).
2. In cases where there is no demonstrable clinical improvement as described in criterion 1, there must be documentation in the medical record of one of the following:
  - a. Psychiatric review of the case by the designated consulting psychiatrist with either the care manager or primary care provider and a recommendation to change the treatment plan; or
  - b. A change in treatment plan.

After completion of a patient's third month of enrollment, providers who have met one of the criteria above may be reimbursed a lump sum for the first three months of Collaborative Care Retainage withheld and the monthly retainage withheld in each additional month of treatment, up to the completion of 12 months of treatment.

If a provider receives approval to provide Collaborative Care Services for an additional 12 months, the provider shall not be eligible to receive the Collaborative Care Retainage withheld until after the completion of three months and subject to the same eligibility requirements as in the first 12 months.

TN     #24-0030    

Approval Date \_\_\_\_\_

Supersedes TN     #14-0027    Effective Date     January 1, 2024

**Appendix I**  
**2024 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

DRAFT

New York  
2(a)(iv)(1)

**1905(a)(9) Clinic Services**

**Collaborative Care Services: Freestanding Clinics**

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to ~~12~~ 24 months of Collaborative Care Services, which are not required to be consecutive. ~~With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.~~ After six months without a service, the 24-month service limit will reset.

TN #24-0030

Approval Date \_\_\_\_\_

Supersedes TN #14-0027

Effective Date January 1, 2024

New York  
2(a)(iv)(1)

**1905(a)(9) Clinic Services**

**Collaborative Care Services: Freestanding Clinics**

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to ~~12~~ 24 months of Collaborative Care Services, which are not required to be consecutive. ~~With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.~~ After six months without a service, the 24-month service limit will reset.

TN     #24-0030    

Approval Date \_\_\_\_\_

Supersedes TN     #14-0027    

Effective Date     January 1, 2024



New York  
1.0

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

**1905(a)(6) Medical care furnished by licensed practitioners within scope of practice (Nurse Practitioner Services)**

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

Effective January 1, 2015 for physicians and April 1, 2021 for nurse practitioners, reimbursement will be provided for Collaborative Care Services provided to patients diagnosed with depression pursuant to the methodology for Collaborate Care Services for Freestanding Clinics outlined in Attachment 4.19-B, ~~except reimbursement for Physicians' and Nurse Practitioners' Services do not include a retainage withholding or payment.~~ Effective January 1, 2024, R reimbursement will be a monthly case rate of ~~\$172.97~~\$112.50 per month for each patient enrolled in Collaborative Care Services. ~~Reimbursement will be provided for a maximum of 12 months. With the approval of the New York State Office of Mental Health, reimbursement will be provided for an additional 12 months at a rate of \$75.00 per month.~~ Physicians and Nurse Practitioners must provide the minimum amount of services to enrollees as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Effective January 1, 2018 for physicians and April 1, 2021 for Nurse Practitioners, reimbursement will be provided for Collaborative Care Services provided to patients with other mental illness diagnoses pursuant to the methodology described in this paragraph.

DRAFT

TN #24-0030

Approval Date \_\_\_\_\_

Supersedes TN #21-0012

Effective Date January 1, 2024

New York  
2(y)

1905(a)(9) Clinic Services

Collaborative Care Services

Reimbursement for Freestanding Clinics and Hospital Outpatient Departments

Effective January 1, 2015, reimbursement will be provided to freestanding clinics and hospital outpatient departments licensed under Article 28 of the Public Health Law for Collaborative Care Services for patients diagnosed with depression in the form of a monthly case rate, specified below. Effective January 1, 2018, reimbursement will be provided to such providers for Collaborative Care Services for patients with other mental illness diagnoses at the same rates. Reimbursement will be the same for both governmental and non-governmental providers.

The agency's fee schedule rate was set as of January 1, 2024 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/collaborative-care-rates.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/collaborative-care-rates.xlsx)

DRAFT

TN     #24-0030    

Approval Date \_\_\_\_\_

Supersedes TN     #14-0027    

Effective Date   January 1, 2024

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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 services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals. The following changes are proposed:

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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](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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## 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 implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](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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## PUBLIC NOTICE

### Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will update rates paid to both clinics licensed under the Article 28 of the Public Health Law and private practitioners that have been designated by the Office of Mental Health to provide collaborative care services. The rates for Article 28 clinics will be simplified to eliminate certain supplemental payments (i.e., retainer payment), eliminating the need for an additional claim submission. The resulting rate will then be trended from the inception of the program to CY 2023 using the Medicare Economic Index, a net 14% increase. Private practitioner rates, will also be increased to be equivalent to the Article 28 rates.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$739,000. The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.5 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

**PUBLIC NOTICE**

Department of State  
F-2023-0565

Date of Issuance – September 27, 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-2023-0565, Pouya Toobian, is proposing to install a 200-ft long by 4-ft wide, straight timber pier on fixed piles. Additionally, a singular 4-pile 12.5' x 16' boat lift will be installed at the offshore end

of the pier along its western side. The proposal would be located at 27 Harbour Road, Village of Kings Point, Nassau County, on Manhasset Bay.

