



Department  
of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Acting Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

December 30, 2021

Todd McMillion  
Director  
Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
233 North Michigan Ave, Suite 600  
Chicago, IL 60601

RE: SPA #21-0058  
Non-Institutional Services

Dear Mr. McMillion:

The State requests approval of the enclosed amendment #21-0058 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 7, 2021 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by § 1902(a)(30) of the Social Security Act and 42 CFR § 447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). Copies of the public notice of this plan amendment, which were given in the New York State Register on October 6, 2021 and clarified on October 27, 2021, are also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,



Brett R. Friedman  
Acting Medicaid Director  
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>5</u> <u>8</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 7, 2021	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION § 1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>10/07/21-09/30/22</u> \$ <u>9,576.00</u> b. FFY <u>10/01/22-09/30/23</u> \$ <u>3,050.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment: 4.19-B Page: 3M	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment: 4.19-B Page: 3M

10. SUBJECT OF AMENDMENT  
Assertive Community Treatment Rate Increases (ACT)  
(FMAP=60% in through 3/31/22, 50% thereafter)

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Brett R. Friedman	
14. TITLE Acting Medicaid Director, Department of Health	
15. DATE SUBMITTED December 30, 2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

**Appendix I**  
**2021 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Amended SPA Pages**

New York  
3M

**13d. Rehabilitative Services  
Assertive Community Treatment (ACT) Reimbursement**

ACT services are reimbursed regional monthly fees per individual for ACT teams serving either 36, 48, or 68 individuals, as follows. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. ACT fees are updated, effective October 7, 2021. Up-to-date ACT service reimbursement rates can be found at the following link:

[https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/act.xlsx](https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx)

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

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

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

**Appendix II**  
**2021 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #21-0058**

This State Plan Amendment proposes to see four separate rate increases borne out of enhanced FMAP under ARPA. Increases will be for: 1) program enhancement 2) workforce training, recruitment, and retention 3) enhanced funding for Youth ACT teams and 4) enhanced funding for Young Adult ACT teams.

**Appendix III**  
**2021 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Authorizing Provisions**

**SPA 21-0058**

**New York State Mental Hygiene Laws §7.15**

(a) The commissioner shall plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services of prevention, diagnosis, examination, care, treatment, rehabilitation, training, and research for the benefit of the mentally ill. Such programs shall include but not be limited to in-patient, out-patient, partial hospitalization, day care, emergency, rehabilitative, and other appropriate treatments and services. He or she shall take all actions that are necessary, desirable, or proper to implement the purposes of this chapter and to carry out the purposes and objectives of the department within the amounts made available therefor by appropriation, grant, gift, devise, bequest, or allocation from the mental health services fund established under section ninety-seven-f of the state finance law.

(b) The activities described in subdivision (a) of this section may be undertaken in cooperation and agreement with other offices of the department and with other departments or agencies of the state, local or federal government, or with other organizations and individuals.

**New York State Mental Hygiene Laws §43.01**

(a) The department shall charge fees for its services to patients and residents, provided, however, that no person shall be denied services because of inability or failure to pay a fee.

(b) The commissioner may establish, at least annually, schedules of rates for inpatient services that reflect the costs of services, care, treatment, maintenance, overhead, and administration which assure maximum recovery of such costs.

In addition, the commissioner may establish, at least annually, schedules of fees for noninpatient services which need not reflect the costs of services, care, treatment, maintenance, overhead, and administration.

(c) The executive budget, as recommended, shall reflect, by individual facility, the costs of services, care, treatment, maintenance, overhead, and administration.

(d) All schedules of fees and rates which are established by the commissioner, shall be subject to the approval of the director of the division of the budget. Immediately upon their approval, copies of all schedules of fees and rates established pursuant to this section shall be forwarded to the chairman of the assembly ways and means committee and the chairman of the senate finance committee.

