NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Mr. Ray Halbritter
Nation Representative
Oneida Indian Nation
528 Patrick Road
Verona, NY 13478

Dear: Mr. Halbritter:

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

https://www.health.ny.gov/regulations/state_plans/tribal/

We appreciate the opportunity to share this information with you and if there are any comments or concerns please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Chief Sidney Hill
Onondaga Nation Territory –
Administration
Hemlock Road, Box 319-B
Nedrow, NY 13120

Dear: Chief Hill:

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

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

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

Dear: Mr. Polite:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Tonawanda Seneca Indian Nation
Chief Roger Hill, Council Chairman
Administration Office
7027 Meadville Road
Basom, NY 14013

Dear: Chief Hill:

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

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Tuscarora Indian Nation
Chief Leo Henry, Clerk
2006 Mount Hope Road
Lewiston, NY 14092

Dear: Chief Henry:

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

https://www.health.ny.gov/regulations/state_plans/tribal/

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Tuscarora Indian Nation
Chief Kenneth Patterson
1967 Upper Mountain Road
Lewiston, NY 14092

Dear: Chief Patterson:

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

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Unkechaug Indian Territory
Chief Harry Wallace
207 Poospatuck Lane
Mastic, NY 11950

Dear: Chief Wallace:

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

https://www.health.ny.gov/regulations/state_plans/tribal/

We appreciate the opportunity to share this information with you and if there are any comments or concerns please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Cayuga Nation
Mr. Clint Halftown
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear: Mr. Halftown:

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

https://www.health.ny.gov/regulations/state_plans/tribal/

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Saint Regis Mohawk Tribe
Chief Ronald Lafrance, Jr.
412 State Route 37
Akwesasne, NY 13655

Dear: Chief Lafrance:

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

https://www.health.ny.gov/regulations/state_plans/tribal/

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

St. Regis Mohawk Tribe
Chief Beverly Cook
412 State Route 37
Akwesasne, NY 13655

Dear: Chief Cook:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Saint Regis Mohawk Tribe
Chief Eric Thompson
412 State Route 37
Akwesasne, NY 13655

Dear: Chief Thompson:

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

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

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

Dear: Ms. Austin:

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

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Sincerely,
/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Eugene E. Cuffee II
Sachem
Shinnecock Indian Nation Tribal Office
P.O. Box 5006
Southampton, NY 11969-5006

Dear: Mr. Cuffee:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

Cayuga Nation
Tim Twoguns
Nation Representative
P.O. Box 803
Seneca Falls, NY 13148

Dear: Mr. Twoguns:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

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

Dear: Mr. Wheeler:

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

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Sincerely,
/s/

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

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ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

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

Dear: Mr. John Sr.:

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

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/s/

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 9, 2020

American Indian Community House
Ben Geboe
Interim Executive Director
39 Eldridge Street, 4th Floor
New York, NY 10002

Dear: Mr. Geboe:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program

SUMMARY
SPA #20-0004

This amendment proposes to revise the State Plan to open a new Children and Adolescent Psychiatric Inpatient Unit.

DRAFT

New York
136(b.2)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Bassett Medical Center	$861,356	04/01/2018 – 03/31/2019
	$861,356	04/01/2019 – 03/31/2020
	$861,360	04/01/2020 – 03/31/2021
Claxton Hepburn Medical Center	$ 250,000	01/01/2020 – 03/31/2020
	$1,000,000	04/01/2020 – 03/31/2021
	$1,000,000	04/01/2021 – 03/31/2022
	$ 750,000	04/01/2022 – 12/31/2022
Oswego Hospital	$250,000	02/01/2015 - 03/31/2015
	$1,000,000	04/01/2015 - 03/31/2016
	$1,000,000	04/01/2016 – 03/31/2017
	$750,000	04/01/2017 - 06/30/2017
	$387,520	04/12/2018 – 03/31/2019
	$737,626	04/01/2019 – 03/31/2020
	$374,854	04/01/2020 – 03/31/2021
Arnot Health, Inc/St. Joseph's Hospital Elmira	$1,553,578	09/11/2014 – 03/31/2015
	$1,773,128	04/01/2015 – 03/31/2016
	$1,710,279	04/01/2016 – 03/31/2017
	$ 301,744	12/01/2017 – 03/31/2018
	$ 618,290	04/01/2018 – 03/31/2019
	$ 590,069	04/01/2019 – 03/31/2020
	$ 289,897	04/01/2020 – 03/31/2021

DRAFT

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-mial: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Office of Mental Health and Department of Health

Pursuant to 42 CFR Section 447.205, the Office of Mental Health and the Department of Health hereby give public notice of the following:

The Office of Mental Health and the Department of Health propose to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to Article 28 Hospitals that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers. These payments are currently authorized by Section 2826 of the New York Public Health Law. The following changes are proposed:

Additional temporary rate adjustments have been reviewed and approved for the following hospitals:

- Claxton-Hepburn Medical Center

The aggregate payment amounts total up to $250,000 for the period January 1, 2020 through March 31, 2020.

The aggregate payment amounts total up to $1,000,000 for the period April 1, 2020 through March 31, 2021.

The aggregate payment amounts total up to $1,000,000 for the period April 1, 2021 through March 31, 2022.

The aggregate payment amounts total up to $750,000 for the period April 1, 2022 through March 31, 2023.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department of Health's website at: http://www.health.ny.gov/regulations/state_plans/status

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

For the New York City district, copies will also 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 1460, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

New York State Energy Planning Board

Pursuant to New York Energy Law, Article 6, the New York State Energy Planning Board ("Board") hereby gives notice of the following opportunity to submit public comments on a proposed amendment to the 2015 State Energy Plan. Comments will be received for 60 days at: www.energyplan.ny.gov/comment

Section 6-106(6) of New York State Energy Law states that the Board may amend the Plan upon a finding that there has been a material and substantial change in fact or circumstance. Upon completion and consideration of public comments, the Board shall reconvene to advance any resolution concerning amendment of the Plan. As the Climate Leadership and Community Protection Act (CLCPA) has established clean energy and greenhouse gas reductions targets, and their codification into law thereof, this represents a substantial change in circumstance since the issuance of the Plan. As such, the Board is advancing a Draft Amendment to the 2015 State Energy Plan. These changes also provide additional reason to assist legacy generation host communities transition and adapt to a clean energy economy. To reflect these changes, and to ensure that agency activities are informed by synchronized statutory and State Energy Plan directions, this Draft Amendment is presented by the Board for commencement of an Energy Plan amendment process.

Draft Amendment

Volume I, page 110 is revised to read:

Clean Energy Goals

In 2019, Governor Andrew M. Cuomo introduced a Green New Deal (GND) and signed into law the Climate Leadership and Community Protection Act (CLCPA), both of which place New York on a path toward carbon neutrality. The CLCPA establishes 100% carbon free electricity by 2040, the most aggressive goal in the nation. To support this goal, the CLCPA increased the State's renewable electricity goal from 50% to 70% by 2030. These and other provisions of the CLCPA will support a Statewide greenhouse gas emissions goal of 85% from 1990 levels by 2050.

The CLCPA establishes the clean energy goals listed below. Advancement of these goals will be subject to further refinement, deliberation, and decision making, as follows:

- the Climate Action Council is required to finalize a Scoping Plan for implementation of the CLCPA within three years,
- the Public Service Commission is directed to implement the clean energy program and technology goals stipulated in the CLCPA, and
- the Department of Environmental Conservation is directed to establish emission reduction requirements across various activities in the State, including energy facilities, to ensure achievement of the CLCPA's Statewide greenhouse gas emission limits.

The CLCPA requires, in Section 7(2), all state agencies to consider whether their decisions regarding permits, licenses and other approvals are inconsistent with or interfere with achieving the CLCPA's

SUMMARY
SPA #20-0005

This State Plan Amendment proposes to add Home Rehabilitative Services as covered services under the New York State Plan. Services will be available to individuals who meet Home and Community Based Services eligibility criteria and additional targeting criteria based on age, disability, diagnosis, or eligibility group.

DRAFT

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS)

The State provides coverage for Home Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward, the treatment of Medicaid eligible individuals in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

a. educational, vocational and job training services;
b. room and board;
c. habilitation services;
d. services to inmates in public institutions as defined in 42 CFR §435.1010;
e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
f. recreational and social activities; and
g. services that must be covered elsewhere in the state Medicaid plan.

Home Rehabilitative Services (HRS) consist broadly of those which are furnished to assist individuals in transitioning from institutional settings (including emergency housing) to access safe, decent and affordable housing that is integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist residents to remain in their preferred housing; and providing tenancy related services to promote housing stability.

Home Rehabilitative Services include individual housing transition services that support an individual's ability to prepare for and transition to housing; and individual housing and tenancy sustaining services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. HRS is a face-to-face intervention between housing provider staff and an individual enrolled receiving HRS; and may include collateral contacts beyond the individual, as necessary to achieve goals or objectives in the individualized support plan. Services focus on reducing the disabling symptoms of aging, mental illness or substance use disorder and managing behavior resulting from other medical or developmental conditions that jeopardize the individual's ability to live in the community.

Practitioner Qualifications:
HRS may be provided by licensed or unlicensed staff, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs);

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13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

registered nurses (RNs); licensed practical nurses (LPNs); physician assistants, nurse practitioners (NPs); medical doctors (MDs and DOs) and licensed psychologists or psychiatrists. Unlicensed staff must at least be 18 years of age with a high school or equivalent diploma and may include those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field or case management experience.

Supervisor Qualifications:
Unlicensed staff may be supervised by licensed professionals or those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field, or individuals with substantial experience providing direct services in medical, mental health, addiction, and/or developmental disability programs.

Provider Agency qualifications: Any agency or agency with behavioral health and health experience that is licensed, certified, designated and/or approved and contracted by the, Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Addiction Service and Supports (OASAS), or Office for People with Developmental Disabilities (OPWDD), the Department of Health (DOH) or its designee, to provide comparable services referenced in the definition.

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Components

1. Housing Transition Services

Housing Transition Services provide direct support to assist eligible individuals to obtain housing in the community, including one or more of the following components:

- Conducting an individual housing needs assessment to identify the individual's preferences and barriers related to obtaining housing and maintaining community integration.
- Helping individuals with establishing a household, becoming acquainted with the local community; , providing linkages to health home care coordination and community resources, including primary care; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; parenting resources; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports.

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

- Developing an individualized housing support plan based upon the housing needs assessment that addresses identified barriers, includes short and long-term measurable goals, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet a goal.
- Rehabilitative skills training to assist apply for and locate housing, identify and secure resources to obtain housing, ensure that their living environment is safe and ready for move-in, and arrange for moving.

2. Individual Housing and Tenancy Sustaining Services

Individual Housing and Tenancy Sustaining Services provide direct support to an individual is residing in a community setting. Housing and Tenancy Sustaining Services may include the following:

- Individualized service planning with individuals to review, update and modify housing support plan to reflect current needs and address existing or recurring housing retention barriers. This includes developing emergency and crisis plans that include prevention and early intervention services when housing is jeopardized.\
- Health literacy skills training and helping individuals understand care instructions.
- Living skills training and support, including nutritional counseling, understanding transportation routes, and financial/household management and budgeting skills training.
- Assisting individuals to navigate and obtain entitlements for which they may qualify, including advocacy skills training to assist individuals successfully interact with an entitlement agency.
- Assisting individuals to understand their rights and responsibilities as tenants, comply with the terms of their lease, navigate the housing recertification process, communicate with the landlord and/or property manager regarding the participant's disability, and negotiate and obtain any accommodations needed.
- Coaching on developing and maintaining key relationships with landlord's/property managers, including instruction and assistance with resolving apartment and building maintenance issues, with a goal of promoting successful tenancy.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized.
- Crisis planning and ongoing support for individuals concerning housing-related issues during and after an emergency situation, such as hospitalization.

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13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS)

The State provides coverage for Home Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward, the treatment of Medicaid eligible individuals in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

a. educational, vocational and job training services;
b. room and board;
c. habilitation services;
d. services to inmates in public institutions as defined in 42 CFR §435.1010;
e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
f. recreational and social activities; and
g. services that must be covered elsewhere in the state Medicaid plan.

Home Rehabilitative Services (HRS) consist broadly of those which are furnished to assist individuals in transitioning from institutional settings (including emergency housing) to access safe, decent and affordable housing that is integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist residents to remain in their preferred housing; and providing tenancy related services to promote housing stability.

Home Rehabilitative Services include individual housing transition services that support an individual's ability to prepare for and transition to housing; and individual housing and tenancy sustaining services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. HRS is a face-to-face intervention between housing provider staff and an individual enrolled receiving HRS; and may include collateral contacts beyond the individual, as necessary to achieve goals or objectives in the individualized support plan. Services focus on reducing the disabling symptoms of aging, mental illness or substance use disorder and managing behavior resulting from other medical or developmental conditions that jeopardize the individual's ability to live in the community.

Practitioner Qualifications:
HRS may be provided by licensed or unlicensed staff, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs);

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13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

registered nurses (RNs); licensed practical nurses (LPNs); physician assistants, nurse practitioners (NPs); medical doctors (MDs and DOs) and licensed psychologists or psychiatrists. Unlicensed staff must at least be 18 years of age with a high school or equivalent diploma and may include those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field or case management experience.

Supervisor Qualifications:
Unlicensed staff may be supervised by licensed professionals or those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field, or individuals with substantial experience providing direct services in medical, mental health, addiction, and/or developmental disability programs.

Provider Agency qualifications: Any agency or agency with behavioral health and health experience that is licensed, certified, designated and/or approved and contracted by the, Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Addiction Service and Supports (OASAS), or Office for People with Developmental Disabilities (OPWDD), the Department of Health (DOH) or its designee, to provide comparable services referenced in the definition.

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Housing Transition Services provide direct support to assist eligible individuals to obtain housing in the community, including one or more of the following components:

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13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services
1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

- Developing an individualized housing support plan based upon the housing needs assessment that addresses identified barriers, includes short and long-term measurable goals, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet a goal.
- Rehabilitative skills training to assist apply for and locate housing, identify and secure resources to obtain housing, ensure that their living environment is safe and ready for move-in, and arrange for moving.