The stated purpose of the proposed action is to “Construct overwater structures to provide safe dockage and access for water dependent uses including recreational boating.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/09/f-2023-0565.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 October 27, 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](mailto:CR@dos.ny.gov)

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

**SUMMARY**  
**SPA #24-0032**

This State Plan Amendment proposes to update minimum wage for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage.

DRAFT

New York  
6(a)(5)

**1905(a)(24) Personal Care Services**

**Adjustment for Future Minimum Wage Increases.**

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

Further, the homecare worker minimum wage should be the sum of homecare worker minimum wage from the previous calendar year in addition to the home care worker wage adjustment. The wage of home care workers should not exceed the minimum wage of non-homecare workers plus \$3.00, plus applicable fringe.

Rates of payments to Personal Care programs are available at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/pcr/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/)

TN \_\_\_\_\_ #24-0032 \_\_\_\_\_

Approval Date \_\_\_\_\_

Supersedes TN \_\_\_\_\_ #NEW \_\_\_\_\_

Effective Date January 1, 2024

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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  
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Richmond County, Richmond Center  
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For further information and to review and comment, please contact:

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Division of Finance and Rate Setting  
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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 institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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## 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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0033**

This State Plan Amendment proposes to update minimum wage for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage.

DRAFT

**New York**  
**6(b)(1.i)**

**1905(a)(18) Hospice Services**

**Adjustment for Minimum Wage Increases.** Effective January 1, 2024, and every January 1 thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to rates for all Non-Residence Hospice providers. The methodology remains consistent with the minimum wage methodology outlined in SPA.

<b><u>Minimum Wage Region</u></b>	<b><u>January 1, 2024</u></b>	<b><u>January 1, 2025</u></b>	<b><u>January 1, 2026</u></b>
<u>New York City</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Nassau, Suffolk &amp; Westchester</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Remainder of State</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.00</u>

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of August to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of August to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by 1/2 percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

Rates of payments to Hospice programs are available at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/hospice/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/hospice/)

**TN: #24-0033** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Superseding TN: #NEW** \_\_\_\_\_

**Effective Date: January 1, 2024**

**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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

**All Services**

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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](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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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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](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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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 Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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](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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12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0034**

This State Plan Amendment proposes to technically correct the plan to add back approved language erroneously dropped from the approved SPA 19-0003 and carried forward to approved SPA 22-0043.

DRAFT

New York

3

State/Territory: New York

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

**1905(a)(6) Medical Care, Or Any Other Type Of Remedial Care****6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practices as defined by State law.****a. Podiatrists' Services**

[ X ] Provided: \_\_\_\_\_ [ ] No limitations \_\_\_\_\_ [ X ] With limitations\*

**b. Optometrists' Services**

[ X ] Provided: \_\_\_\_\_ [ ] No limitations \_\_\_\_\_ [ X ] With limitations\*

**c. Chiropractors' Services**[ X ] Provided: \_\_\_\_\_ [ ] No limitations \_\_\_\_\_ [ X ] With limitations\*  
[ ] Not Provided.**d. Other Practitioners' Services**[ X ] Provided: \_\_\_\_\_ Identified on attached sheet with description of limitations, if any.  
[ ] Not Provided.**(i.) Other Licensed Practitioner Services (EPSDT only)**[ X ] Provided: Identified on attached sheet with description of limitations, if any.  
[ ] Not Provided.**(ii.) Licensed Clinical Social Worker (LCSW)**[ X ] Provided: Identified on attached sheet with description of limitations, if any.  
[ ] Not Provided.**(iii.) Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapists (LMHT)**[ X ] Provided: Identified on attached sheet with description of limitations, if any.  
[ ] Not Provided.**7. Home Health Services****a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

[ X ] Provided: \_\_\_\_\_ [ ] No limitations \_\_\_\_\_ [ X ] With limitations\*

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

[ X ] Provided: \_\_\_\_\_ [ ] No limitations \_\_\_\_\_ [ X ] With limitations\*

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

[ X ] Provided: \_\_\_\_\_ [ ] No limitations \_\_\_\_\_ [ X ] With limitations\*

**d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or social rehabilitation facility.**

[ ] Provided \_\_\_\_\_ [ X ] No limitations \_\_\_\_\_ [ ] With limitations

\*Description provided on attachment.