**New York State Mental Hygiene Laws §43.02**

(a) Notwithstanding any inconsistent provision of law, payment made by government agencies pursuant to title eleven of article five of the social services law for services provided by any facility licensed by the office of mental health pursuant to article thirty-one of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services, as defined in section 1.03 of this chapter, shall be at rates or fees certified by the commissioner of the respective office and approved by the director of the



division of the budget, provided, however, the commissioner of mental health shall annually certify such rates or fees which may vary for distinct geographical areas of the state and, provided, further, that rates or fees for service for inpatient psychiatric services or inpatient chemical dependence services, at hospitals otherwise licensed pursuant to article twenty-eight of the public health law shall be established in accordance with section two thousand eight hundred seven of the public health law and, provided, further, that rates or fees for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities, shall be certified by the commissioner of health; provided, however, that such methodologies shall be subject to approval by the office for people with developmental disabilities and shall take into account the policies and goals of such office.

(b) Operators of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter, licensed by the office for people with developmental disabilities pursuant to article sixteen of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services shall provide to the commissioner of the respective office such financial, statistical and program information as the commissioner may determine to be necessary. The commissioner of the appropriate office shall have the power to conduct on-site audits of books and records of such facilities.

(c) The commissioner of the office of mental health, the commissioner of the office for people with developmental disabilities and the commissioner of the office of alcoholism and substance abuse services shall adopt rules and regulations to effectuate the provisions of this section. Such rules and regulations shall include, but not be limited to, provisions relating to:

(i) the establishment of a uniform statewide system of reports and audits relating to the quality of care provided, facility utilization and costs of providing services; such a uniform statewide system may provide for appropriate variation in the application of the system to different classes or subclasses of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter or licensed or operated by the office for people with developmental disabilities pursuant to article sixteen of this chapter, or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services; and

(ii) methodologies used in the establishment of the schedules of rates or fees pursuant to this section provided, however, that the commissioner of health shall adopt rules and regulations including methodologies developed by him or her for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities; provided, however, that such rules and regulations shall be subject to the approval of the office for people with developmental disabilities and shall take into account the policies and goals of such office.

**SEC. 9817. ADDITIONAL SUPPORT FOR MEDICAID HOME AND COMMUNITY-BASED SERVICES DURING THE COVID-19 EMERGENCY.** (a) INCREASED FMAP.— (1) IN GENERAL.—

Notwithstanding section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) or section 1905(ff), in the case of a State that meets the HCBS program requirements under subsection (b), the Federal medical assistance percentage determined for the State under section 1905(b) of such Act (or, if

applicable, under section 1905(ff)) and, if applicable, increased under subsection (y), (z), (aa), or (ii) of section 1905 of such Act (42 U.S.C. 1396d), section 1915(k) of such Act (42 U.S.C. 1396n(k)), or section 6008(a) of the Families First Coronavirus Response Act (Public Law 116- 127), shall be increased by 10 percentage points with respect to expenditures of the State under the State Medicaid program for home and community-based services (as defined in paragraph (2)(B)) that are provided during the HCBS program improvement period (as defined in paragraph (2)(A)). In no case may the application of the previous sentence result in the Federal medical assistance percentage determined for a State being more than 95 percent with respect to such expenditures. Any payment made to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa for expenditures on medical assistance that are subject to the Federal medical assistance percentage increase specified under the first sentence of this paragraph shall not be taken into account for purposes of applying payment limits under subsections (f) and (g) of section 1108 of the Social Security Act (42 U.S.C. 1308).