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- Individualized service planning with individuals to review, update and modify housing support plan to reflect current needs and address existing or recurring housing retention barriers. This includes developing emergency and crisis plans that include prevention and early intervention services when housing is jeopardized.\
- Health literacy skills training and helping individuals understand care instructions.
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- Assisting individuals to navigate and obtain entitlements for which they may qualify, including advocacy skills training to assist individuals successfully interact with an entitlement agency.
- Assisting individuals to understand their rights and responsibilities as tenants, comply with the terms of their lease, navigate the housing recertification process, communicate with the landlord and/or property manager regarding the participant's disability, and negotiate and obtain any accommodations needed.
- Coaching on developing and maintaining key relationships with landlord's/property managers, including instruction and assistance with resolving apartment and building maintenance issues, with a goal of promoting successful tenancy.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized.
- Crisis planning and ongoing support for individuals concerning housing-related issues during and after an emergency situation, such as hospitalization.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York

Home Rehabilitative Services

Effective April 1, 2020 A fee schedule has been established for Home Rehabilitative Services. The service is a monthly unit of service. New York State will be the Provider and subcontract with Single Designated Entities (SDE). A fee schedule follows:

Home Rehabilitative Services	
DOH Region	Daily Fee
Upstate	$402.31
Downstate	$459.78

On a monthly basis SDE's will be required to report to the Provider the number of individuals which received the service during the month, DOH will then bill CMS.

SDE's will be required to maintain service records and required to produce such records upon request during audit.

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Reporting Requirements

i. Providers will report costs and maintain financial and statistical records in accordance with the Financial and Audit Requirements of the New York State.

ii. Generally Accepted Accounting Principles (GAAP). The completion of the financial and statistical report forms is in accordance with generally accepted accounting principles as applied to the provider unless the reporting instructions authorized specific variation in such principles. The State will identify provider cost and providers will submit cost data in accordance with GAAP.

iii. If a provider fails to file a cost report by the due date (including one 30-day extension, if granted by New York State), A penalty of 2% will be imposed on the provider's Medicaid reimbursement. circumstances beyond the provider's control (such as a natural disaster) that prevented the provider from filing the cost report by the due date.

iv. If a provider fails to file a complete and compliant CFR within 60 days following the imposition of the 2% penalty, the State must provide timely notice to the delinquent provider that FFP will end 240 days following the imposition of the 2% penalty; and the State will not claim FFP for any ICF/IID service provided by the provider with a date of service after the 240-day period.

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

NOTICE OF PUBLIC HEARING

REVISED

New York State Energy Planning Board

Pursuant to New York State Energy Law, article 6, the New York State Energy Planning Board hereby gives notice of the following public hearings:

Time, Date, and Place: 10:30 a.m., February 27, 2020 at the Albany Public Library, 161 Washington Ave., Albany, NY 12210; and 3:00 p.m., March 2, 2020 at Building Energy Exchange, Inc., 31 Chambers St., Suite 608, New York, NY 10007

Purpose: To receive public comment on the 2015 Draft Amendment to the New York State Energy Plan.

For further information, contact: John Williams, NYSERDA, 17 Columbia Circle, Albany, NY 12203, (518) 862-1090, ext. 3333, e-mail: John.Williams@nyserda.ny.gov

PUBLIC NOTICE

Division of Criminal Justice Services
Juvenile Justice Advisory Group Quarterly Meeting

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

Date: March 10, 2020

Time: 10:00 a.m.-1:00 p.m.

Place: Division of Criminal Justice Services
80 S. Swan St.
1st Fl., Rm. 118
Albany, NY 12210

Video conference with:

Empire State Development Corp.
633 Third Ave., 37th Fl.
New York, NY 10007

For further information, contact: Thomas R. Andriola, Chief of Policy & Implementation, Office of Youth Justice, Division of Criminal Justices Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 485-1833, email: Thomas.Andriola@dcjs.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

The following is a clarification to the June 26, 2019 noticed provision for certain housing-related activities. With clarification, the provision will be limited to providers contracted with New York State under a 1915(b)(4) Waiver Fee-for-Service Selective Contracting Program.

The estimated annual net aggregate decrease in state Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is ($24 million).

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional

The following is a clarification to the November 20, 2019 noticed provision to adjust rates statewide to reflect a two percent workforce salary increase for qualified Office of Mental Health (OMH) licensed services. With clarification, this provision will also take into account labor costs resulting from statutorily required increases in the New York State minimum wage (upstate regions only). The minimum wage rate increases apply to services effective January 1, 2020 and January 1, 2021. The two percent workforce salary increases are effective January 1, 2020 and April 1, 2020 respectively.

The revised estimated annual aggregate increase in gross Medicaid expenditures attributable to the two percent workforce salary increases and minimum wage initiatives totals $457,685 in state fiscal year 2020 and $16,141,040 in state fiscal year 2021.

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

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

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250 Church Street
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Brooklyn, New York 11201

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

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

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

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0051 Matter of Malgorzata and Christopher Becker, 67 Sammis Street, Huntington, NY 11743, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 67 Sammis Street; Town of Huntington, NY 11743, County of Suffolk, State of New York.

2020-0054 Matter of Vivian Kamath, 677 Little East Neck Rd., W. Babylon, NY 11704, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 130 Barton Avenue; Town of Brookhaven, NY 11772, County of Suffolk, State of New York.

2020-0055 Matter of Emily Kasel, 150 Meadbrook Road, Garden City, NY 11530, for a variance concerning safety requirements, including the required height under a girder/soffit. Involved is an existing one family dwelling located at 150 Meadbrook Road; Village of Garden City, NY 11530, County of NASSAU, State of New York.

2020-0056 Matter of Hooshang Nejathaim, P.E., 2A Shore Park Road, Great Neck, NY 11023, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 90 Bar Beach Road; Town of North Hempstead, NY 11050, County of Nassau, State of New York.

2020-0060 Matter of JW Consulting, Tracey Schleske, PO Box 674, Coram, NY 11727, for a variance concerning safety requirements, including the required heights under a girder/soffit. Involved is an existing one family dwelling located at 76 Forrest Avenue; Town of Brookhaven, NY 11967, County of Suffolk, State of New York.

2020-0061 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 2008 Lilac Drive; Town of Hempstead, NY 11590, County of Nassau, State of New York.

2020-0062 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 58 Avondale Street; V. of Valley Stream, NY 11581, County of NASSAU, State of New York.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0057 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for a fire-rated self-closing cellar door.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1159 Kossuth Avenue, City of Utica, County of Oneida, New York.

2020-0058 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for fire-rated self-closing cellar doors.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1171 Kossuth Avenue, City of Utica, County of Oneida, New York.

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:

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

PUBLIC NOTICE

Division of Criminal Justice Services

Pursuant to the federal program requirements for the Edward Byrne Memorial Justice Assistance Grant (JAG) FY 2019 program solicitation, the NYS Division of Criminal Justice Services (Division) hereby gives notice regarding New York State's application for such funding:

On June 25, 2019, the Division will submit a funding application requesting New York State's federal fiscal year (FFY) 2019 award of $8,818,775 appropriated under the Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The application generally describes the proposed program activities for the 4-year grant period and the types of programs for which funding will be used.

This application is required to be made available for a 30-day period for public review and comment. The application will be available on the Division's website, and requests for copies may be made via e-mail to: funding@dc js.ny.gov. Requests may also be made in writing or by calling the Division offices during regular business hours. If a paper copy of the application is requested, a payment of $0.25 per page will be due to the Division in accordance with Public Officer Law § 87.

For further in formation, contact: Division of Criminal Justice Services, Office of Program Development & Funding, Jeffrey P. Bender, Deputy Commissioner, 80 S. Swan St., Albany, NY 12210, (518) 457-8462, funding@dc js.ny.gov

PUBLIC NOTICE

Department of Health

The Following is clarification to the June 19, 2019 noticed amendments. The New York State Department of Health (DOH) is submitting requests to the Federal Centers for Medicare and Medicaid Services (CMS) to amend the 1915(c) Children's Waiver (#NY.4125.R05.03) Home and Community Based Services (HCBS) coverage. This notice clarifies that the effective dates for the amendment previously anticipated as July 1, 2019 is now expected effective August 1, 2019. Family Peer Support Services will continue to be end dated in the waiver as of June 30, 2019, as this service will be available as a State Plan service SPA-19-003, which has already been approved by CMS effective July 1, 2019.

Effective August 1, 2019

- All Children's 1915(c) waiver participants will be required to receive at least one HCBS service per month.
- Language in performance measures will be modified to clarify that Care Managers will meet regularly with waiver participants in a manner and frequency that is consistent with the participant's Health Home acuity level.

Effective October 1, 2019

Language will be incorporated to reference the Medicaid Managed Care delivery system throughout the application and concurrent operation with the 1115 waiver amendment already submitted to CMS and expected to be approved no later than July 31, 2019.

Effective January 1, 2020

- Youth Peer Supports and Crisis Intervention will be removed from the Children's waiver and be made available as a State Plan service.

For further information and to review and comment, please contact: Department of Health, Office of Health Insurance Programs, 99 Washington Ave., One Commerce Plaza, Suite 720, Albany, NY 12210, e-mail: BH.Transition@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 administrative action. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2019, the State intends to offer certain housing-related activities and services as Medicaid benefits for eligible individuals. Under the authority of Section 1915(i) of the federal Social Security Act, the benefit will be offered to individuals eligible for home and community-based services (HCBS) and targeted based on age, disability, diagnosis, or eligibility group. Services will include Housing Transition Services, Household Establishment, Tenancy Sustaining Services, and Transitional Housing Assistance.

The estimated annual net aggregate decrease in state Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is ($18.3 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. 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, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Town of Irondequoit

The Town of Irondequoit is requesting proposals from qualified administrative services agencies, and/or financial organizations relating to administration, trustee services and/or funding of a deferred compensation plan for employees of The Town of Irondequoit meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained electronically from: Town of Irondequoit, Human Resources Department, Jason Vinette, 1280 Titus Ave., Rochester, NY 14617, e-mail: hr@irondequoit.org

All proposals must be submitted no later than 12:00 p.m. on July 26, 2019.

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is requesting information from qualified service providers with a specialization in providing proxy voting services to provide a full range of proxy analysis and reporting requirements. The purpose of this Request for Information ("RFI") is to conduct a preliminary evaluation of potential vendors. The RFI will be available beginning on Wednesday, May 29, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Tuesday, July 2, 2019. To obtain a copy of the RFI, please visit the Plan's web site at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents.

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

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

PUBLIC NOTICE

Department of State
F-2019-0252
Date of Issuance - June 26, 2019

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. The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York and is available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0252_ApplicationforPN.pdf

In F-2019-0252, New York Power Authority (NYPA) is proposing the Massena Intake Boat Launch Site Improvements Project at Route 131, Town of Massena, St. Lawrence County. The proposed activity would expand the width of the existing boat launch from 4 to 8 lanes, install 2 new permanent piers (6'x60' and 6'x24'), construct a permanent, year-round dock (6'x400') adjacent to the riprap shoreline, and install 12 seasonal, floating finger docks (4'x24' each) that will attach to the boardwalk to support recreational boating and fishing access. These improvements would result in permanent impacts below ordinary high water (OHW) of 0.10 acres of fill associated with the concrete boat ramps, 0.03 acres of riprap fill for slope protection around the new boat ramp, and installation of 152 steel H-piles in total for the dock and piers. A total of 0.07 acres of permanent dock/piers and a total of 0.03 acres of seasonal docking would extend over OHW. Other improvements within the coastal area consist of expanding the paved launch area, improving traffic flow, installing two new pavilions and new restrooms, and undertaking septic upgrades. The stated purpose of the activity is to improve and expand the existing boat launch site.

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., 15 days from the date of publication of this notice, or 7/11/2019.

Comments should be addressed to the Department of State, Office of Coastal, Local Government and Community Sustainability, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464.

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

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2019-0301 Matter of Nassau Expeditors Inc., Scott Tirone, 75 Albertson Avenue, Albertson, NY 11507, for a variance concerning safety requirements, including the required ceiling height and the height under a girder/soffit. Involved is an existing one family dwelling located at 78 Mckee Street; Town of North Hempstead, NY 11001 County of Nassau, State of New York.

2019-0303 Matter of Nassau Expeditors Inc., Scott Tirone, 75 Albertson Avenue, Albertson, NY 11507, for a variance concerning safety requirements, including the required ceiling height and the height under a girder/soffit. Involved is an existing one family dwelling located at Seven Lincoln Place, Town of North Hempstead, NY 11050 County of Nassau, State of New York.

2019-0348 Matter of Mark Vincent Kruse, Architect, AIA, 308 East Meadow Avenue, East Meadow, NY 11554, for a variance concerning safety requirements, including the required height under a girder/soffit. Involved is an existing one family dwelling located at 63 Astor Place; Town of Hempstead, NY 11575 County of Nassau, State of New York.

2019-0354 Matter of J. Leonard Architecture, PC, Jeffrey Leonard,

SUMMARY
SPA #20-0006

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

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Hospitals (Continued):

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

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MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2020 will be conducted on January 15 and January 16 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/.

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

PUBLIC NOTICE

Department of Health

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

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

Long Term Care Services

Effective on and after January 1, 2020, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2020/2021.

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, e-mail: 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 related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

The temporary rate adjustments have been reviewed and approved for the Strong Memorial Hospital with aggregate payment amounts totaling up to $1,153,579 for the period January 1, 2020 through March 31, 2020, $2,588,381 for the period April 1, 2020 through March 31, 2021 and $2,235,555 for the period April 1, 2021 through March 31, 2022.

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

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Bronx, New York 10457

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Staten Island, New York 10301

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

PUBLIC NOTICE

Office of Mental Health and Department of Health

Pursuant to 42 CFR Section 447.205, the Office of Mental Health and the Department of Health hereby give public notice of the following:

The Office of Mental Health and the Department of Health propose to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to Article 28 Hospitals that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers. These payments are currently authorized by Section 2826 of the New York Public Health Law. The following changes are proposed:

Additional temporary rate adjustments have been reviewed and approved for the following hospitals:

• Claxton-Hepburn Medical Center

The aggregate payment amounts total up to $250,000 for the period January 1, 2020 through March 31, 2020.

The aggregate payment amounts total up to $1,000,000 for the period April 1, 2020 through March 31, 2021.

The aggregate payment amounts total up to $1,000,000 for the period April 1, 2021 through March 31, 2022.