TN #24-0034

Approval Date \_\_\_\_\_

Supersedes TN #22-0043Effective Date January 1, 2024



**SUMMARY**  
**SPA #24-0036**

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

DRAFT

**New York  
1(q)(i.1)**

**Hospital-Based Outpatient Services (Continued):**

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
St. Joseph's Medical Center	\$300,000	03/01/2022 – 03/31/2022
	\$300,000	04/01/2022 – 06/30/2022
	\$300,000	07/01/2022 – 09/30/2022
	\$300,000	10/01/2022 – 12/31/2022
	\$300,000	01/01/2023 – 03/31/2023
Strong Memorial Hospital	\$806,648	09/01/2022 – 09/30/2022
	\$806,648	10/01/2022 – 12/31/2023
	\$806,648	01/01/2023 – 03/31/2023
	\$254,735	04/01/2023 – 06/30/2023
	\$254,735	07/01/2023 – 09/30/2023
	\$254,735	10/01/2023 – 12/31/2023
	\$254,735	01/01/2024 – 03/31/2024
	\$139,869	04/01/2024 – 06/30/2024
	\$139,869	07/01/2024 – 09/30/2024
	\$139,869	10/01/2024 – 12/31/2024
	\$139,869	01/01/2025 – 03/31/2025
	\$30,000,000	03/01/2024 – 03/31/2024
Wycoff Heights Medical Center	\$970,000	03/01/2022 – 03/31/2022
	\$970,000	04/01/2022 – 06/30/2022
	\$970,000	07/01/2022 – 09/30/2022
	\$970,000	10/01/2022 – 12/31/2022
	\$970,000	01/01/2023 – 03/31/2023
	\$18,500,000	12/01/2022 - 03/31/2023
	\$18,500,000	04/01/2023 – 03/31/2024

TN #24-0036

Approval Date \_\_\_\_\_

Supersedes TN #22-0093

Effective Date March 1, 2024

**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 as authorized by §2826 of New York Public Health Law.

The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the February 28, 2024, noticed provision for temporary rate adjustments for the following Hospital:

- Strong Memorial Hospital with payment amounts totaling up to \$30 million for the period March 1, 2024, through March 31, 2024. With clarification, this will only be a one-year award.

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 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](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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[spa\\_inquiries@health.ny.gov](mailto: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](http://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 2024 will be conducted on March 13 and March 14 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at: <https://www.cs.ny.gov/commission/>

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

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

### Non-Institutional Services

Effective on or after March 1, 2024, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospitals:

Erie County Medical Center with payment amounts totaling up to \$3,384,295 for the period March 1, 2024, through March 31, 2024, and \$2,423,352 for the period of April 1, 2024, through March 31, 2025, and \$2,471,361 for the period of April 1, 2025, through March 31, 2026.

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The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$9,039,202 in 2023-2024. The Medicaid expenditures attributable to state fiscal year 2024-2025 and state fiscal year 2025/2026 are \$11,268,163 and \$12,988,355, respectively.

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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

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## PUBLIC NOTICE

Department of State  
F-2023-0803

Date of Issuance – February 28, 2024

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-2023-0803, Charles Timpone proposes to install a 4-foot (ft) by 153 ft raised dock, 4' above grade with open grate decking. Remove and rebuild the existing 4 ft by 24 ft dock leading to an existing 3 ft by 14 ft ramp and 5 ft by 20 ft float. Additionally, the removal of phragmites and planting of native vegetation. The proposed project would be located at 43 Corwell Avenue, on Peconic River, Town of Riverhead, Suffolk County.

The stated purpose of the proposed action is "To access the waterway and protect wetlands and wetland adjacent area."

The applicant's consistency certification and supporting informa-

tion are available for review at: <https://dos.ny.gov/system/files/documents/2024/02/f-2023-0803.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 March 29, 2024.