(2) DEFINITIONS.—In this section: (A) HCBS PROGRAM IMPROVEMENT PERIOD.—The term “HCBS program improvement period” means, with respect to a State, the period— (i) beginning on April 1, 2021; and (ii) ending on March 31, 2022. (B) HOME AND COMMUNITY-BASED SERVICES.—The term “home and community-based services” means any of the following: H. R. 1319–214 (i) Home health care services authorized under paragraph (7) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)). (ii) Personal care services authorized under paragraph (24) of such section. (iii) PACE services authorized under paragraph (26) of such section. (iv) Home and community-based services authorized under subsections (b), (c), (i), (j), and (k) of section 1915 of such Act (42 U.S.C. 1396n), such services authorized under a waiver under section 1115 of such Act (42 U.S.C. 1315), and such services through coverage authorized under section 1937 of such Act (42 U.S.C. 1396u-7). (v) Case management services authorized under section 1905(a)(19) of the Social Security Act (42 U.S.C. 1396d(a)(19)) and section 1915(g) of such Act (42 U.S.C. 1396n(g)). (vi) Rehabilitative services, including those related to behavioral health, described in section 1905(a)(13) of such Act (42 U.S.C. 1396d(a)(13)). (vii) Such other services specified by the Secretary of Health and Human Services. (C) ELIGIBLE INDIVIDUAL.—The term “eligible individual” means an individual who is eligible for and enrolled for medical assistance under a State Medicaid program and includes an individual who becomes eligible for medical assistance under a State Medicaid program when removed from a waiting list. (D) MEDICAID PROGRAM.—The term “Medicaid program” means, with respect to a State, the State program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (including any waiver or demonstration under such title or under section 1115 of such Act (42 U.S.C. 1315) relating to such title). (E) STATE.—The term “State” has the meaning given such term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.). (b) STATE REQUIREMENTS FOR FMAP INCREASE.—As conditions for receipt of the increase under subsection (a) to the Federal medical assistance percentage determined for a State, the State shall meet each of the following requirements (referred to in subsection (a) as the HCBS program requirements): (1) SUPPLEMENT, NOT SUPPLANT.—The State shall use the Federal funds attributable to the increase under subsection (a) to supplement, and not supplant, the level of State funds expended for home and community-based services for eligible individuals through programs in effect as of April 1, 2021. (2) REQUIRED IMPLEMENTATION OF CERTAIN ACTIVITIES.— The State shall implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen home and community-based services under the State Medicaid program.

**Appendix IV**  
**2021 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Public Notice**

switch Mine Discharge), Duncan Township, Tioga County, Pa. Applications for renewal of surface water withdrawal of up to 1.872 mgd (peak day) and for consumptive use of up to 1.872 mgd (30-day average) (Docket No. 20090902).

9. Project Sponsor and Facility: Project Sponsor and Facility: Mifflin County Municipal Authority (formerly The Municipal Authority of the Borough of Lewistown), Armagh Township, Mifflin County, Pa. Applications for groundwater withdrawals (30-day averages) of up to 0.770 mgd from McCoy Well 1, 1.152 mgd from McCoy Well 2, and 0.770 mgd from the Milroy Well.

10. Project Sponsor: Nature's Way Purewater Systems, Inc. Project Facility: USHydrations – Dupont Bottling Plant, Dupont Borough, Luzerne County, Pa. Modification to increase consumptive use (peak day) by an additional 0.100 mgd, for a total consumptive use of up to 0.449 mgd (Docket No. 20110618).

11. Project Sponsor and Facility: Shippensburg Borough Authority, Southampton Township, Cumberland County, Pa. Application for renewal of groundwater withdrawal of up to 2.000 mgd (30-day average) from Well 3 (Docket No. 20070305).

12. Project Sponsor and Facility: Walker Township Water Association, Inc., Walker Township, Centre County, Pa. Applications for renewal of groundwater withdrawals (30-day averages) of up to 0.432 mgd from Zion Well 2 and 0.320 mgd from Hecla Well 1 (Docket Nos. 19910302 and 19950906).

Project Scheduled for Action Involving a Diversion:

1. Project Sponsor and Facility: Chester Water Authority, New Garden Township, Chester County, Pa. Applications for renewal of consumptive use and for an out-of-basin diversion of up to 3.000 mgd (30-day average) (Docket No. 19961104).