The aggregate payment amounts total up to $750,000 for the period April 1, 2022 through March 31, 2023.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department of Health's website at: http://www.health.ny.gov/regulations/state_plans/status

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

For the New York City district, copies will also 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 1460, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

New York State Energy Planning Board

Pursuant to New York Energy Law, Article 6, the New York State Energy Planning Board ("Board") hereby gives notice of the following opportunity to submit public comments on a proposed amendment to the 2015 State Energy Plan. Comments will be received for 60 days at: www.energyplan.ny.gov/comment

Section 6-106(6) of New York State Energy Law states that the Board may amend the Plan upon a finding that there has been a material and substantial change in fact or circumstance. Upon completion and consideration of public comments, the Board shall reconvene to advance any resolution concerning amendment of the Plan. As the Climate Leadership and Community Protection Act (CLCPA) has established clean energy and greenhouse gas reductions targets, and their codification into law thereof, this represents a substantial change in circumstance since the issuance of the Plan. As such, the Board is advancing a Draft Amendment to the 2015 State Energy Plan. These changes also provide additional reason to assist legacy generation host communities transition and adapt to a clean energy economy. To reflect these changes, and to ensure that agency activities are informed by synchronized statutory and State Energy Plan directions, this Draft Amendment is presented by the Board for commencement of an Energy Plan amendment process.

Draft Amendment

Volume I, page 110 is revised to read:

Clean Energy Goals

In 2019, Governor Andrew M. Cuomo introduced a Green New Deal (GND) and signed into law the Climate Leadership and Community Protection Act (CLCPA), both of which place New York on a path toward carbon neutrality. The CLCPA establishes 100% carbon free electricity by 2040, the most aggressive goal in the nation. To support this goal, the CLCPA increased the State's renewable electricity goal from 50% to 70% by 2030. These and other provisions of the CLCPA will support a Statewide greenhouse gas emissions goal of 85% from 1990 levels by 2050.

The CLCPA establishes the clean energy goals listed below. Advancement of these goals will be subject to further refinement, deliberation, and decision making, as follows:

• the Climate Action Council is required to finalize a Scoping Plan for implementation of the CLCPA within three years,

• the Public Service Commission is directed to implement the clean energy program and technology goals stipulated in the CLCPA, and

• the Department of Environmental Conservation is directed to establish emission reduction requirements across various activities in the State, including energy facilities, to ensure achievement of the CLCPA's Statewide greenhouse gas emission limits.

The CLCPA requires, in Section 7(2), all state agencies to consider whether their decisions regarding permits, licenses and other approvals are inconsistent with or interfere with achieving the CLCPA's

SUMMARY
SPA #20-0007

This State Plan Amendment proposes to maintain the quality incentive for nursing homes into the 2020 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 2020 quality adjustments.

DRAFT

8	Percent of Long Stay Antipsychotic Use in Persons with Dementia	Pharmacy Quality Alliance (PQA)
9	Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain (As Risk Adjusted by the Commissioner)	CMS
10	Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased	CMS
11	Percent of Long Stay Residents with a Urinary Tract Infection	CMS
12	Percent of Employees Vaccinated for Influenza	NYS DOH
13	Percent of Contract/Agency Staff Used	NYS DOH
14	Rate of Staffing Hours per Resident per Day	NYS DOH
	Compliance Measures	
15	CMS Five-Star Quality Rating for Health Inspections as of April 1 of the NHQI year (By Region)	CMS
16	Timely Submission and Certification of Complete New York State Nursing Home Cost Report to the Commissioner for the MDS year	NYS DOH
17	Timely Submission of Employee Influenza Immunization Data for the September 1 of the MDS year - March 31 of the NHQI year Influenza Season by the deadline of May 1 of the NHQI year	NYS DOH
	Efficiency Measure	
18	Rate of Potentially Avoidable Hospitalizations for Long Stay Residents January 1 of the MDS year – December 31 of the MDS year (As Risk Adjusted by the Commissioner)	NYS DOH

DRAFT

The maximum points a facility may receive for the Quality Component is 70. The applicable percentages or ratings for each of the 14 measures will be determined for each facility. [Two measures will be awarded points based on threshold values]. The measures will be awarded points based on quintile values or threshold values.

For quintile-based measures, the measures will be ranked and grouped by quintile with points awarded as follows: [The remaining 12 measures will be ranked and grouped by quintile with points awarded as follows:]

Scoring for [12] quintile-based Quality Measures	
Quintile	**Points**
1st Quintile	5
2nd Quintile	3
3rd Quintile	1
4th Quintile	0
5th Quintile	0

[Note: The following quality measures will not be ranked into quintiles and points will be awarded based on threshold values:]

For threshold-based measures, the points will be awarded based on threshold values. The threshold-based measures are:

- Percent of Employees Vaccinated for Influenza: facilities will be awarded five points if the rate is 85% or higher, and zero points if the rate is less than 85%.
- Percent of Contract/Agency Staff Used: facilities will be awarded five points if the rate is less than 10%, and zero points if the rate is 10% or higher.
- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury: facilities will be awarded five points if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.
- Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain: facilities will be awarded five points if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.
- Percent of Long Stay Residents with a Urinary Tract Infection: facilities will be awarded five points if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.

Rate of Staffing Hours per Resident per Day

NYS DOH will calculate an annualized adjusted rate of staffing hours per resident per day using staffing information downloaded from the Centers for Medicare & Medicaid Services (CMS) appropriate for that year. The staffing information is based on Payroll Based Journal Public Use Files (PBJ PUFs). PBJ PUFs are public data sets prepared by the [Centers for Medicare & Medicaid Services] [(]CMS[)]. [PBJ PUFs have daily data on nursing home staffing levels]. For this measure, staffs are defined as RNs, LPNs, and Aides. The rate of reported staffing hours and the rate of case-mix staffing hours will be taken from the staffing information [PBJ PUFs] and the adjusted rate of staffing hours will be calculated using the formula below.

Rate Adjusted = (Rate Reported/Rate Case-Mix) * Statewide average

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 [three] threshold-based quality measures below will not be eligible to receive improvement points:

- Percent of Employees Vaccinated for Influenza [(based on threshold)]
- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
- Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain
- Percent of Long Stay Residents With a Urinary Tract Infection

DRAFT

- Percent of Contract/Agency Staff Used [(based on threshold)]
- [Rate of Staffing Hours per Day]

The [remaining 11] quintile-based quality measures that are eligible for improvement points are listed below:

- Percent of Long Stay High Risk Residents with Pressure Ulcers
- [Percent of Long Stay Residents Experiencing One or More Falls with Major Injury]
- Percent of Long Stay Residents Who have Depressive Symptoms
- Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder
- Percent of Long Stay Residents Who Lose Too Much Weight
- [Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain]
- Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
- [Percent of Long Stay Residents with a Urinary Tract Infection]
- Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
- Percent of Long Stay Antipsychotic Use in Persons with Dementia
- Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
- Rate of Staffing Hours Per Resident Per Day

The grid below illustrates the method of awarding improvement points.

	MDS year Performance					
NHQI year Performance	Quintiles	1 (best)	2	3	4	5
	1 (best)	5	5	5	5	5
	2	3	3	4	4	4
	3	1	1	1	2	2
	4	0	0	0	0	1
	5	0	0	0	0	0

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For example, if MDS year performance is in the third quintile, and NHQI year performance is in the second quintile, the facility will receive four points for the measure. This is three points for attaining the second quintile and one point for improvement from the previous year's third quintile.

Risk Adjustment of Quality Measures

The following quality measures will be risk adjusted using the following covariates as reported in the MDS 3.0 data to account for the impact of individual risk factors:

- Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain: the covariate includes cognitive skills for daily decision making on the prior assessment.
- Percent of Long Stay High Risk Residents with Pressure Ulcers: The covariates include gender, age, [healed pressure ulcer since the prior assessment], BMI, prognosis of less than six months of life expected, diabetes, heart failure, deep vein thrombosis, anemia, renal failure, hip fracture, bowel incontinence, cancer, paraplegia, and quadriplegia.

- 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 three 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 base of 100 maximum NHQI points. The nursing home's total score will be the sum of its points divided by the base. This reduction can happen in the following scenarios:

- [When nursing homes do not have enough cost report data to calculate a percent of contract/agency staff used or the rate of staffing hours per day; or]
- When a quality measure has a denominator of less than 30

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A potentially avoidable hospitalization is found by matching a discharge assessment in the MDS 3.0 data to its hospital record in SPARCS. The following primary ICD-10 diagnoses on the SPARCS hospital record are potentially avoidable:

Potentially Avoidable Hospitalization Condition	**[ICD-10 codes]**	**Source of ICD-10-CM Codes**
Respiratory infection	[A221, A3791, A481, B250, B440, J101, J1100, J111, J112, J1181, J1189, J120, J121, J122, J1281, J1289, J129, J13, J14, J150, J151, J1520, J15211, J15212, J1529, J153, J154, J155, J156, J157, J158, J159, J160, J168, J17, J180, J181, J189, J209, J690]	MULTI CCS LVL 2 LABEL "Respiratory infections" *
Sepsis	[A403, A409, A4101, A4102, A411, A412, A413, A414, A4150, A4151, A4152, A4153, A4159, A4189, A419, R6520, R6521]	CCS category descriptions "Septicemia (except in labor)" and "Shock" (only "Severe sepsis with septic shock") *
Urinary tract infection	[N10, N110, N118, N12, N151, N159, N16, N2884, N2885, N2886, N3000, N3001, N3010, N3011, N3020, N3021, N3030, N3031, N3080, N3081, N3090, N3091, N340, N35111, N37, N390, N410, N411, N412, N413, N414, N418, N419, N420, N421, N423, N4289, N429, N430, N431, N432, N433, N451, N452, N453, N454, N51]	CCS category description "Urinary tract infections" *

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Electrolyte imbalance	[E860, E861, E869, E870, E871, E872, E873, E874, E875, E876, E878]	CCS category description "Fluid and electrolyte disorders" *
[Congestive] [h] Heart failure	[I0981, I501, I5020, I5021, I5022, I5023, I5030, I5031, I5032, I5033, I5040, I5041, I5042, I5043, I509]	PQI 08 Heart Failure Admission Rate †
Anemia	[D500, D501, D508, D509, D510, D511, D513, D518, D520, D521, D528, D529, D530, D531, D532, D538, D539, D62, D638]	MULTI CCS LVL 2 LABEL "Anemia" *

Reduction of Points Base: When the number of long stay residents that contribute to the denominator of the potentially avoidable hospitalization measure is less than 30, the number of points the measure is worth will be reduced from the base of 100 maximum NHQI points. The nursing home's total score will be the sum of its points divided by the base.

The following payments, which will be applicable to the NHQI Year, will be made to fund the NHQP and to make payments based upon the scores calculated from the NHQI as described above.

- Each non-specialty facility will be subject to a Medicaid rate reduction to fund the NHQI, which will be calculated as follows:

- For each such facility, Medicaid revenues, calculated by multiplying each facility's NHQI Year promulgated rate in effect for such period by reported Medicaid days, as reported in a facility's MDS Year cost report, will be divided by total Medicaid revenues of all non-specialty facilities. The result will be multiplied by the $50 million dollars, and divided by each facility's most recently reported Medicaid days as reported in a facility's cost report of the MDS Year. If a facility fails to submit a timely filed cost report in the MDS Year, the most recent cost report will be used.

  The total scores as calculated above for each such facility will be ranked and grouped by quintile. Each of the top three quintiles will be allocated a share of the $50 million NHQI and each such facility within such top three quintiles will receive a payment. Such payments will be paid as a lump sum payment outside of the Nursing Home rate for the NHQI Year. Such shares and payments will be calculated as follows:

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2020 will be conducted on January 15 and January 16 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/.

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

PUBLIC NOTICE

Department of Health

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

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

Long Term Care Services

Effective on and after January 1, 2020, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2020/2021.

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

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New York, New York 10018

Queens County, Queens Center
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Kings County, Fulton Center
114 Willoughby Street
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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, e-mail: 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 related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

The temporary rate adjustments have been reviewed and approved for the Strong Memorial Hospital with aggregate payment amounts totaling up to $1,153,579 for the period January 1, 2020 through March 31, 2020, $2,588,381 for the period April 1, 2020 through March 31, 2021 and $2,235,555 for the period April 1, 2021 through March 31, 2022.

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, e-mial: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Office of Mental Health and Department of Health

Pursuant to 42 CFR Section 447.205, the Office of Mental Health and the Department of Health hereby give public notice of the following:

The Office of Mental Health and the Department of Health propose to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to Article 28 Hospitals that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers. These payments are currently authorized by Section 2826 of the New York Public Health Law. The following changes are proposed:

Additional temporary rate adjustments have been reviewed and approved for the following hospitals:

• Claxton-Hepburn Medical Center

The aggregate payment amounts total up to $250,000 for the period January 1, 2020 through March 31, 2020.

The aggregate payment amounts total up to $1,000,000 for the period April 1, 2020 through March 31, 2021.

The aggregate payment amounts total up to $1,000,000 for the period April 1, 2021 through March 31, 2022.

The aggregate payment amounts total up to $750,000 for the period April 1, 2022 through March 31, 2023.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department of Health's website at: http://www.health.ny.gov/regulations/state_plans/status

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

For the New York City district, copies will also 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 1460, Albany, NY 12210, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

New York State Energy Planning Board

Pursuant to New York Energy Law, Article 6, the New York State Energy Planning Board ("Board") hereby gives notice of the following opportunity to submit public comments on a proposed amendment to the 2015 State Energy Plan. Comments will be received for 60 days at: www.energyplan.ny.gov/comment

Section 6-106(6) of New York State Energy Law states that the Board may amend the Plan upon a finding that there has been a material and substantial change in fact or circumstance. Upon completion and consideration of public comments, the Board shall reconvene to advance any resolution concerning amendment of the Plan. As the Climate Leadership and Community Protection Act (CLCPA) has established clean energy and greenhouse gas reductions targets, and their codification into law thereof, this represents a substantial change in circumstance since the issuance of the Plan. As such, the Board is advancing a Draft Amendment to the 2015 State Energy Plan. These changes also provide additional reason to assist legacy generation host communities transition and adapt to a clean energy economy. To reflect these changes, and to ensure that agency activities are informed by synchronized statutory and State Energy Plan directions, this Draft Amendment is presented by the Board for commencement of an Energy Plan amendment process.

