



Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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/

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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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Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Chief Hill:

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

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

Chief Tom Jonathan
5226 Walmore Road
Lewiston, NY 14092

Dear Chief Johnathan:

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

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

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NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Chief Patterson:

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

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Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Chief Wallace:

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

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Office of Health Insurance Programs

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NYSDOH American Indian Health Program



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KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Mr. Halftown:

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

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Medicaid Director
Office of Health Insurance Programs

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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Chief Lafrance:

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

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Medicaid Director
Office of Health Insurance Programs

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Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Chief Cook:

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

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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Ms. Austin:

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

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Sincerely,

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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



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Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Mr. Twoguns:

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

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

Gary Wheeler
Nation Representative
Cayuga Nation
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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Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Mr. John Sr.:

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

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

March 15, 2023

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

Dear Ms. Oakes:

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

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SUMMARY
SPA #21-0073

This State Plan Amendment is a temporary amendment in response to COVID-19 Emergency Relief.

DRAFT

State/Territory: New York

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

<i>SPA effective date is October 7, 2021</i>
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NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

TN: 21-0073
Supersedes TN: NEW

Approval Date: _____
Effective Date: October 7, 2021

State/Territory: New York

- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

New York will reduce the tribal consultation to zero days before submission to CMS. Tribal consultation will still be completed and mailed as per guidelines in New York’s approved state plan.

Section A – Eligibility

1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard:

-or-

- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard:

3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

State/Territory: New York

Residential Reintegration	NA - New to Medicaid 11/1/21	NA - New to Medicaid 11/1/21	\$173.13	\$202.55	\$115.42	\$135.03
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Effective date (enter date of change): 11/1/2021

Location (list published location): Table above and on OASAS website (upon approval)

b. Other:

Home and Community-Based Services Eligible (Rehab Services - Addiction) for the ARP Section 9817 Temporary Increased FMAP

The third element of the residential program, reintegration, had not previously been reimbursed under the FFS NYS Medicaid program. OASAS has calculated fees, in conjunction with the NYS Department of Health and an their actuary, for the reintegration element of the service. The calculated fees are based on a hypothetical model program; utilizing reasonable and appropriate Medicaid-eligibility assumptions for staffing, administration, fringe, and non-personal service, and excluding room and board as non-allowable under Medicaid reimbursement for residential programs. This is the same methodology used for the stabilization and rehabilitation fees that were previously approved by CMS in SPA 16-0004. The calculated fees for reintegration have been verified as efficient and economical by OASAS using actual cost data for the service element (excluding room and board), which has been operated since 2016 as an OASAS-certified, non-Medicaid program.

Reintegration programs will receive 150% of the calculated fees for the period November 1, 2021 through June 30, 2022. The initial reintegration fees are to be set 50% higher than the level of the ongoing fees (beginning July 1, 2022), on a time-limited basis, in order to cover the cost of programs gearing up to meet Medicaid billing and record keeping requirements, as well as to encourage lower intensity residential programs to recruit and train staff and make other investments necessary to meet the regulatory requirements associated with a Medicaid-eligible level of care. On July 1, 2022, the reintegration service will move down to 100% of the calculated fees.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

NYS Department of Health (DOH) Private Duty Nursing: Effective November 1, 2021, Private duty nursing provided to fee-for-service individuals who have aged out of the medically fragile children's reimbursement program. Fees will be increased as described in a., b.i., and b.ii. below.

NYS Office of Mental Health (OMH) Assertive Community Treatment (ACT) – as described in b.ii. below.

TN: 21-0073
Supersedes TN: NEW

Approval Date: _____
Effective Date: October 7, 2021

State/Territory: New York

OMH Rehabilitation Services in Community Residences – as described in b.ii. below.

OMH Personalized Recovery Oriented Services (PROS) – as described in b.ii. below.

OASAS Residential Rehabilitation Services and Off-site Addiction Rehab Services – as described in b.ii. below.

- a. Payment increases are targeted based on the following criteria:

DOH Private Duty Nursing - Individuals are 23 and older, receiving private duty nursing services.

OMH ACT, PROS, and Rehab Services in Community Residences – All services under these headings, with increases as described in b.ii. below.

OASAS HCBS and Rehab programs – The Stabilization and Rehabilitation elements of the OASAS Residential Rehabilitation service, as well as (in-community) off-site outpatient addiction rehab services.

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Private Duty Nursing: This is an add-on payment for providers who are enrolled in the program, are willing to be listed in a web-based database available to the public, and who provide services to medically fragile adults.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: 75

Private Duty Nursing

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Private Duty Nursing: Additional information (for providers) can be found here:

https://health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/regional_fees.htm and

https://health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/directory_benefits.htm

(Note: this page has been updated for 2022 while this SPA is applicable to 2021-2023)

ACT, PROs, and Rehab Services in Community Residences – proposed fees are described below and can be found at:

TN: 21-0073

Supersedes TN: NEW

Approval Date: _____

Effective Date: October 7, 2021

Freestanding outpatient addiction services will receive a time-limited ten percent increase to existing CMS-approved fees, in SPA 16-0004, for the period November 1, 2021, through June 30, 2022. On July 1, 2022, these fees will return to levels previously approved by CMS. All fees, both existing and proposed, are shown in the tables below and will be posted on the OASAS website upon approval by CMS.

Outpatient addiction services, when provided in the community (outside of a brick-and-mortar setting), will receive an additional in-community increase for the same period (November 1, 2021, through June 30, 2022). The in-community fee enhancement will apply only to Ambulatory Patient Group (APG) fees and will not apply to the Opioid Treatment Program weekly bundle fees. As part of an effort towards fee rationalization, all freestanding outpatient addiction services will share the same in-community APG fees based on an additional ten percent for in-community outpatient addiction day rehabilitation, as shown in the applicable fee table below. All three services will revert to identical rationalized (i.e., using the same Ambulatory Patient Group conversion factors) in-community APG fees on July 1, 2022.

Residential addiction services will receive a time-limited ten percent fee enhancement for the period November 1, 2021, through June 30, 2022 for the stabilization and rehabilitation elements of the service. On July 1, 2022, the stabilization and rehabilitation fees will return to the levels previously approved by CMS in SPA 16-0004.

The fee regions for both outpatient addiction services and residential addiction services are as follows:

Downstate – The counties of Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess.

Upstate – All other counties in the State.

Freestanding outpatient addiction services fees

Service Type	Pre 11-1-21 CMS Approved Fee		Proposed 11-1-21 Fee		Proposed 7-1-22 Fee	
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Outpatient Addiction Rehab (reimbursed using APGs)	\$150.11	\$175.64	\$165.12	\$193.20	\$150.11	\$175.64
Outpatient Addiction Day Rehab (APGs)	\$150.52	\$176.12	\$165.57	\$193.73	\$150.52	\$176.12
Opioid Treatment Program (APGs)	\$138.31	\$161.82	\$152.14	\$178.00	\$138.31	\$161.82
OTP Weekly Bundle (Methadone Full Bundle)	\$178.80	\$209.19	\$196.68	\$230.11	\$178.80	\$209.19
OTP Weekly Bundle (Methadone Take-Home Only)	\$35.28	\$35.28	\$38.81	\$38.81	\$35.28	\$35.28

State/Territory: New York

OTP Weekly Bundle (Buprenorphine Full Bundle)	\$222.73	\$260.59	\$245.00	\$286.65	\$222.73	\$260.59
OTP Weekly Bundle (Buprenorphine Take-Home Only)	\$86.26	\$86.26	\$94.89	\$94.89	\$86.26	\$86.26

Freestanding outpatient addiction services fees (off-site)

Service Type	Pre 11-1-21 CMS Approved Fee		Proposed 11-1-21 Fee		Proposed 7-1-22 Fee	
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Outpatient Addiction Rehab (APGs)	NA - New to Medicaid 11/1/21	NA - New to Medicaid 11/1/21	\$182.13	\$213.11	\$150.52	\$176.12
Outpatient Addiction Day Rehab (APGs)	NA - New to Medicaid 11/1/21	NA - New to Medicaid 11/1/21	\$182.13	\$213.11	\$150.52	\$176.12
Opioid Treatment Program (APGs)	NA - New to Medicaid 11/1/21	NA - New to Medicaid 11/1/21	\$182.13	\$213.11	\$150.52	\$176.12

Residential addiction services (stabilization and rehabilitation)

Service Type	Pre 11-1-21 CMS Approved Fee		Proposed 11-1-21 Fee		Proposed 7-1-22 Fee	
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate
Residential Stabilization	\$151.53	\$165.27	\$166.68	\$181.80	\$151.53	\$165.27
Residential Rehabilitation	\$142.01	\$163.56	\$156.21	\$179.92	\$142.01	\$163.56

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. Are not otherwise paid under the Medicaid state plan;
 - b. Differ from payments for the same services when provided face to face;
 - c. Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

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Supersedes TN: NEW

Approval Date: _____
Effective Date: October 7, 2021

State/Territory: New York

- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
- ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

- 1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. The individual’s total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount:
- 2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

State/Territory: New York

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 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

DRAFT

TN: 21-0073
Supersedes TN: NEW

Approval Date: _____
Effective Date: October 7, 2021

SUMMARY
SPA #21-0074

This State Plan Amendment is a temporary amendment in response to COVID-19 Emergency Relief.

DRAFT

State/Territory: NEWYORK

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

SPA effective date is February 1, 2021

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

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Approval Date: _____
Effective Date: February 1, 2021

State/Territory: NEWYORK

Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

State/Territory: NEWYORK

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
- a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

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Effective Date: February 1, 2021

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Please list the applicable eligibility groups or populations.

3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. X The agency makes the following adjustments to benefits currently covered in the state plan:

Preventive Services/Rehabilitative Services

For both Preventive Residential Treatment (PRT) services and Rehabilitative Residential Treatment Services Residential Treatment (RRT) services for children under the age of 21 served by a 29-I Health Facility, the following are added as qualified providers for skill building and service coordination services (as described in SPA 21-0003), if employed by an authorized setting as of June 24, 2022.

- 1) Student enrolled in a degree granting program leading to licensure of Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Psychotherapist (LP) or Licensed Creative Arts Therapist (LCAT)–, **OR**
- 2) A person holds a baccalaureate of social work or higher, **OR**
- 3) A person holds a master’s degree or higher in a behavioral health profession.

Services must be recommended by a physician or other licensed practitioner of the healing arts and provided under the supervision of a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse.

The state assures that services do not include services for individuals residing in institutions for mental diseases as described in 42 CFR §435.1010.

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3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the state wideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4. Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Drug Benefit:

6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

State/Territory: NEWYORK

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

- a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

- b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply.

- a. Payment increases are targeted based on the following criteria:

Please describe criteria.