Commission-Initiated Project Approval Modification:

1. Project Sponsor and Facility: Chester Water Authority, New Garden Township, Chester County, Pa. Applications for renewal of consumptive use and for an out-of-basin diversion of up to 3.000 mgd (30-day average) (Docket No. 19961104).

Opportunity to Appear and Comment:

Interested parties may call into the hearing to offer comments to the Commission on any business listed above required to be the subject of a public hearing. Given the telephonic nature of the meeting, the Commission strongly encourages those members of the public wishing to provide oral comments to pre-register with the Commission by e-mailing Jason Oyler at [joyler@srbc.net](mailto:joyler@srbc.net) prior to the hearing date. The presiding officer reserves the right to limit oral statements in the interest of time and to otherwise control the course of the hearing. Access to the hearing via telephone will begin at 6:15 p.m. Guidelines for the public hearing are posted on the Commission's website, [www.srbc.net](http://www.srbc.net), prior to the hearing for review. The presiding officer reserves the right to modify or supplement such guidelines at the hearing. Written comments on any business listed above required to be the subject of a public hearing may also be mailed to Mr. Jason Oyler, Secretary to the Commission, Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, Pa. 17110-1788, or submitted electronically through <https://www.srbc.net/regulatory/public-comment/>. Comments mailed or electronically submitted must be received by the Commission on or before November 15, 2021, to be considered.

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

Dated: October 7, 2021

Jason E. Oyler

General Counsel and Secretary to the Commission

## PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for November 2021 will be conducted on November 17 and November 18 commencing at 10:00 a.m. This meet-

ing will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at: <https://www.cs.ny.gov/commission/>

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

## PUBLIC NOTICE

Division of Criminal Justice Services  
DNA Subcommittee

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

Date: November 5, 2021

Time: 10:00 a.m. - 12:00 p.m.

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

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

## PUBLIC NOTICE

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 enhance, and increase access to, Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the October 6, 2021 noticed provision that proposed to increase reimbursement rates, as follows:

1) Rates for state-plan approved Assertive Community Treatment (ACT) Services will be increased by 5.0 percent, effective October 7, 2021. However, to allow for the full disbursement of funds available April 1, 2021 – March 31, 2022, the rate increase for the period October 7, 2021 – March 31, 2022 will be, with clarification, an additional 5.4 percent, for a total increase of 10.4 percent. Rates will then be reduced 5.4 percent effective April 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of serving the highest need individuals including but not limited to, dually diagnosed individuals, homeless individuals and those receiving court-ordered treatment.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for ACT Services is \$6,100,000.

2) Rates for state-plan approved ACT Services will be increased, with clarification, by an additional 8.5 percent for the period October 7, 2021 – March 31, 2022. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$4,700,000.

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:

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 permit remote delivery of services. The following changes are proposed:

Non-Institutional Services

Effective on and after November 1, 2021, the Office for People With Developmental Disabilities’ (OPWDD) will allow reimbursement for the remote delivery of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The State will allow reimbursement for the remote delivery of CSIDD through telephonic or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

There is no estimated annual change to gross Medicaid expenditures as a result of the 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the proposed State Plan Amendments at any local (county) social services district.

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Brooklyn, New York 11201

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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 enacted federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the state’s initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on home and community-based services (HCBS).The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the state, effective on or after November 1, 2021, this notice proposes to enhance (increase) state established reimbursement rates as follows:

State established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 60 percent for the period November 1, 2021 through March 31, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services is \$13,100,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department’s website at [http://www.health.ny.gov/regulations/state\\_plans/status](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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114 Willoughby Street  
Brooklyn, New York 11201

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

# 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 Office of General Services

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

Notice is hereby given that the Office of People with Development Disabilities has declared 22 Collins Avenue, Village of Spring Valley, Town of Ramapo, County of Rockland, New York State, improved with a Cape Cod style residence, Tax Identifier Section 57.38, Block 1, Lot 75, surplus, no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State Land.