Draft Amendment

Volume I, page 110 is revised to read:

Clean Energy Goals

In 2019, Governor Andrew M. Cuomo introduced a Green New Deal (GND) and signed into law the Climate Leadership and Community Protection Act (CLCPA), both of which place New York on a path toward carbon neutrality. The CLCPA establishes 100% carbon free electricity by 2040, the most aggressive goal in the nation. To support this goal, the CLCPA increased the State's renewable electricity goal from 50% to 70% by 2030. These and other provisions of the CLCPA will support a Statewide greenhouse gas emissions goal of 85% from 1990 levels by 2050.

The CLCPA establishes the clean energy goals listed below. Advancement of these goals will be subject to further refinement, deliberation, and decision making, as follows:

• the Climate Action Council is required to finalize a Scoping Plan for implementation of the CLCPA within three years,

• the Public Service Commission is directed to implement the clean energy program and technology goals stipulated in the CLCPA, and

• the Department of Environmental Conservation is directed to establish emission reduction requirements across various activities in the State, including energy facilities, to ensure achievement of the CLCPA's Statewide greenhouse gas emission limits.

The CLCPA requires, in Section 7(2), all state agencies to consider whether their decisions regarding permits, licenses and other approvals are inconsistent with or interfere with achieving the CLCPA's

SUMMARY
SPA #20-0009

This State Plan Amendment proposes to revise the Medically Needy income levels, effective January 1, 2020. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

DRAFT

Records / Submission Packages

NY - Submission Package - NY2020MS0001O - (NY-20-0009) - Eligibility

Summary Reviewable Units News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2020MS0001O	**Submission Type**	Official
Program Name	N/A	**State**	NY
SPA ID	NY-20-0009	**Region**	New York, NY
Version Number	1	**Package Status**	Pending

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID NY2020MS0001O

SPA ID NY-20-0009

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date N/A

Superseded SPA ID 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 | NY2020MS0001O | NY-20-0009

Package Header

Package ID NY2020MS0001O

SPA ID NY-20-0009

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NY-20-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability		NY-19-0009
Non-MAGI Methodologies		NY-19-0009
Medically Needy Income Level		NY-19-0009
Handling of Excess Income (Spenddown)		NY-19-0009
Medically Needy Resource Level		NY-19-0009
Optional Eligibility Groups		NY-19-0009

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment revises the Medically Needy income levels, effective January 1, 2020. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	$14861066
Second	2021	$46564673

Federal Statute / Regulation Citation

1902(a)(10)(C)(ii), 1902(r)(2), 1905(w)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
FMG Fiscal Doc (20-0009)	2/18/2020 9:04 AM EST

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
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Superseded SPA ID	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 | NY2020MS0001O | NY-20-0009

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☑ Eligibility

☑ Income/Resource Methodologies

☑ Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Reviewable Unit Name	Included in Another Submission Package	Source Type
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	○	APPROVED

☐ MAGI-Based Methodologies

☑ Non-MAGI Methodologies

Reviewable Unit Name	Included in Another Submission Package	Source Type

DRAFT

Non-MAGI Methodologies APPROVED

☐ More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

☑ Income/Resource Standards

☐ AFDC Income Standards

☑ Medically Needy Income Level

Reviewable Unit Name	Included in Another Submission Package	Source Type
Medically Needy Income Level		APPROVED

☑ Handling of Excess Income (Spenddown)

Reviewable Unit Name	Included in Another Submission Package	Source Type
Handling of Excess Income (Spenddown)		APPROVED

☑ Medically Needy Resource Level

DRAFT

Reviewable Unit Name	Included in Another Submission Package	Source Type
Medically Needy Resource Level	○	APPROVED

☐ Mandatory Eligibility Groups

☑ Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups	○	APPROVED

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

DRAFT

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	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 | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ○ Yes
- ○ No

DRAFT

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009		
	System-Derived		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

◉ 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

○ 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

○ 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

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Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

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Superseded SPA ID	NY-19-0009 System-Derived		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

(•) Yes

( ) No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

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Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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	System-Derived		

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a.The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

○ (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

◉ (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

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Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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	System-Derived		

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

a. The individual applying, or

b. If the individual lives together with his or her spouse, the individual applying and the spouse, or

c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

○ Yes

◉ No

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Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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Superseded SPA ID	NY-19-0009		
	System-Derived		

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

○ Yes

◉ No

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Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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Superseded SPA ID	NY-19-0009		
	System-Derived		

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.

2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

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Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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Superseded SPA ID	NY-19-0009		
	System-Derived		

G. Additional Information (optional)

DRAFT

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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	System-Derived		

A. Income Level Used

1. The state employs a single income level for the medically needy.

2. The income level varies based on differences between shelter costs in urban and rural areas.

○ Yes

◉ No

3. The level used is:

Household size	Standard
1	$10500.00
2	$15400.00
3	$17710.00
4	$20020.00
5	$22330.00
6	$24640.00
7	$26950.00
8	$29260.00
9	$31570.00
10	$33880.00

The state uses an additional incremental amount for larger household sizes.

◉ Yes

○ No

Incremental Amount:

$2310.00

The dollar amounts increase automatically each year

○ Yes

◉ No

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Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009 System-Derived		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

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Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009		
	System-Derived		

C. Additional Information (optional)

The income levels used by the State and listed in this State Plan Reviewable Unit are annual income amount.

DRAFT

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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Superseded SPA ID	NY-19-0009		
	System-Derived		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

○ a. One budget period of:

◉ b. More than one budget period, as described below:

☑ i. Community budget period

Length of budget period:

○ (1) 6 months

○ (2) 5 months

○ (3) 4 months

○ (4) 3 months

○ (5) 2 months

◉ (6) 1 month

☐ ii. Institutional budget period

☑ iii. Other budget period

Name of other budget period:	Length of budget period:	Description:
Hospital Inpatient	(1) 6 months	For coverage of an inpatient hospital bill the consumer must meet six months excess income.

2. The state includes part or all of the retroactive period in the budget period.

◉ Yes

○ No

DRAFT

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
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Superseded SPA ID	NY-19-0009 System-Derived		

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

○ Yes

◉ No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

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Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

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Superseded SPA ID	NY-19-0009		
	System-Derived		

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:

- (●) i. At any time prior to the budget period.
- ( ) ii. Prior to the third month before the month of application, but no earlier than:
- ( ) iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

DRAFT

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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Superseded SPA ID	NY-19-0009		
	System-Derived		

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

◉ 1. By the type of service, in the following order:

a. Premiums, deductibles, coinsurance and co-payments.

b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.

c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.

d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.

○ 2. In chronological order by the date of the service, or the date cost sharing payments are due.

○ 3. In chronological order by the date the bill is submitted to the state by the individual.

DRAFT

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009 System-Derived		

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

○ Yes

◉ No

DRAFT

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009		
	System-Derived		

F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- (●) Yes
- ( ) No

1. The state provides all individuals with the option to pay-in their spenddown or to use incurred expenses for spenddown.
2. The state disburses to the individual amounts for services not covered under the state plan.
3. The state refunds unused pay-in amounts, as follows:

   - [x] a. The state refunds unused pay-in amounts on a case-by-case basis.
   - [x] b. The state applies unused pay-in amounts toward spenddown liability in a subsequent budget period on a case-by-case basis.

DRAFT

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009 System-Derived		

G. Additional Information (optional)

DRAFT

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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
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Superseded SPA ID	NY-19-0009		
	System-Derived		

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.

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Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009		
	System-Derived		

B. Resource Level Used

The level used is:

Household size	Standard
2	$23100.00
1	$15750.00

The state uses an additional incremental amount for larger household sizes.

- ○ Yes
- ◉ No

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Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

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Submission Type	Official	**Initial Submission Date**	N/A
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Superseded SPA ID	NY-19-0009		
	System-Derived		

C. Additional Information (optional)

DRAFT

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
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Superseded SPA ID	NY-19-0009		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

◉ Yes ○ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		☑	☐	○	CONVERTED
Reasonable Classifications of Individuals under Age 21		☑	☐	○	CONVERTED
Children with Non-IV-E Adoption Assistance		☑	☐	○	CONVERTED
Independent Foster Care Adolescents		☑	☐	○	CONVERTED
Optional Targeted Low Income Children		☐	☐	○	NEW
Individuals above 133% FPL under Age 65		☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		☑	☐	○	NEW
Individuals Eligible for Family Planning Services		☑	☐	○	CONVERTED
Individuals with Tuberculosis		☐	☐	○	NEW
Individuals Electing COBRA Continuation Coverage		☑	☐	○	NEW

DRAFT

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		☑	☐		NEW
Individuals Eligible for Cash Except for Institutionalization		☑	☐		NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		☑	☐		NEW
Optional State Supplement Beneficiaries		☑	☐		NEW
Individuals in Institutions Eligible under a Special Income Level		☐	☐		NEW
PACE Participants		☑	☐		NEW
Individuals Receiving Hospice		☐	☐		NEW
Children under Age 19 with a Disability		☐	☐		NEW
Age and Disability-Related Poverty Level		☐	☐		NEW
Work Incentives		☐	☐		NEW
Ticket to Work Basic		☑	☐		NEW
Ticket to Work Medical Improvements		☑	☐		NEW
Family Opportunity Act Children with a Disability		☐	☐		NEW
Individuals Receiving State Plan Home and Community-Based Services		☐	☐		NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		☐	☐		NEW

DRAFT

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	NY-19-0009 System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

◉ Yes ○ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		☑	☐	○	NEW
Medically Needy Children under Age 18		☑	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		☑	☐	○	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		☑	☐	○	NEW
Medically Needy Parents and Other Caretaker Relatives		☑	☐	○	NEW

Aged, Blind and Disabled

DRAFT

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		☑	☐		NEW

DRAFT

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2020MS0001O | NY-20-0009

Package Header

Package ID	NY2020MS0001O	**SPA ID**	NY-20-0009
Submission Type	Official	**Initial Submission Date**	N/A
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Superseded SPA ID	NY-19-0009		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

DRAFT

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, 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 2/18/2020 10:37 AM EST

DRAFT

SUMMARY
SPA #20-0010

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) methodology for freestanding clinic and ambulatory surgery center services for the effective period January 1, 2020 through December 31, 2020, and revise the APG methodology to reflect the recalculated weights with component updates to become effective January 1, 2020.

DRAFT

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 shall mean freestanding Diagnostic and Treatment Centers (D&TCs) and shall include freestanding ambulatory surgery centers.

For dates of service beginning September 1, 2009 through December 31, [2019] 2020, for freestanding Diagnostic and Treatment Center (D&TC) and ambulatory surgery center services, the operating component of rates shall 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 shall 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.

DRAFT

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. 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 Click on "Contacts."

3M APG Crosswalk*:
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 01/01/11:
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 3.14.19.1, updated as of 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2019"

APG 3M Definitions Manual; version [3.14] <u>3.15</u> updated as of [07/01/19 and 10/01/19] <u>01/01/20 and 04/01/20</u>:
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 Click on "Investments by Rate Period."

APG Relative Weights; updated as of [07/01/19] <u>01/01/20</u>:
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 [07/01/15] <u>01/01/20</u>:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

*Older 3M APG crosswalk versions available upon request.

DRAFT

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 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 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 Click on "If Stand Alone, Do Not Pay APGs."

If Stand Alone, Do Not Pay Procedures; updated 01/01/19:
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 07/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of [01/01/19] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of [07/01/19] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of [04/01/10] 01/01/20:
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 Click on "No-Blend Procedures."

No Capital Add-on APGs: updated as of [10/1/12 and 01/01/13] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

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No Capital Add-on Procedures; updated as of 07/01/17:
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 [07/01/17] 01/01/20:
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 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 Click on "Rate Codes Subsumed by APGs – Freestanding Article 28."

Statewide Base Rate APGs; updated as of [01/01/19] 01/01/20:
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 [01/01/19] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Packaged Ancillaries in APGs."

DRAFT

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0011

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) methodology for hospital-based clinic and ambulatory surgery services, including emergency room services for the effective period January 1, 2020 through December 31, 2020, and revise the APG methodology to reflect the recalculated weights with component updates to become effective January 1, 2020.

DRAFT

New York
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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, [2019] 2020, the operating component of rates for hospital based outpatient services shall 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 shall 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.

DRAFT

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. 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 Click on "Contacts."

3M APG Crosswalk, version [3.14] 3.15; updated as of [07/01/19 and 10/01/19] 01/01/20 and 04/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm
http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html Click on "Accept" at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of 01/01/11:
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 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2019"

APG 3M Definitions Manual Versions; updated as of [07/01/19 and 10/01/19] 01/01/20 and 04/01/20:
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 Click on "Investments by Rate Period."

APG Relative Weights; updated as of [07/01/19] 01/01/20:
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 [07/01/15] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

DRAFT

Carve-outs; updated as of 10/01/12:
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 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 Click on "If Stand Alone, Do Not Pay APGs."

If Stand Alone, Do Not Pay Procedures; updated as of 01/01/19:
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 07/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of [01/01/19] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of [07/01/19] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of [04/01/10] 01/01/20:
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 Click on "No Blend Procedures."

DRAFT

New York
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No Capital Add-on APGs; updated as of [07/01/13] 01/01/20:
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:
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 [07/01/17] 01/01/20:
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 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 Click on "Rate Codes Subsumed by APGs – Hospital Article 28."

Statewide Base Rate APGs; updated as of [01/01/19] 01/01/20:
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 [01/01/19] 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Packaged Ancillaries in APGs."

DRAFT

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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

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For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0012

This State Plan Amendment proposes to revise the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees effective January 1, 2020.

DRAFT

New York
5(a)(ii)

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

(A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.

(1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:

(i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16

(ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm

(iii) IPSIDD fee schedule effective January 1, 2018 through December 31, 2018:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm

(iv) IPSIDD fee schedule effective January 1, 2019 [and forward]through December 31, 2019:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm

(v) IPSIDD fee schedule effective January 1, 2020 and forward:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_ipsidd.htm

(2) IPSIDD is available for the following services:
(i) Occupational Therapy;
(ii) Physical Therapy;
(iii) Speech and Language Pathology;
(iv) Psychotherapy.

DRAFT

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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

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For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0013

This State Plan Amendment proposes to change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals, effective January 1, 2020.

A new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services, effective April 1, 2020.

DRAFT

New York
TBD

d. The January 1, 2020 and April 1, 2020 Direct Support Professional and April 1, 2020 Clinical compensation increase funding formula will be as follows:

1. Utilizing CFR 2014-15 or 2015, follow the calculation as stated in paragraph iii.a. and iii.b.

2. Additionally, the difference in paragraph iii.a.5. and iii.b.5 will be applied to the rate in effect on December 31, 2019.