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

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Approval Date: _____

Effective Date: February 1, 2021

State/Territory: NEWYORK

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:

- a. Are not otherwise paid under the Medicaid state plan.
- b. Differ from payments for the same services when provided face to face;
- c. Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

TN: 21-0074
Supersedes TN: NEW

Approval Date: _____
Effective Date: February 1, 2021

State/Territory: NEWYORK

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. The individual’s total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____

2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

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 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 21-0074
Supersedes TN: NEW

Approval Date: _____
Effective Date: February 1, 2021

SUMMARY
SPA #23-0002

This State Plan Amendment proposes to add coverage to Medicaid for preventive health services provided by certified dietitians and nutritionists, and Community Health Workers (CHWs) to pregnant and post-partum women. A Community Health Worker is a public health worker who functions as a liaison between healthcare systems, social services, and community-based organizations in an effort to improve overall access to services/resources and encourage improved health outcomes of the population served. The Community Health Worker will provide the support services of health advocacy, health education and health navigation.

DRAFT

Public Notice **NYS Department of Health**

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

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

Non-Institutional Services

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

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

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

The Community Health Worker will provide the support services of health advocacy, health education and health navigation.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023/2024 is \$12,860,000.

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

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

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

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

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

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

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

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

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

DRAFT

SUMMARY
SPA #23-0003

This State Plan Amendment proposes to provide rate parity for Part 820 Residential Stabilization in the downstate region and also to provide additional rate increases for both Residential Stabilization and Residential Rehabilitation.

DRAFT

New York
10(a.1)(b)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective March 1, 2023, the January 1, 2023, downstate region fee for Residential Stabilization will receive a 5.6% rate increase to prospectively correct an error in the established rate. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

DRAFT

TN: #23-0003

Approval Date: _____

Superseding TN: #NEW

Effective Date: March 1, 2023

1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

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

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

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

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 in accordance with Chapter 53 of the Laws of 2022 and Subdivision 5 of section 365-m of the social services law. The following changes are proposed:

Non-Institutional Services

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

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

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

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

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

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3220 Northern Boulevard
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114 Willoughby Street
Brooklyn, New York 11201

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

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

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

SUMMARY
SPA #23-0004

This State Plan Amendment proposes an adjustment of a flat per-diem reimbursement for specialized hospital-based inpatient psychiatric units dedicated solely to the treatment of adults with diagnoses of both developmental disability and serious mental illness.

DRAFT

New York
119

1905(a)(1) Inpatient Hospital Services

12. *New hospitals and new hospital units.* The operating cost component of rates of payment for new hospitals, or hospital units, without adequate cost experience will be computed based on either budgeted cost projections, subsequently reconciled to actual reported cost data, or the regional ceiling calculated in accordance with paragraph (10) of this section, whichever is lower. The capital cost component of such rates will be calculated in accordance with the capital cost provisions of this Attachment.
13. Effective July 1, 2018, Hospitals that have been approved by the Office of Mental Health to operate distinct units to provide specialized inpatient psychiatric care to stabilize adults with co-morbid mental illness and intellectual developmental disability diagnoses as defined in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, will be reimbursed a flat per diem operating rate of \$1,177.11, and the rate-setting methodology provided in paragraph 8 of this section will not apply to services furnished in such units. Effective February 1, 2023, the flat per diem operating rate will be \$1,965.97. Capital costs will be reimbursed on a per diem basis for the cost of capital in accordance with paragraph 11 of this section. Specialized inpatient psychiatric units are a new approach to treating dually-diagnosed individuals. The units are physically distinct and have been approved by the State to provide such care and services based on a review of the unit's physical plant specifications, enhanced staffing, and adherence to specialized clinical protocols, which demonstrate sufficient specialization in the assessment and treatment of adults with co-occurring intellectual or developmental disability, including autism spectrum disorder, and mental illness diagnoses, who exhibit destructive behaviors, or an acute safety risk or decrease in functioning.
14. Effective August 1, 2019, Hospitals that have been approved by the Office of Mental Health to operate distinct units to provide specialized inpatient psychiatric care to stabilize children with co-morbid mental illness and intellectual developmental disability diagnoses as defined in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, will be reimbursed a flat per diem operating rate of \$1,792.50, and the rate-setting methodology provided in paragraph 8 of this section will not apply to services furnished in such units. Capital costs will be reimbursed on a per diem basis for the cost of capital in accordance with paragraph 11 of this section. Specialized inpatient psychiatric units are a new approach to treating dually-diagnosed individuals. The units are physically distinct and have been approved by the State to provide such care and services based on a review of the unit's physical plant specifications, enhanced staffing, and adherence to specialized clinical protocols, which demonstrate sufficient specialization in the assessment and treatment of children with co-occurring intellectual or developmental disability, including autism spectrum disorder, and mental illness diagnoses, who exhibit destructive behaviors, or an acute safety risk or decrease in functioning.

TN: # 23-0004 _____

Approval Date: _____

Superseding TN: # 19-0045

Effective Date: February 1, 2023

7 ADHCP #7 1
 8 ADHCP #9 3
 9 ADHCP #10 1
 10 ADHCP #11 1
 11 ADHCP #12 1
 12 ADHCP #13 3
 13 ADHCP #14 3
 14 ADHCP #15 3
 15 ADHCP #16 1
 16 ADHCP #17 1
 17 ADHCP #18 1
 18 ADHCP #19 1
 19 ADHCP #20 1
 20 ADHCP #21 3
 21 ADHCP #22 3
 22 ADHCP #23 3
 23 ADHCP #24 1
 24 ADHCP #25 1
 25 ADHCP #26 3
 26 ADHCP #27 3
 27 ADHCP #28 1
 28 ADHCP #29 1
 29 ADHCP #30 1
 30 ADHCP #31 3
 31 ADHCP #32 1
 32 ADHCP #33 1
 33 ADHCP #34 1
 34 ADHCP #35 2
 35 ADHCP #36 3
 36 ADHCP #37 1
 37 ADHCP #38 2
 38 ADHCP #39 1
 39 ADHCP #40 2
 40 ADHCP #41 1
 41 ADHCP #42 1
 42 ADHCP #43 1
 43 ADHCP #44 1
 44 ADHCP #45 1
 45 ADHCP #47 1
 46 ADHCP #48 1
 47 ADHCP #49 1
 48 ADHCP #50 1
 49 ADHCP #51 1

Number of Settings That Cannot Overcome the Presumption:
 None.

A List of Presumptively Institutional Due to Isolation (Prong Three Settings)

Please see the chart above which lists all prong three settings, of which there are 13 ADHCPs in this category.

Contact Information to Submit Public Comment

A draft of the Heightened Scrutiny evidence data packet(s) will be available for review at: https://www.health.ny.gov/facilities/nursing/public_notice/heightened_scrutiny/

For individuals with limited online access and require special accommodation to access paper copies, please call (518) 408-1282.

Prior to finalizing the proposed Part 425 Adult Day Health Care Statutory Authority: Public Health Law, section 2803(2); Social Services Law, section 363-a (2) Heightened Scrutiny evidence packet(s), NYS DOH, Office of Aging and Long-Term Care, Bureau of Quality Assurance and Surveillance - ADHCP will consider all written and verbal comments received, amending determination(s) of compliance, and conducting further remediation activities as needed.

Please direct all questions to: ADHCP.HCBS@health.ny.gov

Written comments will be accepted by email at ADHCP.HCBS@health.ny.gov or by mail at: ADHCP, Bureau of Quality Assurance and Surveillance, Division of Nursing Homes and ICF/IID Surveillance, Department of Health, 875 Central Ave., Albany, NY 12206, e-mail: ADHCP.HCBS@health.ny.gov

All comments must be postmarked or emailed by 30 days of the date of this notice.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services in accordance with § 41.35 of Mental Hygiene Law. The following changes are proposed:

Institutional Services

Effective on or after February 1, 2023, the Department of Health will adjust the operating reimbursement rate for the specialized inpatient psychiatric units that provide treatment for adults with a diagnosis of both developmental disability and either serious mental illness or serious emotional disturbance.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this adjustment for State Fiscal Year 2023 is \$525,000 for the period February 1 to March 31, 2023.

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
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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, email: 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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

SUMMARY
SPA #23-0007

This State Plan Amendment proposes to account for statutorily required increases to the minimum wage for the Remainder of the State region.

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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

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

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

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 services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
2024)

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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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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 long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0008

This State Plan Amendment proposes to account for statutorily required increases to the minimum wage for the Remainder of the State region.

DRAFT

**New York
2(t.7)**

1905(a)(9)Clinic Services**Minimum Wage – OPWDD-licensed Article 16 Clinics**

Adjustment for Minimum Wage Increases. Effective January 1, 2018, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to the Ambulatory Patient Group (APG) rate for OPWDD licensed Article 16 clinics.

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

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

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

The APG capital rate that is adjusted for the minimum wage add-on will be posted to the Mental Hygiene Services Rates webpage.

https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/apg/capital_add_on.htm

The minimum wage add-on will be developed and implemented as follows:

- a. Minimum wage costs will mean the additional costs incurred beginning January 1, 2018, and thereafter, as a result of New York state statutory increases to minimum wage until all regions of the State reach \$15.00 per hour.
 - i. Minimum wage cost development based on survey data collected.
 1. Survey data will be collected for facility specific wage data.
 2. Facilities will report, by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
 3. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the facility has reported total hours paid. To this result, the facility's average fringe benefit percentage is applied and added to the costs.
 - ii. Minimum wage cost development based on the 2016 Consolidated Fiscal Report (CFR) cost report data.
 1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
 2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the CFR cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.

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:
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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

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 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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

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

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

New York County
250 Church Street
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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 all services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
2024)

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
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Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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

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PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0009

This State Plan Amendment proposes to account for statutorily required increases to the minimum wage for the Remainder of State region.

DRAFT

**New York
4(b)**

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

Adjustment for Minimum Wage Increases - Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to all Psychiatric Residential Treatment Facility rates.

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

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

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

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

1. Minimum wage costs will mean the additional costs incurred beginning January 1, 2017, and thereafter, as a result of New York State statutory increases to minimum wages until all regions of the State reach \$15.00 per hour.
2. The 2017 facility specific minimum wage add-on will be developed based on collected survey data received and attested to by Psychiatric Residential Treatment Facility providers. If a facility does not submit a survey, the minimum wage add-on will be calculated based on the facility's Consolidated Fiscal Report (CFR) wage data from two years prior to the period being calculated. If a facility fails to submit both the attested survey and the CFR cost report, the facility's minimum wage add-on will not be calculated.
 - i. Minimum wage cost development based on survey data collected.
 - a. Survey data will be collected for facility specific wage data.
 - b. Facilities will report by wage bands, the total count of FTEs and total hours paid to all employees (contracted and non-contracted staff) earning less than the statutory minimum wage applicable for each region.
 - c. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - d. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the facility has reported total hours paid. To this result, the facility's average fringe benefit percentage is applied and added to the costs.
 - ii. Minimum wage cost development based on the CFR cost report data.
 - a. The average hourly wages of employees where the reported average hourly wage is below the regional statutory minimum wage are identified.
 - b. The total payroll hours of the employees identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.
 - c. The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
 - d. The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.