*For further information, please contact:* Frank Pallante, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, [Frank.Pallante@ogs.ny.gov](mailto:Frank.Pallante@ogs.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 enhance, and increase access to, Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by

the State, effective on or after October 7, 2021, this notice proposes to increase reimbursement rates, as follows:

1) Rates for state-plan approved Assertive Community Treatment (ACT) Services will be increased by 5.0 percent, effective October 7, 2021. However, to allow for the full disbursement of funds available April 1, 2021 – March 31, 2022, the rate increase for the period October 7, 2021 – March 31, 2022 will be an additional 5.0 percent, for a total increase of 10.0 percent. Rates will then be reduced 5.0 percent effective April 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of serving the highest need individuals including but not limited to, dually diagnosed individuals, homeless individuals and those receiving court-ordered treatment.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for ACT Services is \$6,100,000.

2) Rates for state-plan approved ACT Services will be increased by an additional 8.2 percent for the period October 7, 2021 – March 31, 2022. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services \$4,700,000.

3) Rates for state-plan approved ACT Services provided by 10 newly-licensed ACT teams serving individuals up to age 21 will be increased by an additional 50.0 percent, effective October 7, 2021 through March 31, 2022. This enhancement will allow for implementation of ten new Youth Assertive Community Treatment teams through start-up, training, and monitoring funds, and pre-discharge Residential Treatment Facility (RTF) transitional services. As part of the Office of Mental Health's mission to reduce reliance on out of home care, Youth ACT Services are an important model that is being implemented across the State to serve children and families with high needs who may not have the supports to successfully engage in more traditional outpatient services, and to divert them from long-term stays in higher levels of care.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$2,300,000.

4) Rates for state-plan approved ACT Services will be increased by an additional 50.0 percent, effective October 7, 2021 through March 31, 2022 for certain ACT programs identified as serving young adults through start-up, training, monitoring funds, and pre-discharge.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$319,000.

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



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

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

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

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

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

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

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

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

**PUBLIC NOTICE**

Department of State

A virtual meeting of the NYS Appearance Enhancement Advisory Committee will be held on Monday, October 25, 2021, at 10:30 a.m.

The public may attend the live meeting remotely using the following link:

<https://meetny-broadcast-pilot.webex.com/meetny-broadcast-pilot/j.php?MTID=mfafe31b55139f883f6b9311ab1f5e28a>

For additional WebEx conferencing instructions and meeting information, please visit the NYS Department of State’s website at [www.dos.ny.gov](http://www.dos.ny.gov). (Note: An agenda and meeting information will be posted one week prior to the meeting on the Department of State’s Events webpage at <https://dos.ny.gov/events>.)

Should you require further information, please contact: Denise Tidings at [Denise.Tidings@dos.ny.gov](mailto:Denise.Tidings@dos.ny.gov) or (518) 402-4921

**PUBLIC NOTICE**

Department of State

Program Change

STATEWIDE — Pursuant to 15 CFR 923, the New York State Department of State (DOS) hereby gives notice that the National Oceanic and Atmospheric Administration’s Office for Coastal Management (OCM) concurred on September 8, 2021 on the incorporation of the Village of Nyack Local Waterfront Revitalization Program (LWRP) amendment into New York State’s Coastal Management Program as a Program Change. As of September 8, 2021, the enforceable policies identified in the Table of Approved Changes below shall be applicable in reviewing federal actions pursuant to the federal consistency requirements of the Coastal Zone Management Act (CZMA) and its implementing regulations found at 15 CFR part 930. DOS requested OCM’s concurrence on this action on August 4, 2021, in a previous notice in the New York State Register, which further described the content of the action.

The Village of Nyack LWRP amendment was prepared in partnership with DOS and in accordance with the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act and the

New York State Coastal Management Program. The LWRP is a long-term management program for the waterfront resources of the Village along the Hudson River and is based on the policies of the New York State Coastal Management Program. The Village of Nyack LWRP amendment provides a detailed inventory and analysis of natural, historic and cultural resources in the Local Waterfront Revitalization Area in the Village, describes existing land and water uses, harbor management, and important economic activities, presents issues and opportunities for future development, and contains enforceable policies to be used for CZMA consistency review purposes.