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective for dates of service on or after January 1, 2020, through March 31, 2020, and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.0%. Medicaid payments that will be exempted from the uniform reduction include:

Payments based on federal law prohibitions include, but are not limited to, the following:

- Federally Qualified Health Center services;
- Indian Health Services and services provided to Native Americans;
- Supplemental Medical Insurance – Part A and Part B;
- State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
- Services provided to American citizen repatriates;
- Payments pursuant to the mental hygiene law;
- Court orders and judgments; and
- Hospice Services.

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

- Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
- Certified public expenditure payments to the NYC Health and Hospital Corporation;
- Certain disproportionate share payments to non-state operated or owned governmental hospitals;
- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.

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

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2019-20 is ($124,000,000) and ($496,000,000) for each State Fiscal Year thereafter.

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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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

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 all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0014

This State Plan Amendment reflects a two percent workforce salary increase for qualified Office of Mental Health (OMH) licensed services. Additionally, this state plan amendment also considers labor costs resulting from statutorily required increases in the New York State minimum wage. The two percent workforce salary increases are effective January 1, 2020 and April 1, 2020. The minimum wage rate increases are effective January 1, 2020 and January 1, 2021.

DRAFT

New York
3(j.1)

- **Units of Service –**
  Half Day – minimum two hours
  Full Day – minimum four hours
  Collateral Visit – minimum of 30 minutes
  Preadmission and Group Collateral Visits – minimum of one hour
  Crisis Visit – any duration

  Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective [June 1, 2017] January 1, 2020, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	[$31.10] $31.78	[$28.02] $28.64	[$27.53] $28.14
4311	Half Day 41-64 Cumulative Hours	[$23.33] $23.84	[$23.35] $23.86	[$23.37] $23.88
4312	Half Day 65+ Cumulative Hours	[$17.19] $17.57	[$17.21] $17.59	[$17.22] $17.60
4316	Full Day 1-40 Cumulative Hours	[$62.20] $63.58	[$56.03] $57.26	[$55.03] $56.25
4317	Full Day 41-64 Cumulative Hours	[$46.65] $47.69	[$46.69] $47.73	[$46.73] $47.77
4318	Full Day 65+ Cumulative Hours	[$34.37] $35.13	[$34.40] $35.16	[$34.43] $35.21
4325	Collateral Visit	[$31.10] $31.78	[$28.02] $28.64	[$27.53] $28.14
4331	Group Collateral Visit	[$31.10] $31.78	[$28.02] $28.64	[$27.53] $28.14
4337	Crisis Visit	[$31.10] $31.78	[$28.02] $28.64	[$27.53] $28.14
4346	Preadmission Visit	[$31.10] $31.78	[$28.02] $28.64	[$27.53] $28.14

DRAFT

New York
3(j.1a)

Effective April 1, 2020, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	$32.20	$29.02	$28.51
4311	Half Day 41-64 Cumulative Hours	$24.15	$24.17	$24.19
4312	Half Day 65+ Cumulative Hours	$17.80	$17.82	$17.83
4316	Full Day 1-40 Cumulative Hours	$64.42	$58.01	$56.99
4317	Full Day 41-64 Cumulative Hours	$48.32	$48.36	$48.40
4318	Full Day 65+ Cumulative Hours	$35.59	$35.62	$35.67
4325	Collateral Visit	$32.20	$29.02	$28.51
4331	Group Collateral Visit	$32.20	$29.02	$28.51
4337	Crisis Visit	$32.20	$29.02	$28.51
4346	Preadmission Visit	$32.20	$29.02	$28.51

[Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:]

[Statewide Continuing Day Treatment Rates for Freestanding Clinics (State-Operated)

Rate Code	Description	Statewide Rate
4310	Half Day 1-40 Cumulative Hours	$137.00
4311	Half Day 41-64 Cumulative Hours	$102.75
4312	Half Day 65+ Cumulative Hours	$75.35
4316	Full Day 1-40 Cumulative Hours	$274.00
4317	Full Day 41-64 Cumulative Hours	$205.50
4318	Full Day 65+ Cumulative Hours	$150.70
4325	Collateral Visit	$137.00
4331	Group Collateral Visit	$137.00
4337	Crisis Visit	$137.00
4346	Preadmission Visit	$137.00]

DRAFT

New York
3(j.2)

Continuing Day Treatment Services:

Reimbursement Methodology for Outpatient Hospital Services

[Effective June 1, 2017]

Definitions:

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service -** Half Day – Minimum two hours
  Full Day – Minimum four hours
  Collateral Visit – minimum of 30 minutes
  Preadmission and Group Collateral Visits – minimum of one hour
  Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

[Effective June 1, 2017, r] Reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

DRAFT

Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers (Non-State Operated)

Rate Code	Description	Statewide Rate Effective 01/01/2020	Statewide Rate Effective 04/01/2020
4310	Half Day 1-40 Cumulative Hours	[$41.73] $42.66	$43.22
4311	Half Day 41+ Cumulative Hours	[$31.30] $32.00	$32.42
4316	Full Day 1-40 Cumulative Hours	[$62.28] $63.67	$64.51
4317	Full Day 41+ Cumulative Hours	[$46.71] $47.75	$48.38
4325	Collateral Visit	[$41.73] $42.66	$43.22
4331	Group Collateral Visit	[$41.73] $42.66	$43.22
4337	Crisis Visit	[$41.73] $42.66	$43.22
4346	Preadmission Visit	[$41.73] $42.66	$43.22

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Statewide Continuing Day Treatment Rates for Hospital-Based Outpatient Providers (State-Operated)

Rate Code	Description	Statewide Rate
4310	Half Day 1-40 Cumulative Hours	$137.00
4311	Half Day 41-64 Cumulative Hours	$102.75
4312	Half Day 65+ Cumulative Hours	$75.35
4316	Full Day 1-40 Cumulative Hours	$274.00
4317	Full Day 41-64 Cumulative Hours	$205.50
4318	Full Day 65+ Cumulative Hours	$150.70
4325	Collateral Visit	$137.00
4331	Group Collateral Visit	$137.00
4337	Crisis Visit	$137.00
4346	Preadmission Visit	$137.00

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New York
3k(1)

RESERVED

[Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	$116.62	$153.20	$128.66	$88.67	$109.34
4350	Service Duration 5 hours	$145.78	$191.51	$160.82	$110.84	$136.67
4351	Service Duration 6 hours	$174.93	$229.81	$192.99	$133.01	$164.01
4352	Service Duration 7 hours	$204.09	$268.11	$225.15	$155.18	$191.34
4353	Collateral 1 hour	$29.16	$38.30	$32.16	$22.17	$27.33
4354	Collateral 2 hours	$58.31	$76.60	$64.33	$44.34	$54.67
4355	Group Collateral 1 hour	$29.16	$38.30	$32.16	$22.17	$27.33
4356	Group Collateral 2 hours	$58.31	$76.60	$64.33	$44.34	$54.67

Crisis effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	$29.16	$38.30	$32.16	$22.17	$27.33
4358	Crisis 2 hours	$58.31	$76.60	$64.33	$44.34	$54.67
4359	Crisis 3 hours	$87.47	$114.90	$96.49	$66.50	$82.00
4360	Crisis 4 hours	$116.62	$153.20	$128.66	$88.67	$109.34
4361	Crisis 5 hours	$145.78	$191.51	$160.82	$110.84	$136.67
4362	Crisis 6 hours	$174.93	$229.81	$192.99	$133.01	$164.01
4363	Crisis 7 hours	$204.09	$268.11	$225.15	$155.18	$191.34

Preadmission effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	$29.16	$38.30	$32.16	$22.17	$27.33
4358	Preadmission 2 hours	$58.31	$76.60	$64.33	$44.34	$54.67
4359	Preadmission 3 hours	$87.47	$114.90	$96.49	$66.50	$82.00
4349	Preadmission 4 hours	$116.62	$153.20	$128.66	$88.67	$109.34
4350	Preadmission 5 hours	$145.78	$191.51	$160.82	$110.84	$136.67
4351	Preadmission 6 hours	$174.93	$229.81	$192.99	$133.01	$164.01
4352	Preadmission 7 hours	$204.09	$268.11	$225.15	$155.18	$191.34

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New York
3k(1a)

Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	$118.51	$155.69	$130.75	$90.11	$111.12
4350	Service Duration 5 hours	$148.15	$194.62	$163.43	$112.64	$138.89
4351	Service Duration 6 hours	$177.77	$233.54	$196.12	$135.17	$166.67
4352	Service Duration 7 hours	$207.40	$272.46	$228.81	$157.70	$194.45
4353	Collateral 1 hour	$29.63	$38.92	$32.68	$22.53	$27.77
4354	Collateral 2 hours	$59.26	$77.84	$65.37	$45.06	$55.56
4355	Group Collateral 1 hour	$29.63	$38.92	$32.68	$22.53	$27.77
4356	Group Collateral 2 hours	$59.26	$77.84	$65.37	$45.06	$55.56

Crisis effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	$29.63	$38.92	$32.68	$22.53	$27.77
4358	Crisis 2 hours	$59.26	$77.84	$65.37	$45.06	$55.56
4359	Crisis 3 hours	$88.89	$116.77	$98.06	$67.58	$83.33
4360	Crisis 4 hours	$118.51	$155.69	$130.75	$90.11	$111.12
4361	Crisis 5 hours	$148.15	$194.62	$163.43	$112.64	$138.89
4362	Crisis 6 hours	$177.77	$233.54	$196.12	$135.17	$166.67
4363	Crisis 7 hours	$207.40	$272.46	$228.81	$157.70	$194.45

Preadmission effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	$29.63	$38.92	$32.68	$22.53	$27.77
4358	Preadmission 2 hours	$59.26	$77.84	$65.37	$45.06	$55.56
4359	Preadmission 3 hours	$88.89	$116.77	$98.06	$67.58	$83.33
4349	Preadmission 4 hours	$118.51	$155.69	$130.75	$90.11	$111.12
4350	Preadmission 5 hours	$148.15	$194.62	$163.43	$112.64	$138.89
4351	Preadmission 6 hours	$177.77	$233.54	$196.12	$135.17	$166.67
4352	Preadmission 7 hours	$207.40	$272.46	$228.81	$157.70	$194.45

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New York
3k(1b)

Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective April 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	$120.18	$157.88	$132.59	$91.38	$112.69
4350	Service Duration 5 hours	$150.24	$197.36	$165.73	$114.23	$140.85
4351	Service Duration 6 hours	$180.28	$236.83	$198.88	$137.08	$169.02
4352	Service Duration 7 hours	$210.32	$276.30	$232.04	$159.92	$197.19
4353	Collateral 1 hour	$30.05	$39.47	$33.14	$22.85	$28.16
4354	Collateral 2 hours	$60.10	$78.94	$66.29	$45.70	$56.34
4355	Group Collateral 1 hour	$30.05	$39.47	$33.14	$22.85	$28.16
4356	Group Collateral 2 hours	$60.10	$78.94	$66.29	$45.70	$56.34

Crisis effective April 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	$30.05	$39.47	$33.14	$22.85	$28.16
4358	Crisis 2 hours	$60.10	$78.94	$66.29	$45.70	$56.34
4359	Crisis 3 hours	$90.14	$118.42	$99.44	$68.53	$84.50
4360	Crisis 4 hours	$120.18	$157.88	$132.59	$91.38	$112.69
4361	Crisis 5 hours	$150.24	$197.36	$165.73	$114.23	$140.85
4362	Crisis 6 hours	$180.28	$236.83	$198.88	$137.08	$169.02
4363	Crisis 7 hours	$210.32	$276.30	$232.04	$159.92	$197.19

Preadmission effective April 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	$30.05	$39.47	$33.14	$22.85	$28.16
4358	Preadmission 2 hours	$60.10	$78.94	$66.29	$45.70	$56.34
4359	Preadmission 3 hours	$90.14	$118.42	$99.44	$68.53	$84.50
4349	Preadmission 4 hours	$120.18	$157.88	$132.59	$91.38	$112.69
4350	Preadmission 5 hours	$150.24	$197.36	$165.73	$114.23	$140.85
4351	Preadmission 6 hours	$180.28	$236.83	$198.88	$137.08	$169.02
4352	Preadmission 7 hours	$210.32	$276.30	$232.04	$159.92	$197.19

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New York
3k(2)

[Comprehensive Outpatient Programs – 14 NYCRR Part 592 - Reimbursement Methodology

OMH will develop provider specific rate supplements to fees for outpatient mental health programs licensed exclusively by OMH and rates promulgated by OMH for outpatient mental health programs operated by general hospitals and licensed by OMH based upon expenditures approved by OMH to outpatient programs licensed pursuant to 14 NYCRR Parts 585 and 587 which are designated by county mental health departments or OMH. The method of reimbursement identified in this paragraph sunsets on October 31, 2013.]

Day Treatment Services for Children:

Reimbursement Methodology for Freestanding Clinics

Definitions:

- **Regions –** New York City: Bronx, Kings, New York, Queens, and Richmond counties.
  Rest of State: All other counties in the State of New York

- **Units of Service –** Full Day, including Preadmission Full Day – More than five hours
  Half Day, including Preadmission Half Day – Three to five hours
  Brief Day – At least one but less than three hours
  Collateral Visit – minimum of 30 minutes
  Crisis Visit – minimum of 30 minutes

  Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective [June 1, 2017] January 1, 2020, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

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Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	[$98.56] $100.61	[$95.27] $97.26
4061	Half Day	[$49.29] $50.32	[$47.64] $48.63
4062	Brief Day	[$32.86] $33.55	[$31.70] $32.36
4064	Crisis Visit	[$98.56] $100.61	[$95.27] $97.26
4065	Preadmission Full Day	[$98.56] $100.61	[$95.27] $97.26
4066	Collateral Visit	[$32.86] $33.55	[$31.70] $32.36
4067	Preadmission Half Day	[$49.29] $50.32	[$47.64] $48.63

New York
3k(2a)

Day Treatment Services for Children:

Effective April 1, 2020, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	$102.48	$99.07
4061	Half Day	$51.26	$49.53
4062	Brief Day	$34.17	$32.96
4064	Crisis Visit	$102.48	$99.07
4065	Preadmission Full Day	$102.48	$99.07
4066	Collateral Visit	$34.17	$32.96
4067	Preadmission Half Day	$51.26	$49.53

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New York
3k(3)

Day Treatment Services for Children:

Reimbursement Methodology for Outpatient Hospital Services

Definitions:

- **Regions –** New York City: Bronx, Kings, New York, Queens, and Richmond counties.
  Rest of State: All other counties in the State of New York

- **Units of Service –** Full Day, including Preadmission Full Day – More than five hours
  Half Day, including Preadmission Half Day – Three to five hours
  Brief Day – At least one but less than three hours
  Collateral Visit – minimum of 30 minutes
  Crisis Visit – minimum of 30 minutes
  Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective June 1, 2017, reimbursement rates for State-operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Statewide Day Treatment Services for Children Rates for State-Operated Providers

Rate Code	Description	Statewide Rate
4060	Full Day	$375.00
4061	Half Day	$187.85
4062	Brief Day	$124.55
4064	Crisis Service	$375.00
4065	Preadmission Full Day	$375.00
4066	Collateral	$124.55
4067	Preadmission Half Day	$187.50

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Reimbursement does not include a per-visit payment for the cost of capital.