TN: #23-0009

Approval Date: _____

Superseding TN: #21-0069

Effective Date: January 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

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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 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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

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

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

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New York, New York 10018

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

PUBLIC NOTICE

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
2024)

Article 16 Freestanding Clinics	\$11,810	\$47,240
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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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SUMMARY
SPA #23-0010

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid inpatient reimbursement methodologies for Article 28 hospitals until all regions have reached an hourly wage of \$15.00 per hour.

DRAFT

**New York
105(b)**

1905(a)(1) Inpatient Hospital Services

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

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

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

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

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

TN #23-0010

Approval Date _____

Supersedes TN #22-0015

Effective Date January 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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or visit our web site 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.

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The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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/>

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All Services

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Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
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Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

SUMMARY
SPA #23-0011

This State Plan Amendment proposes a continuation of minimum wage adjustments through the current Ambulatory Patient Group (APG) rates for Article 28 freestanding clinics and ambulatory surgery centers until all regions have reached an hourly wage of \$15.00 per hour.

DRAFT

New York
2(p)(ii)

1905(a)(9) Clinic Services

Minimum Wage – Article 28 Freestanding Clinics

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

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

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

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

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

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

TN #23-0011

Approval Date _____

Supersedes TN #22-0019

Effective Date January 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

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(1/1/2023 - 3/31/
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will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

New York County
250 Church Street
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 long term care services in accordance with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0012

This State Plan Amendment proposes a continuation of minimum wage adjustments through the current Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) threshold rate for Article 28 freestanding FQHCs until all regions have reached an hourly wage of \$15.00 per hour.

DRAFT

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

1905(a)(9) Clinic Services

Minimum Wage – Article 28 FQHCs

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

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

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

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

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

- a. Minimum wage costs will mean the additional costs incurred beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage until all regions of the state reach \$15.00 per hour.
 - i. Minimum wage cost development based on survey data collected.
 1. Survey data will be collected for Article 28 FQHC specific wage data.
 2. Article 28 FQHCs will report by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
 3. Article 28 FQHCs will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the Article 28 FQHC has reported total hours paid. To this result, the Article 28 FQHC's average fringe benefit percentage is applied and added to the costs.
 - ii. Minimum wage cost development based on the AHCF cost report data.
 1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
 2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the AHCF cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.

TN #23-0012

Approval Date _____

Supersedes TN #22-0020

Effective Date January 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of 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 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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 all services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
2024)

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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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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 long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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Staten Island, New York 10301

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

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 in accordance with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0013

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

DRAFT

New York
136(c)

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Ellis Hospital	\$12,000,000	01/01/2023 – 03/31/2023
	\$3,000,000	04/01/2023 – 06/30/2023
	\$3,000,000	07/01/2023 – 09/30/2023
	\$3,000,000	10/01/2023 – 12/31/2023
	\$3,000,000	01/01/2024 – 03/31/2024
	\$12,000,000	04/01/2024 - 03/31/2025
Separator		
Faxton- St. Luke's Healthcare	\$9,358,757	01/01/2023 – 03/31/2023
Separator		
Health Alliance - Mary's Avenue Campus	\$9,000,000	03/01/2023 - 03/31/2023
	\$9,000,000	04/01/2023 - 03/31/2024
	\$9,000,000	04/01/2024 - 03/31/2025
Separator		
Interfaith Medical Center	\$13,384,525	04/01/2020 – 03/31/2021
Separator		
Jamaica Hospital Medical Center	\$2,600,000	03/01/2022 – 03/31/2022
	\$ 650,000	04/01/2022 – 06/30/2022
	\$ 650,000	07/01/2022 – 09/30/2022
	\$ 650,000	10/01/2022 – 12/31/2022
	\$ 650,000	01/01/2023 – 03/31/2023
Separator		
Kenmore Mercy Hospital	\$4,124,905	02/01/2023 – 03/31/2023
Separator		
Long Island Jewish Medical Center	\$1,000,000	04/01/2020 – 03/31/2021
Separator		
Maimonides Medical Center	\$4,387,492	03/01/2022 – 03/31/2022
	\$ 780,702	04/01/2022 – 06/30/2022
	\$ 780,702	07/01/2022 – 09/30/2022
	\$ 780,703	10/01/2022 – 12/31/2022
	\$ 780,703	01/01/2023 – 03/31/2023
	\$ 459,881	04/01/2023 – 06/30/2023
	\$ 459,881	07/01/2023 – 09/30/2023
	\$ 459,881	10/01/2023 – 12/31/2023
	\$ 459,881	01/01/2024 – 03/31/2024
Separator		
Separator		

*Denotes this provider is a Critical Access Hospital (CAH)

TN #23-0013

Approval Date

Supersedes TN #23-0017

Effective Date February 1, 2023

New York
136(c.2)

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Richmond University Medical Center	\$8,897,955	01/01/2013 – 03/31/2013
	\$2,355,167	04/01/2013 – 03/31/2014
	\$1,634,311	04/01/2014 – 03/31/2015
	\$9,966,329	07/01/2018 – 03/31/2019
	\$9,869,000	04/01/2019 – 03/31/2020
	\$9,711,500	04/01/2020 – 03/31/2021
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
St. John's Episcopal-South Shore	\$1,022,650	03/01/2022 – 03/31/2022
	\$11,425,960	09/01/2022 – 09/30/2022
	\$11,425,960	10/01/2022 – 12/31/2022
	\$11,425,961	01/01/2023 – 03/31/2023
	\$7,839,823	04/01/2023 – 06/30/2023
	\$7,839,823	07/01/2023 – 09/30/2023
	\$7,839,823	10/01/2023 – 12/31/2023
	\$7,839,824	01/01/2024 – 03/31/2024
	\$6,075,164	04/01/2024 – 06/30/2024
	\$6,075,165	07/01/2024 – 09/30/2024
	\$6,075,165	10/01/2024 – 12/31/2024
\$6,075,165	01/01/2025 – 03/31/2025	
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
	\$1,500,000	04/01/2021 – 03/31/2022
	\$1,298,171	03/01/2022 – 03/31/2022
	\$1,467,957	04/01/2022 – 06/30/2022
	\$1,467,957	07/01/2022 – 09/30/2022
	\$1,467,957	10/01/2022 – 12/31/2022
\$1,467,958	01/01/2023 – 03/31/2023	
Sisters Of Charity Hospital	\$16,415,815	02/01/2023 – 03/31/2023

*Denotes this provider is a Critical Access Hospital (CAH)

TN #23-0013

Supersedes TN #22-0086

Approval Date _____

Effective Date February 1, 2023

7 ADHCP #7 1
 8 ADHCP #9 3
 9 ADHCP#10 1
 10 ADHCP #11 1
 11 ADHCP #12 1
 12 ADHCP #13 3
 13 ADHCP #14 3
 14 ADHCP #15 3
 15 ADHCP #16 1
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 35 ADHCP #36 3
 36 ADHCP #37 1
 37 ADHCP #38 2
 38 ADHCP #39 1
 39 ADHCP #40 2
 40 ADHCP #41 1
 41 ADHCP #42 1
 42 ADHCP #43 1
 43 ADHCP #44 1
 44 ADHCP #45 1
 45 ADHCP #47 1
 46 ADHCP #48 1
 47 ADHCP #49 1
 48 ADHCP #50 1
 49 ADHCP #51 1

Number of Settings That Cannot Overcome the Presumption:
 None.

A List of Presumptively Institutional Due to Isolation (Prong Three Settings)

Please see the chart above which lists all prong three settings, of which there are 13 ADHCPs in this category.

Contact Information to Submit Public Comment

A draft of the Heightened Scrutiny evidence data packet(s) will be available for review at: https://www.health.ny.gov/facilities/nursing/public_notice/heightened_scrutiny/

For individuals with limited online access and require special accommodation to access paper copies, please call (518) 408-1282.

Prior to finalizing the proposed Part 425 Adult Day Health Care Statutory Authority: Public Health Law, section 2803(2); Social Services Law, section 363-a (2) Heightened Scrutiny evidence packet(s), NYS DOH, Office of Aging and Long-Term Care, Bureau of Quality Assurance and Surveillance - ADHCP will consider all written and verbal comments received, amending determination(s) of compliance, and conducting further remediation activities as needed.

Please direct all questions to: ADHCP.HCBS@health.ny.gov

Written comments will be accepted by email at ADHCP.HCBS@health.ny.gov or by mail at: ADHCP, Bureau of Quality Assurance and Surveillance, Division of Nursing Homes and ICF/IID Surveillance, Department of Health, 875 Central Ave., Albany, NY 12206, e-mail: ADHCP.HCBS@health.ny.gov

All comments must be postmarked or emailed by 30 days of the date of this notice.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services in accordance with § 41.35 of Mental Hygiene Law. The following changes are proposed:

Institutional Services

Effective on or after February 1, 2023, the Department of Health will adjust the operating reimbursement rate for the specialized inpatient psychiatric units that provide treatment for adults with a diagnosis of both developmental disability and either serious mental illness or serious emotional disturbance.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this adjustment for State Fiscal Year 2023 is \$525,000 for the period February 1 to March 31, 2023.

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

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

New York County
 250 Church Street
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 Brooklyn, New York 11201

Bronx County, Tremont Center
 1916 Monterey Avenue
 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, email: 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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after February 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following three Hospitals:

- Kenmore Mercy Hospital with aggregate payment amounts totaling up to \$4,124,905 for the period February 1, 2023, through March 31, 2023.

- Mercy Hospital of Buffalo with aggregate payment amounts totaling up to \$4,459,280 for the period February 1, 2023, through March 31, 2023.

- Sisters of Charity Hospital with aggregate payment amounts totaling up to \$16,415,815 for the period February 1, 2023, through March 31, 2023.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$25,000,000 in 2022/2023.

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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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, email: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
Notice of Review for the
Town of Amherst

Draft Local Waterfront Revitalization Program

PURSUANT to Article 42 of the New York State Executive Law and 19 NYCRR Part 601, the New York State Department of State (DOS) has accepted a Draft Local Waterfront Revitalization Program (LWRP) for the Town of Amherst, located within Erie County and the Western NY Region. The LWRP is a comprehensive management program for the Town's waterfront resources along Tonawanda Creek, Erie Canal, and Ellicott Creek.

To approve the Town of Amherst LWRP, the Secretary of State must find that it is consistent with Article 42 of the NYS Executive Law and that it does not conflict with existing State programs and policies.

Since State agency actions must be consistent with an approved LWRP, Article 42 requires that the public and any potentially affected State and regional agencies be given the opportunity to comment on the proposed program. For this purpose, the Town of Amherst Draft LWRP is available online at: <https://dos.ny.gov/public-notices>

Comments on the Town of Amherst Draft LWRP should be submitted by March 25, 2023, to: Valeria Ivan, Department of State, Office of Planning, Development and Community Infrastructure via email at Valeria.Ivan@dos.ny.gov

PUBLIC NOTICE
Department of State
F-2022-0710

Date of Issuance – January 18, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2022-0710, Bruce and Susan Anderson- Propose to construct a 4' x 40' fixed dock and 3' x 4' beach access stairs along the east and west sides of the dock. The dock would be constructed on piles with decking at 2.5' Mean High Water, using thru-flow decking. Project work landward includes reconstructing existing deck, construct a greenhouse and install generator and outdoor shower.