*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](mailto: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-2023-0880

Date of Issuance – February 28, 2024

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-2023-0880, the applicant, Katherine Nyce, is proposing to dredge approx. 3065 square foot area with 195 cubic yards of loose stone and silt to be removed and placed at a specified upland site; repair concrete docks and construct wooden decks at a higher elevation; renovate existing boathouse structure; replace the existing 8'x71'-10 <sup>3</sup>/<sub>4</sub>" solid timber crib pier with a steel piling dock with a sheet pile wave attenuator on the outer side and place a concrete deck on top; and add a new 8'x29'-6" steel piling dock extension to the waterward end of the pier. This project is located at 12671 Riverside Acres Lane, Town of Clayton, Jefferson County, St. Lawrence River.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/02/f-2023-0880.pdf> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town and Village of Clayton Local Waterfront Revitalization Program: <https://dos.ny.gov/location/town-and-village-clayton-local-waterfront-revitalization-program>

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

**SUMMARY**  
**SPA #24-0038**

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

DRAFT

New York  
1(q)(1)

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

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Canton-Potsdam Hospital</u>	<u>\$5,654,907</u>	<u>03/01/2024 – 03/31/2024</u>
	<u>\$8,844,811</u>	<u>04/01/2024 – 03/31/2025</u>
	<u>\$10,516,994</u>	<u>04/01/2025 – 03/31/2026</u>
<b> </b>		
<u>Erie County Medical Center</u>	<u>\$3,384,295</u>	<u>03/01/2024 – 03/31/2024</u>
	<u>\$2,423,352</u>	<u>04/01/2024 – 03/31/2025</u>
	<u>\$2,471,361</u>	<u>04/01/2025 – 03/31/2026</u>
<b> </b>		

TN   #24-0038                  

Approval Date  

Superseding TN   #NEW                        

Effective Date March 1, 2024



# 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](http://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.

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Bronx, New York 10457

Richmond County, Richmond Center  
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Staten Island, New York 10301

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## PUBLIC NOTICE

Department of State  
F-2023-0803

Date of Issuance – February 28, 2024

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*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](mailto: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-2023-0880

Date of Issuance – February 28, 2024

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

**SUMMARY**  
**SPA #24-0059**

This State Plan Amendment proposes to update the Medically Needy resource levels. The resource levels for the Medically Needy program will continue to be calculated at one and half times the effective annual income threshold for households of one and two.

DRAFT

[Records](#) / [Submission Packages - Your State](#)

# NY - Submission Package - NY2024MS0001D - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** NY2024MS0001D  
**Program Name** N/A  
**Version Number** 1

**Submission Type** Draft  
**State** NY  
**Region** New York, NY  
**Package Status** Pending

DRAFT

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

### Package Header

**Package ID** NY2024MS0001D  
**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

### State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

### Submission Component

State Plan Amendment

Medicaid

CHIP

DRAFT

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

#### Package Header

<b>Package ID</b>	NY2024MS0001D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to update the Medically Needy resource levels. The resource levels for the Medically Needy program will continue to be calculated at one and half times the effective annual income threshold for households of one and two.

#### Federal Budget Impact and Statute/Regulation Citation




##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$8790337
Second	2025	\$27543057

##### Federal Statute / Regulation Citation

1902(a)(10)(C)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (24-0059) (3-5-24)	3/5/2024 2:48 PM EST	
2024 Placeholder Budget Fiscal Methodology 2022 (24-0059)	3/5/2024 2:49 PM EST	
Authorizing Provisions (24-0059) (3-1-24)	3/5/2024 2:49 PM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

### Package Header

**Package ID** NY2024MS0001D  
**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** N/A  
**Initial Submission Date** 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 | Eligibility | NY2024MS0001D

CMS-10434 OMB 0938-1188

### The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

DRAFT



# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

## Package Header

**Package ID** NY2024MS0001D  
**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

**Indicate whether public comment was solicited with respect to this submission.**

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

## Package Header

**Package ID** NY2024MS0001D  
**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
No items available	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

DRAFT

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

#### Package Header

**Package ID** NY2024MS0001D  
**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** NY-23-0001  
System-Derived

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

DRAFT

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

### Package Header

**Package ID** NY2024MS0001D  
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**Approval Date** N/A  
**Superseded SPA ID** NY-23-0001  
System-Derived

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

### B. Resource Level Used

The level used is:

Household size	Standard
1	\$31175.00
2	\$42312.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2024MS0001D

### Package Header

**Package ID** NY2024MS0001D  
**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** NY-23-0001  
System-Derived

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

### C. Additional Information (optional)

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