[Day Treatment Services for Children:
Reimbursement Methodology for Outpatient Hospital Services

Effective June 1, 2017, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Definitions:

- **Regions –** New York City: Bronx, Kings, New York, Queens, and Richmond counties.
  Rest of State: All other counties in the State of New York
- **Units of Service –** Full Day, including Preadmission Full Day – More than five hours
  Half Day, including Preadmission Half Day – Three to five hours
  Brief Day – At least one but less than three hours
  Collateral Visit – minimum of 30 minutes
  Crisis Visit – minimum of 30 minutes
  Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.]

New York
3k(4)

Regional Day Treatment for Children Rates for Outpatient Hospital Services

(Non-State Operated)

Effective January 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
4060	Full Day	[$98.56] $100.61	[$95.27] $97.26
4061	Half Day	[$49.29] $50.32	[$47.64] $48.63
4062	Brief Day	[$32.86] $33.55	[$31.70] $32.36
4064	Crisis Visit	[$98.56] $100.61	[$95.27] $97.26
4065	Pre-Admission Full Day	[$98.56] $100.61	[$95.27] $97.26
4066	Collateral Visit	[$32.86] $33.55	[$31.70] $32.36
4067	Pre-Admission Half Day	[$49.29] $50.32	[$47.64] $48.63

Effective April 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
4060	Full Day	$102.48	$99.07
4061	Half Day	$51.26	$49.53
4062	Brief Day	$34.17	$32.96
4064	Crisis Visit	$102.48	$99.07
4065	Pre-Admission Full Day	$102.48	$99.07
4066	Collateral Visit	$34.17	$32.96
4067	Pre-Admission Half Day	$51.26	$49.53

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Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

b. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for minimum wage costs by multiplying rates then in effect by the minimum wage increase percentage as determined pursuant to section (a), above.

c. After the end of each CFR reporting year beginning in 2018, the Office of Mental Health will review providers' CFR submissions to ensure the average hourly wages of employees in all occupational titles comply with minimum wage standards. OMH may reconcile and recoup minimum wage rate increases paid to providers that do not submit their CFRs according to established reporting deadlines or that are found not to be in compliance with wage standards if the Office of Mental Health deems such recoupment to be cost effective. In addition, OMH will investigate provider compliance with applicable labor laws and refer noncompliant providers to the Office of the Medicaid Inspector General.

[II. Direct Support, Direct Care and Clinical Professionals Compensation Increases

Effective on both January 1, 2018 and April 1, 2018, a direct care compensation increase will be developed and implemented for Direct Support and Direct Care Professionals. Also, effective April 1, 2018, a clinical compensation increase will be developed and implemented for Clinical Professionals. Such increases will apply to the rates for OMH-licensed Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children, except rates for State-operated. Employee wage information is based on 2014-2015 CFR cost report data.

a. Rate increases effective January 1, 2018 are calculated as follows:

   i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases) are increased by 3.25%.

   ii. Such wage increase is divided by the total operating expenditures reported in the CFR to derive a direct care compensation factor.

   iii. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for direct care compensation by multiplying the rates then in effect by the direct care compensation factor calculated pursuant to subsection a(ii).

b. Rate increases effective April 1, 2018 are calculated as follows:

   i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases and the increase specified in subsection (a)(i), above) are increased by 3.25%.

   ii. The total wages of employees in Clinical Professional occupational titles are increased by 3.25%.

   iii. Wage increases calculated pursuant to subsections (b)(i) and (ii), above are combined and then the sum is divided by the total operating expenditures reported in the CFR to derive a direct care and clinical compensation factor.

   iv. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for direct care and clinical compensation by multiplying the rates then in effect by the direct care and clinical compensation factor calculated pursuant to subsection b(iii).]

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Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider shall not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

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Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: PROS rates of payment are adjusted, effective January 1, 2020 for the minimum wage increase and direct care compensation increases. PROS rates of payment are adjusted, effective April 1, 2020, for direct care and clinical compensation increases.

PROS rates of payment are available on the OMH website at:
http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

VIII. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI findings and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics

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Peer Group	Base Rates Effective 04/01/16	Base Rates Effective 01/01/20	Base Rates Effective 04/01/20
Upstate freestanding clinics without quality improvement enhancement	$136.90	$139.89	$140.97
Downstate freestanding clinics without quality improvement enhancement	$152.08	$155.40	$156.60
Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement	$190.80	$194.97	$196.47
Upstate freestanding clinics including quality improvement enhancement	142.16	$145.27	$146.39
Downstate freestanding clinics including quality improvement enhancement	$157.92	$161.37	$162.62
Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement	$198.12	$202.45	$204.01
State-operated mental health clinics (Effective until 04/30/16)	$247.42		

c. After the end of each CFR reporting year beginning in 2018, OMH will review providers' CFR submissions to ensure the average hourly wages of employees in all occupational titles comply with minimum wage standards. OMH may reconcile and recoup minimum wage rate increases paid to providers that do not submit their CFRs according to established reporting deadlines or that are found not to be in compliance with wage standards if the Office of Mental Health deems such recoupment to be cost effective. In addition, OMH will investigate provider compliance with applicable labor laws and refer noncompliant providers to the Office of the Medicaid Inspector General.

[XI. Direct Support, Direct Care and Clinical Professionals Compensation Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics

Effective on both January 1, 2018 and April 1, 2018, a direct care compensation increase will be developed and implemented for Direct Support and Direct Care Professionals. Also, effective April 1, 2018, a clinical compensation increase will be developed and implemented for Clinical Professionals. Such increases will apply to all peer groups of freestanding OMH-licensed Mental Health Clinics, except State-operated Mental Health Clinics. Employee wage information is based on 2014-2015 CFR cost report data.

a. Rate increases effective January 1, 2018 are calculated as follows:

i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases) are increased by 3.25%.

ii. Such wage increase is divided by the total operating expenditures reported in the CFR to derive a direct care compensation factor.

iii. APG base rates are adjusted for direct care compensation by multiplying the APG base rates then in effect by the direct care compensation factor calculated pursuant to subsection a(ii).

b. Rate increases effective April 1, 2018 are calculated as follows:

i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases and the increase specified in subsection (a)(i), above) are increased by 3.25%.

ii. The total wages of employees in Clinical Professional occupational titles are increased by 3.25

iii. Wage increases calculated pursuant to subsections (b)(i) and (ii), above are combined and then the sum is divided by the total operating expenditures reported in the CFR to derive a direct care and clinical compensation factor.

iv. APG base rates are adjusted for direct care and clinical compensation by multiplying the APG base rates then in effect by the direct care and clinical compensation factor calculated pursuant to subsection b (iii).]

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MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Columbia County
Transportation & Solid Waste Disposal Services
Request for Proposal

A copy of the Columbia County Transportation & Solid Waste Disposal Services Request for Proposal has been filed with the Columbia County Board of Supervisors Clerk on November 12, 2019 and can be viewed on the Columbia County Government website – www.columbiacountyny.com by following the link to the "Solid Waste Department". As per NYS General Municipal Law Section 120-W a 60 day public comment period is required. *Comments are due by January 6, 2020 and should be sent to*: Jolene D. Race, Director, 401 State St., Hudson, NY 12534 or via email to: jolene.race@columbiacountyny.com

PUBLIC NOTICE

Division of Criminal Justice Services
Juvenile Justice Advisory Group

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

Date: December 12, 2019
Time: 9:30 a.m. - 1:00 p.m.
Place: Division of Criminal Justice Services
80 S. Swan St.
3rd Fl., Rm. 348
Albany, NY 12210
Video Conference with:
Empire State Development Corp.
633 Third Ave., 37th Fl.
New York, NY 10007

For further information, contact: Thomas R. Andriola, Chief of Policy & Implementation, Office of Youth Justice, Division of Criminal Justices Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 485-1833, email: Thomas.Andriola@dcjs.ny.gov

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 Children and Family Services has determined that the property known as the Middletown Residential Center located at 393 County Route 78, Town of Wallkill, County of Orange, State of New York improved with 28,000± sq. ft. of structures on 15± acres is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, e-mail: (518) 474-8831

PUBLIC NOTICE

Office of General Services

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

Notice is hereby given that the Office of Mental Health (OMH) has determined that the 1.4 ± acres of vacant land located along US Route 11 in the Town of Hastings, County of Oswego, State of New York with tax identifier no. Section 242.13, Block 01, Lot 10 is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after January 1, 2020 and April 1, 2020 respectively, the Department of Health will adjust rates statewide to reflect a 2 percent Workforce Salary Increase for the following Office of Mental Health (OMH) licensed services: Assertive Community Treatment (ACT), Continuing Day Treatment (CDT), Comprehensive Psychiatric Emergency Programs (CPEP) services, Day Treatment Services for Children, freestanding Mental Health Clinic services, Partial Hospitalization services, and Personalized Recovery Oriented Services (PROS).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the January 1, 2020, 2 percent Workforce Salary Increase initiative contained in the budget for State Fiscal Year 2020 is $3,385,176.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2020 2 percent Workforce Salary Increase initiative contained in the budget for State Fiscal Year 2020 is $28,574,812.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPAs beginning in 2011, are also available for viewing on this website.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Oneida-Herkimer Solid Waste Management Authority
Request for Proposals (RFP)
Purchase and/or Marketing of
Processed Paper Recyclables for
Oneida-Herkimer Solid Waste Management Authority

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority desires to procure an agreement for 5 years beginning January 1, 2020 for the purchase and/or marketing of paper recyclables processed at the Oneida-Herkimer Recycling Center, Utica, NY. Responses to the RFP must be received by 1:00 P.M. on December 2, 2019.

In order to promote its established Affirmative Action Plan, the Authority invites proposals from minority and women's business enterprises (M/WBE). Firms that are not M/WBE's responding to this RFP are strongly encouraged to consider partnering or creating other similar joint venture arrangements with certified M/WBE's. The directory of New York State Certified M/WBE's can be viewed at http://www.esd.ny.gov/mwbe.html. This Affirmative Action Policy regarding sealed bids and contracts applies to all persons without regard to race, color, creed, national origin, age, sex, or handicap. All qualified bidders will be afforded equal opportunities without discrimination.

Copies of the RFP may be obtained at: www.ohswa.org or through Emily M. Albright, Director of Recycling, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502, (315) 733-1224, e-mail: emilya@ohswa.org

PUBLIC NOTICE

Department of State
Notice of Review of Request for
Brownfield Opportunity Area
Conformance Determination
Project: 399 Ohio Street Site
Location: Buffalo River Corridor
Brownfield Opportunity Area, City of Buffalo, Erie County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Buffalo River Corridor Brownfield Opportunity Area, in the City of Buffalo, on November 27, 2017. The designation of the Buffalo River Corridor Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On October 3rd, 2019, 1093 Group, LLC submitted a request for the Secretary of State to determine whether the 399 Ohio Street Site, which will be located within the designated Buffalo River Corridor Brownfield Opportunity Area, conforms to the goals and priorities identified in the Nomination that was prepared for the designated Buffalo River Corridor Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: https://www.dos.ny.gov/opd/programs/pdfs/BOA/301_Ohio_BOA_Conformance_Application_10-2-19.pdf

Comments must be submitted no later than December 6th, 2019, either by mail to: Christopher Bauer, Department of State, Office of Planning and Development, 65 Court St., Suite 208, Buffalo, NY 14202, or by email to: chris.bauer@dos.ny.gov

PUBLIC NOTICE

Department of State
F-2019-0629
Date of Issuance – November 20, 2019

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. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0629BerlandDock

In F-2019-0629, or the "Berland Residential Dock", the applicant – Todd Berland – proposes to construct a dock consisting of a 4'x24' ramp leading to an 8'x30' float, two jet ski lifts and a 8'x8' seasonal swim float. The float will be anchored by concrete anchors and anchor chains. The purpose of the proposed project is to "enhance recreational mooring at private residence". The project is located at 22 Hudson

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional

The following is a clarification to the November 20, 2019 noticed provision to adjust rates statewide to reflect a two percent workforce salary increase for qualified Office of Mental Health (OMH) licensed services. With clarification, this provision will also take into account labor costs resulting from statutorily required increases in the New York State minimum wage (upstate regions only). The minimum wage rate increases apply to services effective January 1, 2020 and January 1, 2021. The two percent workforce salary increases are effective January 1, 2020 and April 1, 2020 respectively.

The revised estimated annual aggregate increase in gross Medicaid expenditures attributable to the two percent workforce salary increases and minimum wage initiatives totals $457,685 in state fiscal year 2020 and $16,141,040 in state fiscal year 2021.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0051 Matter of Malgorzata and Christopher Becker, 67 Sammis Street, Huntington, NY 11743, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 67 Sammis Street; Town of Huntington, NY 11743, County of Suffolk, State of New York.

2020-0054 Matter of Vivian Kamath, 677 Little East Neck Rd., W. Babylon, NY 11704, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 130 Barton Avenue; Town of Brookhaven, NY 11772, County of Suffolk, State of New York.

2020-0055 Matter of Emily Kasel, 150 Meadbrook Road, Garden City, NY 11530, for a variance concerning safety requirements, including the required height under a girder/soffit. Involved is an existing one family dwelling located at 150 Meadbrook Road; Village of Garden City, NY 11530, County of NASSAU, State of New York.

2020-0056 Matter of Hooshang Nejathaim, P.E., 2A Shore Park Road, Great Neck, NY 11023, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 90 Bar Beach Road; Town of North Hempstead, NY 11050, County of Nassau, State of New York.