The proposal is for the applicant's property located at 2265 Long Creek Drive in the Town of Southold Suffolk County on Hashamomuck Pond/Long Creek.

The stated purpose of the proposed action is to provide water access to pond for homeowner.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/12/f-2022-0710consistcert-anderson.pdf> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s): Hashamomuck Pond-https://dos.ny.gov/system/files/documents/2020/03/hashamomuck_pond.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 2, 2023.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE
Department of State
F-2022-0830

Date of Issuance – January 25, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- HealthAlliance - Mary's Avenue Campus with aggregate payment amounts totaling up to \$9,000,000 for the period March 1, 2023, through March 31, 2023, \$9,000,000 for the period April 1, 2023, through March 31, 2024, and \$9,000,000 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9,000,000. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$9,000,000 and \$9,000,000, respectively.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State

F-2022-0627

Date of Issuance – February 15, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with

and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2023-0627, John Morsch, is proposing to make repair/replace nine concrete piers located under an existing cottage and make the cottage level. In addition, a 12' x 32' deck supported by 6x6 footers would be placed on the southern side of the cottage. The proposal is for the applicant's property located at 8922 Crescent Beach in the Town of Huron, Wayne County. The property borders both Lake Ontario and Sodus Bay.

The stated purpose of the proposed action is to "Level cottage, address support piers, [and] install walkway for access."

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/02/f-2022-0627pn.pdf> or at <https://dos.ny.gov/public-notices>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or March 17, 2023.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State

F-2022-0956

Date of Issuance – February 15, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0956, Mark Saweris proposes to extend existing pier with a 4' x 10' section and install a 4-pile lift alongside existing floating dock at 2971 Shore Drive.

Town of Hempstead, Nassau County, Merrick Cove

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/02/f-2022-0956pn.pdf> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s): None.

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 17, 2023.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

SUMMARY
SPA #23-0014

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

DRAFT

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 City of Auburn, New York

The City of Auburn, NY is soliciting proposals from administrative service agencies relating to trust service, and administration and/or funding of a Deferred Compensation Plan for the employees of the City of Auburn, NY. They must meet 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 from: City of Auburn, Theresa Adams, Assistant Comptroller, 24 S. St., Auburn, NY 13021, (315) 255-4171, tadams@auburnny.gov or at www.auburnny.gov under Bids/RFP's

All proposals must be received no later than 30 days from the date of publication in the New York State Register.

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 and Long-Term Care as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- Brookdale Hospital Medical Center/ One Brooklyn Health with aggregate payment amounts totaling up to \$88,248,783 for the period March 1, 2023, through March 31, 2023, and \$106,344,546 for the period April 1, 2023, through March 31, 2024, and \$120,401,180 for the period April 1, 2024, through March 31, 2025.

Long Term Care

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Nursing Homes.

- Rutland Nursing Home with aggregate payment amounts totaling up to \$19,155,100 for the period March 1, 2023, through March 31, 2023, and \$19,496,200 for the period April 1, 2023, through March 31, 2024, and \$19,344,300 for the period April 1, 2024, through March 31, 2025.

- Schulman and Schachne Institute for Nursing with aggregate payment amounts totaling up to \$10,844,900 for the period March 1, 2023, through March 31, 2023, and \$10,503,800 for the period April 1, 2023, through March 31, 2024, and \$10,655,700 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$118,248,783. The Medicaid expenditures attributable to state fiscal year 2023/2024 is \$136,344,546 and state fiscal year 2024/2025 is \$150,401,180.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- HealthAlliance - Mary's Avenue Campus with aggregate payment amounts totaling up to \$9,000,000 for the period March 1, 2023, through March 31, 2023, \$9,000,000 for the period April 1, 2023, through March 31, 2024, and \$9,000,000 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9,000,000. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$9,000,000 and \$9,000,000, respectively.

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

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

PUBLIC NOTICE

Department of State

F-2022-0627

Date of Issuance – February 15, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with

and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2023-0627, John Morsch, is proposing to make repair/replace nine concrete piers located under an existing cottage and make the cottage level. In addition, a 12' x 32' deck supported by 6x6 footers would be placed on the southern side of the cottage. The proposal is for the applicant's property located at 8922 Crescent Beach in the Town of Huron, Wayne County. The property borders both Lake Ontario and Sodus Bay.

The stated purpose of the proposed action is to "Level cottage, address support piers, [and] install walkway for access."

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/02/f-2022-0627pn.pdf> or at <https://dos.ny.gov/public-notices>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or March 17, 2023.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State

F-2022-0956

Date of Issuance – February 15, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0956, Mark Saweris proposes to extend existing pier with a 4' x 10' section and install a 4-pile lift alongside existing floating dock at 2971 Shore Drive.

Town of Hempstead, Nassau County, Merrick Cove

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/02/f-2022-0956pn.pdf> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s): None.

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 17, 2023.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

SUMMARY
SPA #23-0016

This State Plan Amendment proposes to maintain the quality incentive for nursing homes into the 2022 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 2022 quality adjustments.

DRAFT

SPA 23-0016

Attachment A

Annotated Page(s):

Attachment 4.19-D Page 110(d)(22.1)

DRAFT

**New York
110(d)(22.1)**

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

~~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 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 CMS. 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 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 threshold-based quality measures below will not be eligible to receive improvement points:~~

- ~~• Percent of Employees Vaccinated for Influenza~~
- ~~• Percent of Long Stay Residents Experiencing One or More Falls with Major Injury~~
- ~~• Percent of Long Stay Residents With a Urinary Tract Infection~~

TN 23-0016

Approval Date _____

Supersedes TN 22-0008

Effective Date January 1, 2023

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

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

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

NHQI is described below using MDS (Minimum Data Set) year and NHQI (Nursing Home Quality Initiative) year. MDS year refers to the year the assessment data is collected. NHQI year refers to the year when the nursing home performance is evaluated. For example, if the NHQI year is ~~2021~~ 2022, then the MDS year is ~~2020~~ 2021. For NHQI ~~2021~~ 2022, the Commissioner will calculate a score and quintile ranking based on data from the MDS year ~~2020~~ 2021 (January 1 of the MDS year through December 31 of the MDS year), for each non-specialty facility. The score will be calculated based on measurement components comprised of Quality, ~~and~~ Compliance, and Efficiency Measures. These measurement components and their resulting score and quintile ranking will be referred to as the Nursing Home Quality Initiative. From the NHQI, the Commissioner will exclude specialty facilities consisting of non-Medicaid facilities, Special Focus Facilities as designated by the Centers for Medicare and Medicaid Services (CMS), Continuing Care Retirement Communities, Transitional Care Units, specialty facilities, and specialty units within facilities. Specialty facilities and specialty units will include AIDS facilities or discrete AIDS units within facilities, facilities or discrete units within facilities for residents receiving care in a long-term inpatient rehabilitation program for traumatic brain injured persons, facilities or discrete units within facilities that provide specialized programs for residents requiring behavioral interventions, facilities or discrete units within facilities for long-term ventilator dependent residents, facilities or discrete units within facilities that provide services solely to children, and neurodegenerative facilities or discrete neurodegenerative units within facilities. The score for each such non-specialty facility will be calculated using the following Quality, ~~and~~ Compliance, and Efficiency Measures. ~~To offset the impact of COVID-19, some of the quality and the efficiency measures are removed from NHQI 2021 with the intent of bringing back the measures for future NHQI.~~ The measures in this NHQI are listed below:

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

TN # 23-0016

Approval Date _____

Supersedes TN # 22-0008Effective Date January 1, 2023

**New York
110(d)(22)**

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

<u>8.</u>	Percent of Long Stay Antipsychotic Use in Persons with Dementia	Pharmacy Quality Alliance (POA)
<u>9.</u>	Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased	CMS
<u>10.</u>	Percent of Long Stay Residents with a Urinary Tract Infection	CMS
<u>11.</u>	Percent of Employees Vaccinated for Influenza	NYS DOH
<u>12.</u>	Percent of Contract/Agency Staff Used	NYS DOH
<u>13.</u>	Rate of Staffing Hours per Resident per Day	NYS DOH
<u>14.</u>	<u>Total Nursing Staff Turnover (By Region)</u>	<u>CMS</u>
<u>15.</u>	<u>Percentage of Current Residents Up to Date with COVID-19 Vaccines with No Medical Contraindications</u>	<u>CMS</u>
Compliance Measures		
<u>16.</u>	CMS Five-Star Quality Rating for Health Inspections as of April 1 of the NHQI year (By Region)	CMS
	Timely Submission and Certification of Complete New York State Nursing Home Cost Report to the Commissioner for the MDS year	NYS DOH
<u>17.</u>	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	NYS DOH
Efficiency Measure		
<u>18.</u>	<u>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)</u>	<u>NYS DOH</u>

Quality Component:

The maximum points a facility will receive for the Quality Component is ~~50-75~~. The applicable percentages or ratings for each of the ~~10-15~~ quality measures will be determined for each facility. ~~Four quality measures are removed in this NHQI year. Three of these measures are temporarily removed to offset the impact of COVID-19 (Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight). These measures would be reassessed and brought back in the next NHQI year as appropriate. One measure was retired by CMS in October 2019 (The Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain).~~

The quality 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:

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

TN #23-0016

Approval Date _____

Supersedes TN #22-0008

Effective Date January 1, 2023

**New York
110(d)(22.1)**

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

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

- 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 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%.

Percent of Employees Vaccinated for Influenza:

The scoring methodology for this measure is changed from threshold-based to quintile-based.

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 CMS. 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 and the adjusted rate of staffing hours will be calculated using the formula below.

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

Total Nursing Staff Turnover (by region)

Total nursing staff turnover is defined as the percentage of nursing staff that left the nursing home over a twelve-month period.

The turnover measure is derived based on data from the CMS Payroll-Based Journal (PBJ) System. Using data submitted through PBJ, annual turnover measure for total nurses (RNs, licensed practical/licensed vocational nurses (LPNs), and nurse aides) are constructed by CMS. The PBJ job codes included in the total nursing staff turnover measure are as follows: RN director of nursing (job code 5), RNs with administrative duties (job code 6), RNs (job code 7), LPNs with administrative duties (job code 8), LPNs (job code 9), certified nurse aides (job code 10), aides in training (job code 11), and medication aides/technicians (job code 12). Please refer to Nursing Home Five-Star Quality Rating System: Technical Users' Guide for additional measure specification details.

TN # 23-0016

Approval Date _____

Supersedes TN #22-0008

Effective Date January 1, 2023

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

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

Total Nursing Staff Turnover (by region) continued

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

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

Non-Metropolitan Area Regional Offices (Non-MARO):

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

Percentage of Current Residents Up to Date with COVID-19 Vaccines with No Medical Contraindications

The vaccination rate for this measure is calculated as follows: (Number of Residents Staying in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines / (Number of All Residents Staying in this Facility for At Least 1 Day This Week - Number of All Residents Staying in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time) * 100.