Pursuant to the New York State Coastal Management Program and Article 42 of the New York State Executive Law, the Village of Nyack LWRP amendment was adopted by resolution by the Village of Nyack Board of Trustees on December 10, 2020 and approved by the New York State Secretary of State on May 12, 2021.

OCM’s concurrence includes the following list of changes and qualifications:

Table of Approved Changes to the New York Coastal Management Program (NY-2021-2)

Legal citation	Title of policy, section, or other descriptor	Is the change new, revised, or deleted	Date effective in state	Enforceable policy	Enforceable mechanism citation
Not applicable	Village of Nyack, New York Local Waterfront Revitalization Program (LWRP)	Revised	05/12/2021	Yes (Section III only)	Executive Law, Article 42

**Qualifications**

As with previous approval of NY CMP LWRPs, the enforceable provisions of Section III are only the stated policies and sub-policies. The enforceable policies do not include the explanatory text that accompanies each policy. While the explanatory text may be advisory as to how activities can show consistency with the LWRP policies, the State may not use the explanatory text as a basis for issuing an objection under its CZMA authority. Please also note that for the review of federal actions pursuant to the CZMA, the requirements of the statute and implementing regulations at 15 CFR part 930 are controlling over any conflicting interpretation of the discussion of the CZMA federal consistency requirements within the Village of Nyack LWRP.

As a standard qualification applying to all program changes, states may not incorporate enforceable policies by reference. If an approved enforceable policy refers to another statute, regulation, policy, standard, guidance, or other such requirement or document, the referenced policy must be submitted to and approved by the Office for Coastal Management as an enforceable policy in order to be applied under the federal consistency review provisions of the CZMA. No referenced policy may be applied for CZMA federal consistency review purposes unless that policy has been separately reviewed and approved as an enforceable policy by the Office for Coastal Management.

The Village of Nyack Local Waterfront Revitalization Program amendment is available at: <https://dos.ny.gov/local-waterfront-revitalization-program>, the website of the New York State Department of State. If you have any questions, please contact: Barbara Kendall, DOS Office of Planning, Development and Community Infrastructure, at [Barbara.Kendall@dos.ny.gov](mailto:Barbara.Kendall@dos.ny.gov)

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**Appendix V**  
**2021 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Responses to Standard Funding Questions**



**NON-INSTITUTIONAL SERVICES**  
**State Plan Amendment #21-0058**

**CMS Standard Funding Questions**

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

**Response:** Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
- (i) a complete list of the names of entities transferring or certifying funds;**
  - (ii) the operational nature of the entity (state, county, city, other);**
  - (iii) the total amounts transferred or certified by each entity;**
  - (iv) clarify whether the certifying or transferring entity has general taxing authority: and,**
  - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).**

**Response:** Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees behavioral health programs, which is the Office of Mental Health. The source of the appropriation is the Local Assistance Account under the General Fund/Aid to Localities. There are no new provider taxes and no existing taxes have been modified.

3. **Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

**Response:** The payments authorized for this provision are not supplemental or enhanced payments.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper**

**payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**

**Response:** ACT services are provided under the State Plan rehabilitation option and, as such, are not subject to upper payment limit (UPL) calculations.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

**Response:** There are various state agencies that perform audits each year to determine the appropriateness of Medicaid payments. In the event that inappropriate payments are determined, recoupments would be initiated, and the Federal share would be returned to CMS within the associated quarterly expenditure report.

**ACA Assurances:**

- 1. Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

**MOE Period.**

- **Begins on: March 10, 2010, and**
- **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

**Response:** This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

**Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.**

**Response:** This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

- 3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

**Response:** The State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

**Tribal Assurance:**

**Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.**

**IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.**

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

**Response:** Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included

with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.