2020-0060 Matter of JW Consulting, Tracey Schleske, PO Box 674, Coram, NY 11727, for a variance concerning safety requirements, including the required heights under a girder/soffit. Involved is an existing one family dwelling located at 76 Forrest Avenue; Town of Brookhaven, NY 11967, County of Suffolk, State of New York.

2020-0061 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 2008 Lilac Drive; Town of Hempstead, NY 11590, County of Nassau, State of New York.

2020-0062 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 58 Avondale Street; V. of Valley Stream, NY 11581, County of NASSAU, State of New York.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0057 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for a fire-rated self-closing cellar door.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1159 Kossuth Avenue, City of Utica, County of Oneida, New York.

2020-0058 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for fire-rated self-closing cellar doors.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1171 Kossuth Avenue, City of Utica, County of Oneida, New York.

SUMMARY
SPA #20-0015

This amendment proposes to revise the State Plan to apply a 1% reduction uniformly across most hospital inpatient payments made under the State's Institutional State Plan section 4.19-A for dates of service effective January 1, 2020 and thereafter.

DRAFT

New York
A(1)(d)

Across the Board 1% Payment Reduction – effective 1/1/2020 and thereafter

(1) For dates of service on and after January 1, 2020, payments for services as specified in paragraph (2) of this Section will be reduced by one percent (1%).

(2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

Part I – Methods and Standards for Establishing Payments – Inpatient Hospital Care

a) Hospital Inpatient Reimbursement as calculated pursuant to Part 1 of this Attachment.	Pages 103 - 139
b) Graduate Medical Education – Medicaid Managed Care Reimbursement as calculated pursuant to Part 1 of this Attachment.	Pages 149 - 150
c) Hospital Disproportionate Share payments made to governmental general hospitals operated by the State of New York or the State University of New York as calculated pursuant to Part 1 of this Attachment.	Pages 153 - 155
d) Government General Hospital Indigent Care Adjustment made to governmental general hospitals operated by the State of New York or the State University of New York as calculated pursuant to Part 1 of this Attachment.	Page 160
e) Voluntary Upper Payment Limit (UPL) payments for voluntary hospitals certified under Article 28 of the NYS Public Health Law as calculated pursuant to Part 1 of this Attachment.	Page 161(1)
f) Indigent Care Pool Reform as calculated Pursuant to Part 1 of this Attachment.	Pages 161(d) - 161(f)

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective for dates of service on or after January 1, 2020, through March 31, 2020, and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.0%. Medicaid payments that will be exempted from the uniform reduction include:

Payments based on federal law prohibitions include, but are not limited to, the following:

- Federally Qualified Health Center services;
- Indian Health Services and services provided to Native Americans;
- Supplemental Medical Insurance – Part A and Part B;
- State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
- Services provided to American citizen repatriates;
- Payments pursuant to the mental hygiene law;
- Court orders and judgments; and
- Hospice Services.

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

- Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
- Certified public expenditure payments to the NYC Health and Hospital Corporation;
- Certain disproportionate share payments to non-state operated or owned governmental hospitals;
- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.

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

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2019-20 is ($124,000,000) and ($496,000,000) for each State Fiscal Year thereafter.

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, e-mail: 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 all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0016

This amendment proposes to revise the State Plan to apply a 1% reduction uniformly across most payments made under the State's Non-Institutional State Plan section 4.19-B for dates of service on and after January 1, 2020.

DRAFT

Across the Board 1% Payment Reduction – effective 1/1/2020 and thereafter

(1) For dates of service on and after January 1, 2020, payments for services as specified in paragraph (2) of this Attachment will be reduced by 1%, with the exception of the services listed below that are provided in clinics designated as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services, as well as services provided to Native Americans, where applicable.

(2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

a) Physician Services.	Page 1 - 1.0
b) Statewide Patient Centered Medical Home, Advanced Primary Care and the Adirondack Medical Home Multipayor Program for physicians, nurse practitioners, hospital-based clinics and freestanding clinics.	Pages 1(A) - 1(A)(iii); 1(c)(i)(A) - 1(c)(i)(H)
c) Reimbursement fees for dental services, podiatrists, optometrists, chiropractor services, nurse midwives, nurse practitioners and clinical psychologists.	Page 1(a)
d) Outpatient Reimbursement for Acute Care Children's Hospitals.	Page 1(b)(i)(1)(a)
e) Ordered Ambulatory Services.	Pages 1(c) - 1(c)(i)
f) Adult Day Health Care Services rendered to patients with HIV/AIDS which are provided in Freestanding Clinics certified under Article 28 of the NYS Public Health Law.	Pages 1(d); 2 - 2(a)
g) Ambulatory Patient Group (APG) reimbursement for hospital outpatient departments, emergency departments and ambulatory surgery services.	Pages 1(e)(1) - 1(e)(3); 1(f) - 1(l)(ii)
h) Ordered Ambulatory Services performed by a freestanding clinic on an ambulatory basis.	Page 2
i) Voluntary Upper Payment Limit (UPL) payments for voluntary hospitals certified under Article 28 of the NYS Public Health Law.	Page 2(c)(v.2)
j) Ambulatory Patient Group (APG) reimbursement for freestanding clinic and ambulatory surgery center services.	Pages 2(g)(1) - 2(p)(iv)
k) Laboratory Services.	Page 4

DRAFT

l) Home Health Services provided by Certified Home Health Agencies (CHHAs), including services to patients diagnosed with AIDS.	Pages 4(1) - 4(9); 4(a) - 4(a)(i)(A); 4(a)(viii)(1)
m) Personal Emergency Response Services (PERS).	Page 4(a)(i)(3)
n) Services Provided to Medically Fragile Children.	Page 4(a)(i)(3)
o) Home Telehealth Services provided by CHHAs including those that provide AIDS home care services.	Pages 4(a)(i)(4) – 4(a)(i)(5)
p) Telehealth store and forward technology services and remote patient monitoring.	Page 4(a)(i)(6)
q) Assisted Living Programs (ALPs).	Pages 4(c)(1) - 4(c)(2)
r) Outpatient Drug Reimbursement.	Pages 4(d) - 4(e)
s) Pharmacists as immunizers and Diabetes Self-Management Training (DSMT).	Page 4(f)(1)
t) Private Duty Nursing, including nursing services provided to medically fragile children and services provided to eligible residents of an adult home or enriched housing program that is issued a limited license by the Department of Health.	Pages 5 - 5(a)(i)
u) Physical Therapy and Occupational Therapy.	Page 5(a)(i)
v) Eyeglasses and other visual services, hearing aid supplies and services and prosthetic and orthotic appliances.	Page 5(b)
w) Orthopedic footwear.	Page 5(b)(1)
x) Durable Medical Equipment (DME)	Page 6
y) Medical/Surgical Supplies.	Page 6
z) General Formula.	Page 6
aa) Transportation.	Page 6
bb) Out-of-State Services for fee-based providers.	Page 6(a)
cc) Personal Care Services.	Pages 6(a)(1) – 6(a)(7); 6(a)(i)(2)

DRAFT

dd) Community First Choice Option Services.	Pages 6(a)(v) – 6(a)(ix)
ee) Adult Day Health Care Facilities	Pages 7(a) – 7(b)(iii)
ff) Case Management Services to Target Group F, Target Groups A and E, Target Group C and Target Group M.	Pages 10(4) – 10(5)(a); 11 – 11(C); 11(g)
gg) Harm Reduction Services.	Pages 11(h) – 11(i)
hh) Preferred Physician and Children's Program.	Pages 12(2) – 12(3)
ii) Medicaid Obstetrical and Maternal Services (MOMS).	Page 12(4)
jj) Child Teen Health Program (CTHP).	Page 12(5)
kk) Emergency services for illegal aliens.	Page 13
ll) Early and periodic screening, diagnostic and treatment services (EPSDT).	Page 17(e) – 17(i)
mm) National Diabetes Prevention Program (NDPP).	Page 19

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective for dates of service on or after January 1, 2020, through March 31, 2020, and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.0%. Medicaid payments that will be exempted from the uniform reduction include:

Payments based on federal law prohibitions include, but are not limited to, the following:

- Federally Qualified Health Center services;
- Indian Health Services and services provided to Native Americans;
- Supplemental Medical Insurance – Part A and Part B;
- State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
- Services provided to American citizen repatriates;
- Payments pursuant to the mental hygiene law;
- Court orders and judgments; and
- Hospice Services.

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

- Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
- Certified public expenditure payments to the NYC Health and Hospital Corporation;
- Certain disproportionate share payments to non-state operated or owned governmental hospitals;
- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.

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

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2019-20 is ($124,000,000) and ($496,000,000) for each State Fiscal Year thereafter.

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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Long Island City, New York 11101

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Bronx County, Tremont Center
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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

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 all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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

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PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0017

This State Plan Amendment proposes to apply a 1% reduction uniformly across most long term care payments made under the State's Long Term Care State Plan section 4.19-D, effective January 1, 2020 and thereafter.

DRAFT

New York
A(i)

1% Across-the-Board Reductions to Payments – Effective January 1, 2020 and Thereafter

(1) For dates of service on and after January 1, 2020, the rates of reimbursement for Article 28 nursing homes will be adjusted to reflect an across the board reduction of one percent (1%).

a. Sections subjected to the one percent (1%) reduction are as follows:

i. Nursing Home Reimbursement — Pages 110(d)(3) – 110(d)(20)

ii. Specialty Care Facilities — Page 50(g)(1)

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective for dates of service on or after January 1, 2020, through March 31, 2020, and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.0%. Medicaid payments that will be exempted from the uniform reduction include:

Payments based on federal law prohibitions include, but are not limited to, the following:

- Federally Qualified Health Center services;
- Indian Health Services and services provided to Native Americans;
- Supplemental Medical Insurance – Part A and Part B;
- State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
- Services provided to American citizen repatriates;
- Payments pursuant to the mental hygiene law;
- Court orders and judgments; and
- Hospice Services.

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

- Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
- Certified public expenditure payments to the NYC Health and Hospital Corporation;
- Certain disproportionate share payments to non-state operated or owned governmental hospitals;
- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.

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

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2019-20 is ($124,000,000) and ($496,000,000) for each State Fiscal Year thereafter.

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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Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0018

This State Plan Amendment proposes to include Licensed Creative Arts Therapist to the list of non-physician licensed behavioral health practitioners (Other Licensed Practitioner qualifications). Community Psychiatric Supports (CPST), Psychosocial Rehabilitation (PSR) and Family Peer Support Services (FPSS) updated practitioner and supervisor qualifications to increase access to the implemented services.

DRAFT

6.d(i). **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
Non-physician licensed behavioral health practitioners (NP-LBHPs)will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Assurances:
The State assures that all NP-LBHP services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

A. educational, vocational and job training services;
B. room and board;
C. habilitation services;
D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
E. services to individuals residing in institutions for mental diseases as describe in 42 CFR § 435.1009;
F. recreational and social activities; and
G. services that must be covered elsewhere in the state Medicaid plan.

DRAFT

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description (Continued)
Practitioner Qualifications (Continued)

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a [professional] practitioner meeting the qualifications of CPST worker with at least 2 years of work experience. Individuals providing services under CPST must receive clinical direction and treatment plan approval by a licensed practitioner operating within the scope of their practice, with at least 2 years of work experience including: [at least] a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):
Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

DRAFT

13d. Rehabilitative Services: EPSDT only (Continued)
Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):
Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):
Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):
Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:
Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

DRAFT

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual, family and Group Counseling/Therapy (Rehabilitative Supports) (Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

Family and Group Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community **-** Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

DRAFT

13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidence Based Practice].

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation
Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

DRAFT

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued)

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.

2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.

3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of [three] two years' experience in children's mental health, addiction, foster care or in a related human services field.

DRAFT

13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:
The PSR provider must receive regularly scheduled supervision from a practitioner meeting, at a minimum, the qualifications of PSR worker with at least 2 years of work experience. Individuals providing services under PSR must receive clinical direction and treatment plan approval from one of the following licensed practitioners operating within the scope of their practice, with at least 2 years of work experience: a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support:
Description: Youth support services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

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13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Supervisor Qualifications (Competent behavioral health professional): (Continued)
A "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 including a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), or New York State Education Department approved Master's level social worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician, Registered Professional Nurse, Nurse Practitioner or an individual having a master's or bachelor's degree in a human services related field, an individual with an associate's degree in a human services related field and three years' experience in human services; an individual with a high school degree and five years' experience in human services; or other professional disciplines which receive the written approval of the Office of Mental Health.
[The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.]

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by
Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.

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6.d(i). **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
Non-physician licensed behavioral health practitioners (NP-LBHPs)will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Assurances:
The State assures that all NP-LBHP services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

A. educational, vocational and job training services;
B. room and board;
C. habilitation services;
D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
E. services to individuals residing in institutions for mental diseases as describe in 42 CFR § 435.1009;
F. recreational and social activities; and
G. services that must be covered elsewhere in the state Medicaid plan.

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13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) Description (Continued)
Practitioner Qualifications (Continued)

Supervisor Qualifications: Individuals providing services under CPST must receive regularly scheduled supervision from a [professional] practitioner meeting the qualifications of CPST worker with at least 2 years of work experience. Individuals providing services under CPST must receive clinical direction and treatment plan approval by a licensed practitioner operating within the scope of their practice, with at least 2 years of work experience including: [at least] a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapists, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice, with at least 2-3 years of work experience. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency Qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. CPST service delivery may also include collateral contact. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State.

Service Planning (Strengths-based treatment planning):
Description: Strengths-based treatment planning - Facilitate participation in and utilization of strengths-based planning for Medicaid services and treatments related to child's behavioral health/health needs which include assisting the child and family members, caregiver or other collateral supports with identifying strengths and needs, resources, natural supports, within the context of the client's culture and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their behavioral health disorder.

Practitioner Qualifications: Strengths-based treatment planning may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR A master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

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13d. Rehabilitative Services: EPSDT only (Continued)
Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):

Individual Counseling/Therapy (Intensive Interventions):
Description: Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

Individual Counseling/Therapy (Crisis Avoidance):
Description: Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

Individual Counseling/Therapy (Rehabilitative Supports):
Description: Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

Practitioner qualifications:
Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

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13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Individual, family and Group Counseling/Therapy (Rehabilitative Supports) (Continued):
Practitioner Qualifications (Continued):

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

Family and Group Counseling/Therapy (Rehabilitative psychoeducation):
Description: Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

Practitioner qualifications: Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field OR At least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

Family and Group Counseling/Therapy (Rehabilitative supports in the community):
Description: Rehabilitative supports in the community **-** Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

Practitioner qualifications: Rehabilitative supports in the community may be provided by an individual with at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidenced Based Practice].