The weekly vaccination rates for this measure are downloaded from the CMS's COVID-19 Nursing Home data website. The Nursing Home COVID-19 Public File includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module: Surveillance Reporting Pathways and COVID-19 Vaccinations.

One of the weekly vaccination rates during October to December 2022 will be used. The rates will be used to calculate quintile cut points. Nursing homes will be given points for this measure based on their performance.

Awarding for Improvement

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

- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
- Percent of Long Stay Residents with a Urinary Tract Infection

TN # 23-0016

Approval Date _____

Supersedes TN NEW

Effective Date January 1, 2023

**New York
110(d)(22.2)**

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

- Percent of Contract/Agency Staff Used

The quintile-based quality measures that are eligible for improvement points are listed below:

- Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
- Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
- Percent of Long Stay Low Risk Residents Who Lose Control of Their Bowels or Bladder
- Percent of Long Stay Antipsychotic Use in Persons with Dementia
- Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
- 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

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 three risk-adjusted quality measures are removed in this NHQI year (Percent of Long Stay Residents Who Self Report Moderate to Severe Pain, Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who Lose Too Much Weight).~~

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 High Risk Residents with Pressure Ulcers: The covariates include gender, age, 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

TN #23-0016

Approval Date _____

Supersedes TN #22-0008

Effective Date January 1, 2023

**New York
110(d)(22.3)**

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

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

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

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

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

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

- When a quality measure has a denominator of less than 30

TN #23-0016

Approval Date _____

Supersedes TN #22-0008

Effective Date January 1, 2023

**New York
110(d)(23)**

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

Compliance Component: The maximum points a facility will receive for the Compliance Component is ~~20~~15 points. Points will be awarded as follows:

Scoring for Compliance Measures	
CMS Five-Star Quality Rating for Health Inspections (By Region)	Points
5 Stars	10
4 Stars	7
3 Stars	4
2 Stars	2
1 Star	0
Timely Submission and Certification of Complete New York State Nursing Home Cost Report to the Commissioner of the MDS year	5 (Facilities that fail to submit a timely, certified, and complete cost report will receive zero points)
Timely Submission of Employee Influenza Immunization Data	5 (Facilities that fail to submit timely influenza data by the deadline will receive zero points)

CMS Five-Star Quality Rating for Health Inspections

The CMS Five-Star Quality Rating for Health Inspections as of April 1 of the NHQI year will be adjusted by region. This is not a risk adjustment. For eligible New York State nursing homes, the health inspection scores from CMS will be stratified by region. Cut points for health inspection scores within each region will be calculated using the CMS 10-70-20% distribution method. Per CMS' methodology, the top 10% of nursing homes receive five stars. The middle 70% receive four, three, or two stars, with an equal percentage (~23.33%) receiving four, three, or two stars. The bottom 20% receive one star. Each nursing home will be awarded a star rating based on the health inspection score cut points specific to its region. Regions include the Metropolitan Area (MARO), Western New York (WRO), Capital District (CDRO), and Central New York (CNYRO). Regions are defined by the New York State Health Facilities Information System (NYS HFIS). The counties within each region are shown below.

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

Central New York Regional Offices (CNYRO): Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Saint Lawrence, Tioga, and Tompkins.

Capital District Regional Offices (CDRO): Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington.

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**New York
110(d)(23.1)**

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

Western New York Regional Offices (WRO): Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates.

Reduction of Points Base: When a compliance measure is not available for a nursing home, the number of points the measure is worth will be reduced from the NHQI maximum base points. The nursing home's total score will be the sum of its points divided by the base. This reduction can happen when a facility does not have a CMS Five-Star Quality Rating for Health Inspections.

Efficiency Component:

~~The potentially avoidable hospitalizations measure is temporarily removed in this NHQI year. This is to offset the impact of COVID-19 and the incompleteness of hospitalization data. This measure will be reassessed and brought back in the next NHQI year as appropriate.~~

The maximum points a facility may receive for the Efficiency Component is 10 points. The rates of potentially avoidable hospitalizations will be determined for each facility and each such rate will be ranked and grouped by quintile with points awarded as follows:

Scoring for Efficiency Measure	
Quintile	Points
1 st Quintile	10
2 nd Quintile	8
3 rd Quintile	6
4 th Quintile	2
5 th Quintile	0

The Efficiency Measure will be risk adjusted for certain conditions chosen from a pool of covariates as reported in the MDS 3.0 data to account for the impact of individual risk factors: gender, age, shortness of breath, falls with injury, pressure ulcer, activities of daily living, renal disease, cognitive impairment, dementia, diabetes, parenteral nutrition, rheumatologic disease, gastrointestinal disease, multi-drug-resistant infection, indwelling catheter, wound infection, deep vein thrombosis, cancer, feeding tube, coronary artery disease, liver disease, paralysis, peripheral vascular disease, and malnutrition.

TN #23-0016

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New York
110(d)(24)**Reserved****1905(a)(4)(A) Nursing Facility Services**

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:

<u>Potentially Avoidable Hospitalization Condition</u>	<u>Source of ICD-10-CM Codes</u>
<u>Respiratory infection</u>	<u>Default CCSR CATEGORY DESCRIPTION IP *</u> <ul style="list-style-type: none"> • <u>"Acute and chronic tonsillitis"</u> • <u>"Acute bronchitis"</u> • <u>"Influenza"</u> • <u>"Other specified upper respiratory infections"</u> • <u>"Pneumonia (except that caused by tuberculosis)"</u> • <u>"Sinusitis"</u>
<u>Sepsis</u>	<u>CCSR CATEGORY 1 DESCRIPTION "Septicemia" *</u>
<u>Urinary tract infection</u>	<u>CCSR CATEGORY 1 DESCRIPTION "Urinary tract infections" *</u>
<u>Electrolyte imbalance</u>	<u>CCSR CATEGORY 1 DESCRIPTION "Fluid and Electrolyte Disorders" *</u>
<u>Heart failure</u>	<u>PQI 08 Heart Failure Admission Rate †</u>
<u>Anemia</u>	<u>CCSR CATEGORY 1 DESCRIPTION containing the text string "anemia" *</u>

* From Healthcare Cost and Utilization Project (HCUP) Clinical Classifications Software Refined (CCSR) files found at https://www.hcup-us.ahrq.gov/tools_software.jsp (CCSR for ICD-10-CM Diagnoses Tool, v2021.2 released 3/5/21).

ICD 10 codes with 'Default CCSR CATEGORY DESCRIPTION IP' as Unacceptable PDX are excluded.

† Agency for Healthcare Research and Quality (AHRO) Prevention Quality Indicators (PQI) https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2021/TechSpecs/PQI_08_Heart_Failure_Admission_Rate.pdf

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.

TN #23-0016 _____

Approval Date _____

Supersedes TN #22-0008

Effective Date January 1, 2023

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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 long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following five Hospitals:

- Ellis Hospital with aggregate payment amounts totaling up to \$12,000,000 for the period January 1, 2023, through March 31, 2023, and \$12,000,000 for the period April 1, 2023, through March 31, 2024, and \$12,000,000 for the period April 1, 2024, through March 31, 2025.

- Faxton-St. Luke’s Healthcare with aggregate payment amounts totaling up to \$9,358,757 for the period January 1, 2023, through March 31, 2023.

- St. Elizabeth Medical Center with aggregate payment amounts totaling up to \$5,050,152 for the period January 1, 2023, through March 31, 2023.

- Catskill Regional Medical Center with aggregate payment amounts totaling up to \$3,514,212 for the period January 1, 2023, through March 31, 2023, and \$3,514,212 for the period April 1, 2023, through March 31, 2024, and \$3,514,212 for the period April 1, 2024, through March 31, 2025.

- Oswego Hospital with aggregate payment amounts totaling up to \$8,190,593 for the period January 1, 2023, through March 31, 2023, and \$5,277,476 for the period April 1, 2023, through March 31, 2024, and \$2,864,087 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$38,113,714 in 2022/2023. The Medicaid expenditures attributable to state fiscal year 2023/2024 and state fiscal year 2024/2025 are \$20,791,688 and \$18,378,299, respectively.

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

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Staten Island, New York 10301

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

PUBLIC NOTICE

Orange County

Orange County is soliciting proposals from Administrative Service Agencies, Trustees, and Financial Organizations for services in connection with a Deferred Compensation Plan that will meet 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 from: James Burpoe, Commissioner of General Services, 255 Main Street, Goshen, NY 10924 or online at www.orangecountygov.com/generalservices under “Current Bids and Proposals”

All proposals must be submitted not later than thirty (30) days from the date of publication in the New York State Register.

PUBLIC NOTICE

Department of State

F-2022-0894

Date of Issuance – December 28, 2022

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-2022-0894, the applicant, Abraham Daniels, is proposing to

SUMMARY
SPA #23-0018

This State Plan Amendment proposes for hospital-based clinic and ambulatory surgery services, including emergency room services, to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2023 and reflect the recalculated weight and component updates that will become effective on or after January 1, 2023.

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of 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 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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

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

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

New York County
250 Church Street
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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 services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers	SFY 2022-2023 (1/1/2023 - 3/31/ 2023)	SFY 2023-2024 (4/1/2023 - 3/31/ 2024)
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Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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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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 long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0019

This State Plan Amendment proposes for freestanding clinic and ambulatory surgery center services to extend the Ambulatory Patient Group (APG) reimbursement methodology until 12/31/23 and reflect the recalculated weight and component updates that will become effective on or after January 1, 2023.

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of 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 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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 all services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers	SFY 2022-2023 (1/1/2023 - 3/31/ 2023)	SFY 2023-2024 (4/1/2023 - 3/31/ 2024)
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Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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

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Brooklyn, New York 11201

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Bronx, New York 10457

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

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

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 in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

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New York, New York 10018

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Long Island City, New York 11101

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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, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0020

This State Plan Amendment proposes to provide a total of \$6 million in supplemental payments to support Adult Day Health Care and AIDS Adult Day Health Care program sites impacted by the COVID-19 pandemic. New York State will distribute these funds based on site spot capacity through a one-time lump sum payment on or before September 30, 2023.

DRAFT

**New York
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1905(a)(22) Home and Community Care

Effective February 1, 2023, the State will distribute \$6 million to eligible Adult Day and AIDS Adult Day Health Centers in State Fiscal Year 2023 through a one-time supplemental payment. These funds have been made available through the American Rescue Act Plan Section 9817 as described in the New York State Spending Plan for Implementation of American Rescue Plan Act of 2021, Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening Initiative. The purpose of this supplemental payment is to support sites impacted by the COVID-19 pandemic. New York State will distribute these funds based on site spot capacity through a one-time lump sum payment on or before September 30, 2023.

Sites will be able to use these funds to support the following: workforce, transportation, effective person-centered care management strategies, community integration and emergency preparedness. Funding may not be used to supplant the level of State funds expended for Home and Community-Based Services (HCBS) for eligible individuals through programs in effect as of April 1, 2021.

To be eligible, sites must hold a valid operating certificate and be actively working toward or confirm their compliance to the HCBS Settings Rule and programmatic regulations as stated in the HCBS Final Rule Statewide Transition Plan. Sites must also submit an attestation of their intended use of funds and confirm funding will not be used for capital investments.

Excluded sites:

- o Sites which are closed.
 - o Closed sites include those which do not have staff per NYCRR Part 425 - Adult Day Health Care and are not or are not planning to provide Adult Day Health Services under the Medical Model.
 - o Open sites are defined as those with the appropriate staff and are either actively providing services or have planned open date confirmed August 1, 2023.
- o Sites which do not have a valid Operating Certificate
- o Sites which do not provide HCBS through the medical model of Adult Day Care Services.
- o Sites which only provide the social model of Adult Day Care Services.
- o Sites which do not submit an accepted attestation of their intended use of funds.
- o Sites which do not confirm funds will not be used for capital investments.

TN #23-0020

Approval Date _____

Supersedes TN #NEW

Effective Date February 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Division of Criminal Justice Services
Commission on Forensic Science

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

Date: March 10, 2023
Time: 9:00 a.m. - 1:00 p.m.
Conference Sites:

Division of Criminal Justice Services
Alfred E. Smith Office Bldg.
CrimeStat Rm. 118
80 S. Swan St.
Albany, NY

Empire State Development Corporation
(ESDC)
633 3rd Ave.
37th Fl./Conference Rm.
New York, NY

*Identification and sign-in required

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

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

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the New York State Department of Transportation has determined that:

Address: Nepperhan Avenue, Yonkers, NY 10703
Surplus Property Case No.: 08-III-8192
Project Identification Number (PIN): 8076.00.223
Proceeding Number: None
Project: Nepperhan Avenue Arterial
City of Yonkers, Westchester County
Map 383, Parcel 386

a.072 + acre lot, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with New York State's American Rescue Act Home and Community Based Service Spending Plan. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the January 25, 2023, noticed provision to provide supplemental payments to Adult Day Health Centers and AIDS Adult Day Health Centers as described in the approved New York State American Rescue Act Home and Community Based Service Spending Plan under the Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening Initiative. With clarification, this revises the category to "Non-Institutional Services". There is no change to the previously noticed fiscals.

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 Essential Plan Expansion

In compliance with 31 CFR 33.112 and 45 CFR 155.1312, notice is hereby provided that the New York State Department of Health (the State) intends to submit a Section 1332 State Innovation Waiver to the Centers for Medicare & Medicaid Services (CMS) in the Department of Health and Human Services (HHS) and the Department of Treasury (Treasury) for the expansion of the Essential Plan. This notice serves to open the 30-day public comment period on February 9, 2023, which closes on March 11, 2023.

Waiver Summary and Objectives

The State is requesting approval of the 1332 Waiver to expand Essential Plan coverage beyond the current eligible populations to include residents with incomes up to 250% of the FPL. Through this expansion of Essential Plan coverage, the State seeks to reduce the uninsured population in New York by increasing access to high quality, affordable health insurance for low- and moderate-income individuals.

Currently, the Essential Plan is federally designated as a Basic Health Program (BHP) under Section 1331 of the Affordable Care Act (ACA). The Essential Plan provides enrollees with comprehensive coverage with no premiums, no deductibles, and low-cost sharing. Essential Plan eligibility is currently limited to individuals who would have been eligible for state-only Medicaid prior to 2016 and individuals with incomes above the Medicaid ceiling and up to 200% of the FPL, ages 19 – 64, who would otherwise be eligible to purchase Qualified Health Plans (QHPs) and receive premium tax credits (PTCs) on the Exchange (NY State of Health).

Under the Waiver, the State is requesting to establish an identical Essential Plan program for currently eligible populations under Section 1332 Waiver authority, instead of Section 1331 of the ACA, with expanded eligibility to the new population. The Essential Plan under Section 1332 Waiver authority would continue to include coverage of all Essential Health Benefits (EHBs). The State is also requesting continued use of the BHP Trust Fund for the population traditionally eligible for the BHP under Section 1331 of the ACA.

Why is the Waiver Needed?

The State is not legally able to expand eligibility of the Essential Plan to new consumers under Section 1331 of the ACA. The Waiver is required to grant the State the federal authority necessary to expand Essential Plan coverage under Section 1332. To carry out its waiver plan, New York proposes to waive section 36B of the Internal Revenue Code, which creates the ACA's premium tax credit, as permitted under section 1332(a)(2) and will waive any other provisions the Departments deem necessary to implement this waiver plan. Waiving this provision is integral to the waiver plan and to eligibility for pass-through funding.

Waiver Impact

The change in federal authority for the Essential Plan from Section 1331 to Section 1332 will not have administrative or operational impacts for current Essential Plan consumers. All consumers enrolled in the Essential Plan with incomes up to 200% of FPL will continue to

have no premiums, no deductibles, and current maximum out-of-pocket contribution levels. New consumers under the Waiver with incomes between 200% and 250% of the FPL will have \$15 monthly premiums, no deductibles, and low out-of-pocket costs. These premium and cost sharing requirements are lower than the cost sharing available in the QHP marketplace. Additionally, eligibility and enrollment processes for current Essential Plan consumers will not change under the waiver. Consumers will continue to apply for and enroll in the Essential Plan and QHPs through the NY State of Health. New consumers in the Essential Plan will experience the same eligibility and enrollment processes that current consumers with incomes up to 200% of the FPL currently experience.

New York's 1332 Waiver is expected to generate substantial savings for the State and federal governments, while expanding coverage to additional of New Yorkers. The State is requesting that the BHP funding and the savings from foregone premium tax credits be passed through to the State to continue to fund the Essential Plan for the duration of the Waiver. The State projects that the federal pass-through will fully fund the expansion of the Essential Plan to the new eligibility group with no additional funding required from the State for the duration of the Waiver. The State is requesting continued access to the current Essential Plan Trust Fund balance under the Waiver, which will not increase the federal deficit, but will enhance benefits and lower costs for traditionally BHP eligible individuals.

The 1332 Waiver is projected to meet the four ACA Section 1332 guardrails of scope of coverage, affordability, comprehensiveness of coverage, and federal deficit neutrality.

Essential Plan Expansion 1332 Waiver Submission and Review of Public Comments

A draft of the waiver is available for review on the Department of Health's website at: <https://info.nystateofhealth.ny.gov/1332>. For individuals with limited online access and/or who require special accommodation, please call (518) 486-9102 to access paper copies.

The State will accept written comments through March 11, 2023. *Individuals wishing to provide written comments may submit them online here: or by mail at:* State of Health, 1332 Waiver Application, Empire State Plaza, Corning Tower, Rm. 2580, Albany, NY 12237

All comments must be submitted electronically or postmarked by March 11, 2023.

The State will consider all comments received and include a summary of the comments in the final 1332 Waiver Application submitted to the Departments.

PUBLIC NOTICE

Department of State
F-2022-0913
Date of Issuance – March 1, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0913, the applicant, Frank Melville Memorial Foundation, is proposing to hydraulically dredge both freshwater ponds, approx. 4' deep in South Pond and 2' deep in North Pond, to remove approx. 14,000 cubic yards total. Spoils to be dewatered on site in nearby upland area and then disposed of in the permitted site. This project is located at Old Field Road, Town of Brookhaven, Suffolk County, North and South Mill Ponds.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/>

14. Project Sponsor: Springwood, LLC. Project Facility: Bridgewater Golf Club, York Township, York County, Pa. Application for renewal of consumptive use of up to 0.099 mgd (30-day average) (Docket No. 20080307).

15. Project Sponsor and Facility: SWN Production Company, LLC (Susquehanna River), Great Bend Township, Susquehanna County, Pa. Application for renewal of surface water withdrawal of up to 1.500 mgd (peak day) (Docket No. 20180307).

16. Project Sponsor and Facility: Wise Foods, Inc., Berwick Borough, Columbia County, Pa. Application for renewal of groundwater withdrawal of up to 0.860 mgd (30-day average) from Well PW-1 (Docket No. 19920502).

17. Project Sponsor: Wynding Brook Inc. Project Facility: Wynding Brook Golf Club, Turbot Township, Northumberland County, Pa. Application for renewal of consumptive use of up to 0.099 mgd (30-day average) (Docket No. 20080304).

Project Scheduled for Action Involving a Diversion:

18. Project Sponsor: Helix Ironwood, LLC. Project Facility: Ironwood Generating Station, South Lebanon Township, Lebanon County, Pa. Application for renewal of approval of an out-of-basin diversion of up to 4.500 mgd (peak day) (Docket No. 19980502).

Commission-Initiated Project Approval Modification

19. Project Sponsor: Knouse Foods Cooperative, Inc. Project Facility: Peach Glen Plant, Tyrone and Huntington Townships, Adams County, and Dickinson Township, Cumberland County, Pa. Conforming the grandfathered amount with the forthcoming determination for groundwater withdrawals (30-day averages) of up to 0.327 mgd combined from Wells 2, 4, 5, 7, 8, 9, 10, and 13, and up to 0.046 mgd from Well 13 (Docket No. 20040912).

Opportunity to Appear and Comment:

Interested parties may call into the hearing to offer comments to the Commission on any business listed above required to be the subject of a public hearing. Given the nature of the meeting, the Commission strongly encourages those members of the public wishing to provide oral comments to pre-register with the Commission by e-mailing Jason Oyler at joyler@srbc.net prior to the hearing date. The presiding officer reserves the right to limit oral statements in the interest of time and to otherwise control the course of the hearing. Access to the hearing via telephone will begin at 6:15 p.m. Guidelines for the public hearing are posted on the Commission's website, www.srbc.net, prior to the hearing for review. The presiding officer reserves the right to modify or supplement such guidelines at the hearing. Written comments on any business listed above required to be the subject of a public hearing may also be mailed to Mr. Jason Oyler, Secretary to the Commission, Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, Pa. 17110-1788, or submitted electronically through <https://www.srbc.net/regulatory/public-comment/>. Comments mailed or electronically submitted must be received by the Commission on or before February 13, 2023, to be considered.

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

Dated: January 6, 2023.

Jason E. Oyler,

General Counsel and Secretary to the Commission

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for February 2023 will be conducted on February 8 and February 9 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.es.ny.gov/commission/>.

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

PUBLIC NOTICE

Division of Criminal Justice Services
DNA Subcommittee

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

Date: February 3, 2023

Time: 9:00 a.m. - 11:00 a.m.

Primary Conference Site:

Empire State Development Corporation
(ESDC)

633 3rd Ave.

37th Fl./Conference Rm.