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13d. Rehabilitative Services: EPSDT only (Continued)
Community Psychiatric Support and Treatment (CPST) (Continued):
CPST Components (Continued):

Crisis Intervention (Intermediate term crisis management):
Description: Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

Practitioner qualifications: Intermediate term crisis management may be provided by an individual who has at least a bachelor's degree level, certified in an Evidenced Based Practice consistent with the CPST component being delivered, and designated by the State OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services [plus one year of applicable experience OR who has been certified in an Evidence Based Practice].

Rehabilitative Services: EPSDT only
Program Name: Psychosocial Rehabilitation
Description: Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

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13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued)

Description (Continued):

The professional uses partnerships and mutual support, as well as hands-on implementation of rehabilitation interventions to improve personal independence and autonomy including:

1) Restoration, rehabilitation and support to reduce the effect of the child's behavioral health diagnosis and re-establish social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school. This includes learning to confidently manage stress, unexpected daily events and disruptions, and behavioral health and physical health symptoms. It also includes support to establish and maintain friendships/supportive social networks, improve interpersonal skills such as social etiquette and anger management.

2) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and reestablish daily functioning skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning. This includes supporting the individual with implementation of interventions to re-establish daily functioning skills and daily routines necessary to remain in home, school, work and community, including managing medications and learning self-care. It also includes development of constructive and comfortable interactions with healthcare professionals, develop relapse prevention strategies, and re-establishing good health routines and practices.

3) Restoration, rehabilitation and support to reduce the effect of the child's diagnosis and re-establish social skills so that the person can remain in a natural community location and re-achieve developmentally appropriate functioning including using collaboration, partnerships and mutual supports to strengthen the individuals community integration in areas of personal interests as well as other domains of community life including home, work and school. This includes assisting the individual with generalizing coping strategies and social and interpersonal skills in community settings. The professional may assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Practitioner Qualifications: Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of [three] two years' experience in children's mental health, addiction, foster care or in a related human services field.

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13d. Rehabilitative Services: EPSDT only (Continued)
Psychosocial Rehabilitation (Continued):
Description (Continued):

Supervisor Qualifications:
The PSR provider must receive regularly scheduled supervision from a practitioner meeting, at a minimum, the qualifications of PSR worker with at least 2 years of work experience. Individuals providing services under PSR must receive clinical direction and treatment plan approval from one of the following licensed practitioners operating within the scope of their practice, with at least 2 years of work experience: a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner operating within the scope of their practice. Supervisors must also be aware of and sensitive to trauma informed care and the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.

Provider Agency qualifications: Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition. The caseload size must be based on the needs of the child/youth and families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the interventions identified on the services/plan. Group should not exceed more than 8 members. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support:
Description: Youth support services are formal and informal services and supports provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth support is a face-to-face intervention and can occur in a variety of settings including community locations where the youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Youth Peer Support activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy goals, and to support their transition into adulthood.

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13d. Rehabilitative Services: EPSDT only (Continued):
Family Peer Support (Continued):

Supervisor Qualifications (Competent behavioral health professional): (Continued)
A "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 including a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), or New York State Education Department approved Master's level social worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician, Registered Professional Nurse, Nurse Practitioner or an individual having a master's or bachelor's degree in a human services related field, an individual with an associate's degree in a human services related field and three years' experience in human services; an individual with a high school degree and five years' experience in human services; or other professional disciplines which receive the written approval of the Office of Mental Health.
[The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods. It is the expectation that 1 hour of supervision be delivered for every 40 hours of Family Peer Support Services duties performed. There may be an administrative supervisor who signs the family peer specialist's timesheet and is the primary contact on other related human resource management issues.]

Provider Agency Qualifications: Any practitioner providing behavioral health services must operate within an agency licensed, certified, designated and/or approved by
Any child serving agency or agency with children's behavioral health and health experience that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, to provide comparable services referenced in the definition.

The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. A group is composed may not exceed more than 12 individuals total. Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTA's, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.

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MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

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:	Friday, February 7, 2020
Time:	9:00 a.m. to 11:00 a.m.
Place:	Empire State Development Corporation (ESDC) 633 3rd Ave. 37th Fl./Conference Rm. New York, NY 10017

Identification and sign-in is required at this location.

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

For further information, or if you need a reasonable accommodation to attend this meeting, please contact: Division of Criminal Justice Services, Office of Forensic Services, 80 S. Swan St., Albany, NY, (518) 457-1901

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after February 6, 2020, this notice proposes to revise provisions of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services related to the expansion of behavioral health services provided to individuals under the age of 21 years.

With the approval of the proposal, Licensed Creative Arts Therapist will be included as a non-physician licensed behavioral health practitioner (Other Licensed Practitioners) (OLP), and practitioner and supervisor qualifications will be updated for Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), and Family Peer Support Services (FPSS).

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide international growth equity investment management services for the International Equity Fund (the "Fund") investment option of the Plan. The objective of the Fund is to provide exposure to the broad international equity market. Qualified vendors that do not currently provide product capabilities to eVestment must submit product information to Milliman Investment Consulting at the following e-mail address: sanf.investment.search@milliman.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on January 22, 2020.

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

PUBLIC NOTICE

Department of State
F-2019-0908
Date of Issuance – February 5, 2020

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2019-0908 or the "Ronson Dock", the applicant George Ronson, is proposing to install 3 piles along the existing dock to create a boat slip with a cover over top. Installation of a 4' x 12' ramp and a 6' by 30' floating dock with piles to secure it. The project is located at 308 Rivershore Drive, Town of Clayton, Jefferson County, St Lawrence River.

The applicant's consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0908_Ronson_App.pdf

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, February 20, 2020.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development & Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2019-1123
Date of Issuance – February 5, 2020

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York and are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-1123_Application.pdf

In F-2019-1123, PeroxyChem is proposing the PeroxyChem Tonawanda Plant River Intake Relocation project at 3500 River Road, Tonawanda, Erie County. The stated purpose of the project is to relocate a cooling water intake facility. The new intake and pump station would be relocated to the northwest corner of Huntley Generating Station on the eastern shore of the Niagara River. The pump station building would be rebuilt on an existing paved lot. No new shoreline stabilization and no dredging is proposed as part of the activity. A temporary cofferdam would be installed during construction using approximately 3,700 square feet of steel sheetpiling to temporarily dewater a small portion of the Niagara River and facilitate construction of the new intake facility. The intake facility would be constructed within the cofferdam and would be comprised of: a 36-inch diameter intake pipe extending approximately 80 feet into the Niagara River and protected with riprap and a small amount of concrete; a concrete river water intake structure at the terminus of the intake pipe to house 4, 24-inch diameter intake pipes each equipped 0.75-mm wedgewire screens and an airburst system; a bedload deflector located immediately upstream of the intake structure; and 5 timber dolphins piles surrounding the intake structure. Fill below ordinary high water includes approximately 7.5 cubic yards (cy) of concrete, 146 cy of crushed stone bedding, and 88 cy of riprap.

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area:

- Town of Tonawanda Local Waterfront Revitalization Program: https://www.dos.ny.gov/opd/programs/WFRevitalization/LWRP_status.html

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 6, 2020.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State
F-2019-1224
Date of Issuance – February 5, 2020

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2019-1224, Ducks Unlimited, Inc. is proposing Cranberry Pond Habitat Enhancement Project, located within the Braddock Bay FWMA of the Braddock Bay State Park in the Town of Greece in Monroe County, in the Cranberry Pond Wetland Complex.

The project area will include 100 acres in the southern portion of marsh and will construct:

1. 4406 linear feet of connecting channels
2. 7 potholes totaling 3.21 acres of open water wetland habitat
3. 4.2 acres of habitat mounds to improve microtopography

The applicant's consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-1224consistencycertification.pdf

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Braddock Bay and Salmon Creek, Significant Coastal Fish and Wildlife Habitat: https://www.dos.ny.gov/opd/programs/consistency/scfwhabitats.html

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by

SUMMARY
SPA #20-0019

This State Plan Amendment proposes to revise rates, effective January 1, 2020, for Private Psychiatric Hospitals (PPH) to include a two percent increase in annual salary and salary-related fringe benefits for direct care staff and direct support professionals. In addition, effective April 1, 2020, PPH rates will be revised to include an additional two percent increase in annual salary and salary-related fringe benefits for direct care staff, direct support professionals and clinical staff.

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5. **Compensation Increases for Eligible Rate Based Programs.**

   a. **January 1, 2020 Increase.** Rates will be revised to incorporate a two percent increase to total salaries for direct care and direct support professional employees. The compensation increase will be included in the provider's rate issued for January 1, 2020, or in a subsequent rate with the inclusion of funding in the amount necessary to achieve the same funding impact as if the rate had been issued on January 1, 2020. The compensation increase funding will include associated fringe benefits.

   b. **April 1, 2020 Increase.** In addition to the compensation funding effective January 1, 2020, providers will receive a two percent increase to total salaries increase for direct care, direct support and clinical professionals. The compensation increase funding will include associated fringe benefits. The April 1, 2020 direct care and direct support professional compensation funding will be the same, on an annualized basis, as that which was calculated for the January 1, 2020 compensation increase.

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MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective for dates of service on or after January 1, 2020, through March 31, 2020, and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.0%. Medicaid payments that will be exempted from the uniform reduction include:

Payments based on federal law prohibitions include, but are not limited to, the following:

- Federally Qualified Health Center services;
- Indian Health Services and services provided to Native Americans;
- Supplemental Medical Insurance – Part A and Part B;
- State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
- Services provided to American citizen repatriates;
- Payments pursuant to the mental hygiene law;
- Court orders and judgments; and
- Hospice Services.

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

- Upper payment limit payments to non-state owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;
- Certified public expenditure payments to the NYC Health and Hospital Corporation;
- Certain disproportionate share payments to non-state operated or owned governmental hospitals;
- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.

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

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2019-20 is ($124,000,000) and ($496,000,000) for each State Fiscal Year thereafter.

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, e-mail: 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 all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Long Term Care

Effective on or after January 1, 2020, the State will change the methods and standards for determining payment rates for all qualifying Mental Hygiene Services to provide funding to support a two percent increase in annual salary and salary-related fringe benefits to direct care staff and direct support professionals.

Effective on or after April 1, 2020, a new two percent increase in annual salary and salary-related fringe benefits will be applied to direct care staff, direct support professionals and clinical staff for all qualifying Mental Hygiene Services. For the purposes of the January 1 and April 1, 2020, funding increases, direct support professionals are individuals employed in consolidated fiscal reporting position title codes ranging from 100 to 199; direct care staff are individuals employed in consolidated fiscal reporting position title codes ranging from 200 to 299; and clinical staff are individuals employed in consolidated fiscal reporting position title codes ranging from 300 to 399.

The estimated annual net aggregate increase in gross Medicaid expenditure attributable to this initiative enacted into law as part of the budget for SFY 2019/2020 is $140 million.

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

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

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

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Long Island City, New York 11101

Kings County, Fulton Center
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Brooklyn, New York 11201

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

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 and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees. The following changes are proposed:

Non-Institutional

For the effective period January 1, 2020 through December 31, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is extended.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

Effective on or after January 1, 2020, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $3.87 million.

Effective on or after January 1, 2020, the Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) fees are revised.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $0.

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

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, Fax (518) 473-8825, spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Nassau County

The Deferred Compensation Plan for Employees of Nassau Health Care Corporation (the "Plan"), a 457(b) plan created under the laws of the State of New York and pursuant to Section 457(b) of the Internal Revenue Code, is seeking proposals from qualified firms to:

Provide consulting services to the Plan regarding monitoring the performance of the current plan record keeper/administrative service agent, investment manager, and trustee, and overall plan investment performance.

Proposals will be accepted until 4:00 p.m. on Monday, February 10, 2020.

A copy of the Request for Proposals may be obtained during normal business hours (9:00 a.m. to 5:00 p.m. – Weekdays) from: Richard

SUMMARY
SPA #20-0021

This State Plan Amendment proposes to remove limits on cessation counseling. All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services based on medical necessity and without limitations, effective on and after April 1, 2020.

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)

4.c.i. Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.
☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

4.c.ii. Family planning-related services provided under the above State Eligibility Option.
☒ Provided: ☒ No limitations ☐ With limitations*

4.c.iii. Fertility services for women ages 21 through 44
☒ Provided: ☐ No limitations ☒ With limitations*
*Limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs.

4.d.1. **Face-to-Face Counseling Services provided:**
☒ (i) By or under supervision of a physician;
☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**
☒ Provided: ☒ No limitations ☐ With limitations*
[*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.]
<u>All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services without any limitation.</u>

Please describe any limitations: ☐

* Description provided on attachment.

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

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

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

[4d.i.] 4.d.1. **Face-to-Face Counseling Services**
[4d.ii.]4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective [October 1, 2013] April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be [modified to include a maximum of two quit attempts per 12 months, which will include a maximum of four face-to-face counseling sessions per quit attempt.] based on medical necessity and without limitation.

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

5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

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

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

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY NEEDY

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

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

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

☒ Provided: ☒ No limitations ☐ With limitations*

[*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.]

All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services without any limitation as stated above.

Please describe any limitations: ☐

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5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

i. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a) (5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

* Description provided on attachment

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

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

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

[4d.i.] 4.d.1. **Face-to-Face Counseling Services**
[4d.ii.] 4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective [October 1, 2013] April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be [modified to include a maximum of two quit attempts per 12 months, which will include a maximum of four face-to-face counseling sessions per quit attempt.] based on medical necessity without limitation.

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

5a. **Lactation consultant services:** effective September 1, 2012, reimbursement will be provided to physicians for breastfeeding health education and counseling services. Physicians must be currently registered and licensed by the State in accordance with 42 CFR 440.60(a) and also International Board Certified Lactation Consultants (IBCLC). Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan.

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

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

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For publication in the
March 11 edition
of the New York State Register

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Social Services Law 365-a(2)(s) and section 4107 of the Affordable Care Act. The following changes are proposed:

Non-Institutional Services

Effective on and after April 1, 2020, this proposes to amend the State Plan to remove limits on face-to-face tobacco cessation counseling services. All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services based on medical necessity and without limitation.

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

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

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

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

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For publication in the
March 11 edition
of the New York State Register

Queens County, Queens Center
3220 Northern Boulevard
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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:

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

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