New York, NY

**Identification and sign-in required*

Secondary/Video Conference Sites:

- 107 College Place, Life Sciences Bldg. 120, Syracuse, NY

- Shapiro Bldg., Rm. 5044, 70 Francis St., Boston, MA

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

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

*Identification and sign-in is required at this location. For further information, or if you need a reasonable accommodation to attend this meeting, contact: forensiclabs@dcjs.ny.gov, Division of Criminal Justice Services, Office of Forensic Services, 80 Swan St., Albany, NY 12210, (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 Long Term Care Adult Day Health services to comply with New York State's American Rescue Act Home and Community Based Service Spending Plan. The following changes are proposed:

Long Term Care Services

Effective on or after February 1, 2023, the Department of Health will provide supplemental payments to Adult Day Health Centers and AIDS Adult Day Health Centers as described in the approved New York State American Rescue Act Home and Community Based Service Spending Plan under the Support for Adult Day Health Centers (ADHCs) and Social Adult Day Centers (SADCs) Reopening Initiative. Adult Day Health Centers and AIDS Adult Day Health Centers providing Home and Community Based services to Medicaid beneficiaries will be eligible for the American Rescue Act Section 9817 Home and Community Based Service Supplemental Payment after completing an attestation of fund use and sustainability. These payments will not be available for facilities which do not provide the medical model of services at Adult Day Health Centers and AIDS Adult Day Health Centers and those that do not complete an attestation. Facilities which only provide the social model of Adult Day Health are not eligible for this payment.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$1,500,000 for state fiscal year 2022/2023 and \$4,500,000 for State fiscal year 2023/2024.

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

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

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

Queens County, Queens Center
3220 Northern Boulevard
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Kings County, Fulton Center
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Brooklyn, New York 11201

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

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

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

PUBLIC NOTICE

Department of Health

Heightened Scrutiny Evidence Packets

In compliance with 42 CFR § 441.301(c)(5)(v), NYS DOH, Office of Aging and Long Term Care, Bureau of Quality Assurance and Surveillance Adult Day Healthcare Program (ADHCP) is pleased to announce that it will conduct a public comment period, to allow members of the public to provide comments on its Home and Community-Based Services (HCBS) Final Rule related Heightened Scrutiny evidence packet(s), developed by NYS DOH, Office of Aging and Long Term Care, Bureau of Quality Assurance and Surveillance - ADHCP and New York State entities that oversee HCBS. This is being done to maintain federal match funding for home and community-based service setting(s) that NYS DOH, Office of Aging and Long-Term Care, Bureau of Quality Assurance and Surveillance - ADHCP has determined can or will overcome the institutional (i.e., non-eligible for HCBS funding) presumption by Department of Health and Human Services (DHHS), on or before March 17, 2023. ADHCP is a non-residential setting and there are 115 ADHCPs statewide. All programs were temporarily closed due to the pandemic. To date, 49 Programs have reopened. Heightened Scrutiny is requested for 49 ADHCPs that self-reported having at least one registrant that receives Medicaid-funded home and community-based services in their setting that is located within the nursing home or in the grounds of a public institution. Interviews, record reviews and observations were conducted through virtual tours at each of the facilities from 2021-2022 to assess for Rule compliance and the need for remediation.

This notice further serves to open the 30-day public comment period that will close on February 24, 2023. In addition to this 30-day comment period where the public will be afforded the opportunity to provide written comments, the Bureau of Quality Assurance and Surveillance will receive written comments by contacting via email: ADHCP.HCBS@health.ny.gov and/or by mail: Bureau of Quality Assurance and Surveillance - ADHCP, Division of Nursing Homes and ICF/IID Surveillance, New York State Department of Health - 875 Central Avenue Albany, NY 12206.

Heightened Scrutiny Overview

In accordance with federal rules set forth by the Centers for Medicare & Medicaid Services (CMS), the New York State Department of Health for Adult Day Health Care Program (ADHCP) is

required to publish for public comment a list of Heightened Scrutiny settings that deliver Home and Community-Based Services (HCBS).

Strategies to Identify Settings

Heightened Scrutiny is a review of certain settings that, according to CMS, are presumed to be institutional in nature but do, in fact, demonstrate qualities of home and community-based settings. The ADHCP, which is a non-residential setting, conducted a series of program self-assessments based on “CMS Exploratory Questions to Assist States in the Assessment of Non-Residential Settings” against the standards of the HCBS Final Rule. NYS DOH assessed all reopened programs (post pandemic) for HCBS compliance through Self-Assessment Surveys, record reviews, virtual site reviews including interviews of staff, reviewing pictures of the buildings and signage to the program, checking program addresses for accuracy and google maps images of locations.

Strategies to Review Settings

NYS DOH worked with the providers of settings requiring a Heightened Scrutiny review to achieve HCBS compliance or to develop a plan to achieve HCBS compliance. Reviews conducted by DOH included but were not limited to record reviews, registrant/staff interviews, and observations made during virtual tour of all reopened programs. Each standard of the HCBS Final rule was analyzed, discussed with the facility management and staff. Programs that needed remediation were identified. General guidance and training were provided to program staff to meet compliance. Policies and procedures and any remediation completed by the program to meet compliance were filed within the program’s file for reference.

Heightened Scrutiny Categories and Summary

CMS has identified three categories/prongs of settings that are presumed to have qualities of an institution. The categories are described below as well as the number of settings in each category that have been identified by OPWDD as requiring a Heightened Scrutiny review.

Heightened Scrutiny Prong	Number of sites
Prong 1 - Settings in this category are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.	30
Prong 2 - Settings in this category are located in a building located on the grounds of, or immediately adjacent to, a public institution.	6
Prong 3 - Settings in this category may have the effect of isolating individuals from the broader community.	13

Process for Applying CMS Feedback on Specific Settings

Heightened Scrutiny summaries, including public comment and supporting evidence, may later be selected for review by CMS as a part of a random sample. NYS DOH will use any feedback from the CMS random sample review to inform whether it is applicable to similarly situated settings and additional review and/or if remediation of settings not included in the CMS review sample is necessary.

Numbered List of Settings

The following is a list of all reopened ADHCPs identified and categorized as requiring Heightened Scrutiny, including the ADHCP’s prong. A summary of how each setting has or will overcome the presumption that it is an institution, and the state’s plan for oversight of remediation to ensure compliance with the settings criteria by the end of the transition period may be viewed on the NYS DOH ADHCP - Heightened Scrutiny Evidence Packets website at: https://health.ny.gov/facilities/nursing/public_notice/heightened_scrutiny/

#Facility Name Prong

- 1 ADHCP #1 3
- 2 ADHCP #2 1
- 3 ADHCP #3 2
- 4 ADHCP #4 2
- 5 ADHCP #5 3
- 6 ADHCP #6 2

SUMMARY
SPA #23-0021

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

DRAFT

**New York
136(b)**

1905(a)(1) Inpatient Hospital Services

- b. Temporary rate adjustments have been approved for the following hospital providers in the amounts and for the effective periods listed:

Hospitals:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Auburn Community Hospital	\$541,888	09/01/2022 – 09/30/2022
	\$541,888	10/01/2022 – 12/31/2022
	\$541,889	01/01/2023 – 03/31/2023
	\$406,416	04/01/2023 – 06/30/2023
	\$406,416	07/01/2023 – 09/30/2023
	\$406,416	10/01/2023 – 12/31/2023
	\$406,417	01/01/2024 – 03/31/2024
	\$406,416	04/01/2024 – 06/30/2024
	\$406,416	07/01/2024 – 09/30/2024
	\$406,416	10/01/2024 - 12/31/2024
	\$406,417	01/01/2025 – 03/31/2025
<u>Brookdale Hospital Medical Center</u>	\$88,248,783	03/01/2023 – 03/31/2023
	\$106,344,546	04/01/2023 – 03/31/2024
	\$120,401,180	04/01/2024 – 03/31/2025
Catskill Regional Medical Center	\$ 3, 514,212	01/01/2023 - 03/31/2023
	\$ 3, 514,212	04/01-2023 – 03/31/2024
	\$ 3, 514,212	04/01-2024 – 03/31/2025
Eastern Niagara Hospital	\$666,667	08/19/2021 – 09/30/2021
	\$666,667	10/01/2021 – 12/31/2021
	\$666,667	01/01/2022 – 03/31/2022
	\$1,000,000	04/01/2022 – 06/30/2022
	\$1,000,000	07/01/2022 – 09/30/2022

*Denotes this provider is a Critical Access Hospital (CAH).

TN #23-0021 _____

Approval Date _____

Supersedes TN #23-0017 _____

Effective Date March 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE City of Auburn, New York

The City of Auburn, NY is soliciting proposals from administrative service agencies relating to trust service, and administration and/or funding of a Deferred Compensation Plan for the employees of the City of Auburn, NY. They must meet 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 from: City of Auburn, Theresa Adams, Assistant Comptroller, 24 S. St., Auburn, NY 13021, (315) 255-4171, tadams@auburnny.gov or at www.auburnny.gov under Bids/RFP's

All proposals must be received no later than 30 days from the date of publication in the New York State Register.

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 and Long-Term Care as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- Brookdale Hospital Medical Center/ One Brooklyn Health with aggregate payment amounts totaling up to \$88,248,783 for the period March 1, 2023, through March 31, 2023, and \$106,344,546 for the period April 1, 2023, through March 31, 2024, and \$120,401,180 for the period April 1, 2024, through March 31, 2025.

Long Term Care

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Nursing Homes.

- Rutland Nursing Home with aggregate payment amounts totaling up to \$19,155,100 for the period March 1, 2023, through March 31, 2023, and \$19,496,200 for the period April 1, 2023, through March 31, 2024, and \$19,344,300 for the period April 1, 2024, through March 31, 2025.

- Schulman and Schachne Institute for Nursing with aggregate payment amounts totaling up to \$10,844,900 for the period March 1, 2023, through March 31, 2023, and \$10,503,800 for the period April 1, 2023, through March 31, 2024, and \$10,655,700 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$118,248,783. The Medicaid expenditures attributable to state fiscal year 2023/2024 is \$136,344,546 and state fiscal year 2024/2025 is \$150,401,180.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective on or after March 1, 2023, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- HealthAlliance - Mary's Avenue Campus with aggregate payment amounts totaling up to \$9,000,000 for the period March 1, 2023, through March 31, 2023, \$9,000,000 for the period April 1, 2023, through March 31, 2024, and \$9,000,000 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9,000,000. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$9,000,000 and \$9,000,000, respectively.

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

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1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE

Department of State

F-2022-0627

Date of Issuance – February 15, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with

and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2023-0627, John Morsch, is proposing to make repair/replace nine concrete piers located under an existing cottage and make the cottage level. In addition, a 12' x 32' deck supported by 6x6 footers would be placed on the southern side of the cottage. The proposal is for the applicant's property located at 8922 Crescent Beach in the Town of Huron, Wayne County. The property borders both Lake Ontario and Sodus Bay.

The stated purpose of the proposed action is to "Level cottage, address support piers, [and] install walkway for access."

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/02/f-2022-0627pn.pdf> or at <https://dos.ny.gov/public-notices>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or March 17, 2023.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

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

PUBLIC NOTICE

Department of State

F-2022-0956

Date of Issuance – February 15, 2023

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0956, Mark Saweris proposes to extend existing pier with a 4' x 10' section and install a 4-pile lift alongside existing floating dock at 2971 Shore Drive.

Town of Hempstead, Nassau County, Merrick Cove

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/02/f-2022-0956pn.pdf> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s): None.

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 17, 2023.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

SUMMARY
SPA #23-0025

This State Plan Amendment proposes to update minimum wage values to bring minimum wage up to already authorized final minimum wage of \$15.

DRAFT

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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 all services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
2024)

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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

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

New York County
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New York, New York 10018

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Brooklyn, New York 11201

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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, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

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

For further information and to review and comment, please contact:
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 long term care services in accordance with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0026

This State Plan Amendment proposes to update minimum wage values to bring minimum wage up to already authorized final minimum wage of \$15.

DRAFT

**New York
4(8)(1)**

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

Adjustment for Minimum Wage Increases. Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to Certified Home Health Agency (CHHA) Rate.

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

*Effective January 1, ~~2022~~ 2023, the minimum wage value for the Remainder of the State will be ~~\$13-~~14.20.

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

1. Minimum wage costs will mean the additional costs incurred beginning January 1, 2017 and thereafter, as a result of New York State statutory increases to minimum wages until all regions of the State reach \$15.00 per hour.
2. The 2017 facility specific minimum wage add-on will be developed based on collected survey data received and attested to by CHHA providers. If a provider does not submit a survey, the minimum wage add-on will be calculated based on the Provider's cost report wage data from two years prior to the period being calculated. If a facility fails to submit both the attested survey and the cost report, the facility's minimum wage add-on will not be calculated.
 - i. Minimum wage cost development based on survey data collected.
 1. Survey data will be collected for facility specific wage data.
 2. Facilities will report by wage bands, the total count of FTEs and total hours paid to all employees (contracted and non-contracted staff) earning less than the statutory minimum wage applicable for each region.
 3. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 4. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the facility has reported total hours paid. To this result, the facility's average fringe benefit percentage is applied and added to the costs.
 - ii. Minimum wage cost development based on the cost report data.
 - a. The average hourly wages of employees where the reported average hourly wage is below the regional statutory minimum wage are identified.
 - b. The total payroll hours of the employees identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.
 - c. The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
 - d. The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.

TN: #23-0026

Approval Date: _____

Superseding TN: #22-0022

Effective Date: January 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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/>

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The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

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(4/1/2023 - 3/31/
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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

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SUMMARY
SPA #23-0027

This State Plan Amendment proposes to update minimum wage values to bring minimum wage up to already authorized final minimum wage of \$15. The minimum wage methodology will use provider submitted surveys to capture the annual increased costs.

DRAFT

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SUMMARY
SPA #23-0028

This State Plan Amendment proposes to update minimum wage values to bring minimum wage up to already authorized final minimum wage of \$15.

DRAFT

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SUMMARY
SPA #23-0029

This State Plan Amendment proposes to update minimum wage values to bring minimum wage up to already authorized final minimum wage of \$15.

DRAFT

**New York
6(b)**

1905(a)(18) Hospice Services**Adjustment for Minimum Wage Increases**

Effective April 1, 2018, and every January 1, thereafter until the minimum wage reaches the statutorily described per hour wage as shown below, the rates of payment for services provided by Non-Residence Hospice providers include rate add-on to reimbursement in accordance with the wage chart shown below to address increases in labor costs.

Minimum Wage Chart

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

*Effective January 1, ~~2022~~ 2023, the minimum wage value for the Remainder of the State will be ~~\$13~~ \$14.20.

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

1. Minimum wage costs will mean the additional costs incurred beginning April 1, 2018 and thereafter, as a result of New York State statutory increases to minimum wages until all regions of the State reach \$15.00 per hour.
2. The 2018 provider specific minimum wage add-on will be developed based on collected survey data received and attested to by hospice providers. If a hospice provider fails to submit the attested survey data, a provider will not receive a minimum wage add-on.
 - i. Minimum wage cost development based on survey data collected.
 - a. Survey data will be collected for provider specific wage data.
 - b. Facilities will report by wage bands, the total count of FTEs and total hours paid to all employees (contracted and non-contracted staff) earning less than the statutory minimum wage applicable for each region.
 - c. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - d. The minimum wage costs are calculated by multiplying the total hours paid by the difference between the statutory minimum wage and the midpoint of each wage band where the provider has reported total hours paid. To this result, the provider's average fringe benefit percentage is applied and added to the costs.
3. The provider specific cost amount will be adjusted by a factor calculated by dividing the provider's average dollar per hour under minimum wage by the regional average. The resulting amount will be divided by patient days to arrive at a rate per diem add on, which will be applied to only Medicaid days for purposes of Medicaid reimbursement.
4. In subsequent years until the minimum wage is completely implemented statewide, the Department will survey facilities utilizing the same methodology.

TN: #23-0029

Approval Date: _____

Superseding TN: #22-0023

Effective Date: January 1, 2023

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of 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 2023 will be conducted on January 11 and January 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2023, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$1,548,199.

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 all services in accordance with § 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

All Services

Effective on or after December 31, 2022, the Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. The State requires, the increases in the minimum wage be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2022/2023 and 2023/2024 is \$4,397,307 and \$17,589,228, respectively.

Providers

SFY 2022-2023
(1/1/2023 - 3/31/
2023)

SFY 2023-2024
(4/1/2023 - 3/31/
2024)

Article 16 Freestanding Clinics	\$11,810	\$47,240
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$4,964	\$19,856
Assisted Living Programs	\$214,286	\$857,144
Certified Home Health Agencies	\$1,324	\$5,296
Article 28 Federally Qualified Health Centers (Freestanding Clinics)	\$624	\$2,496
Hospice	\$53,571	\$214,284
Hospital Inpatient	\$15,286	\$61,144
Intermediate Care Facilities	\$895,281	\$3,581,124
Nursing Homes	\$525,023	\$2,100,092
Personal Care	\$2,669,281	\$10,677,124
Residential Treatment Facilities	\$5,857	\$23,428
TOTALS	\$4,397,307	\$17,589,228

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

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

New York County
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New York, New York 10018

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Long Island City, New York 11101

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

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1916 Monterey Avenue
Bronx, New York 10457

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

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

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 in accordance with § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which

will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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

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

New York County
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New York, New York 10018

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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, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

Effective on or after January 1, 2023, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following four measures will be added to the measurement set: Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight, and Potentially Avoidable Hospitalization.

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

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

SUMMARY
SPA #23-0030

This State Plan Amendment proposes to implement the requirements of Section 1002(a) of the SUPPORT Act, and extend the Former Foster Care Children eligibility group to children that aged out of Foster Care from other states.

DRAFT

NY - Submission Package - NY2023MS0001D - Eligibility

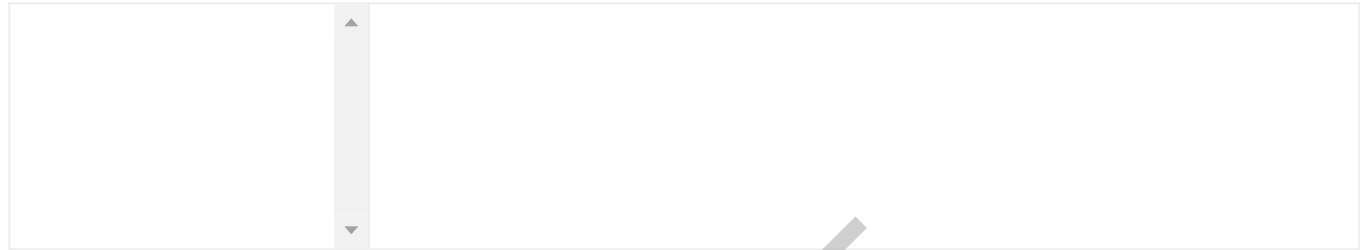
Summary Reviewable Units News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID NY2023MS0001D
Program Name N/A
Version Number 1

Submission Type Draft
State NY
Region New York, NY
Package Status Pending



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID NY2023MS0001D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

State Information

State/Territory Name: New York

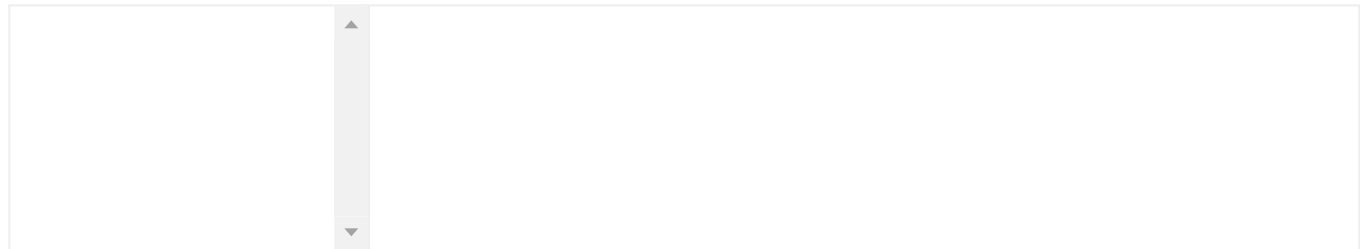
Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP



Submission - Summary

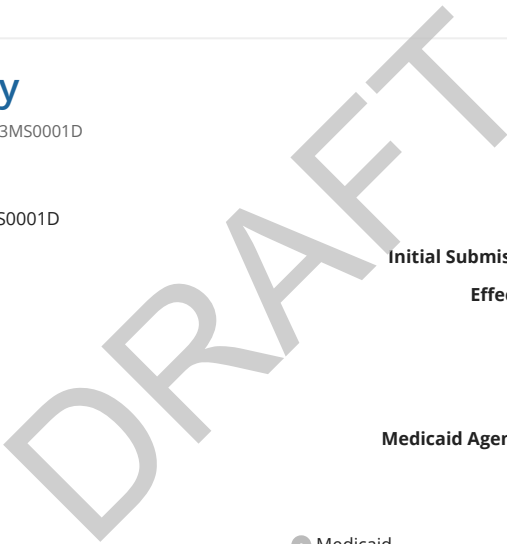
MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID NY2023MS0001D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

Executive Summary



Summary Description Including Goals and Objectives Effective January 1, 2023, this amendment will implement the requirement to provide coverage to Former Foster Care Children at 1902(a)(10)(A)(i)(IX).

Federal Budget Impact and Statute/Regulation Citation






Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$54583
Second	2024	\$169815

Federal Statute / Regulation Citation

1902(a)(10)(A)(i)(IX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
2023 SPA Out of State FFCs SPA 23-0030	2/24/2023 11:33 AM EST	
FFC SPA Fiscal Analysis	2/24/2023 11:33 AM EST	
FFC SPA Fiscal Analysis1	2/24/2023 11:33 AM EST	
Fiscal Calculations (23-0030) (1-3-23)	2/24/2023 11:44 AM EST	
Authorizing Provisions (23-0030) (1-3-23)	2/24/2023 11:44 AM EST	

1 - 5 of 5

DRAFT

Submission - Summary

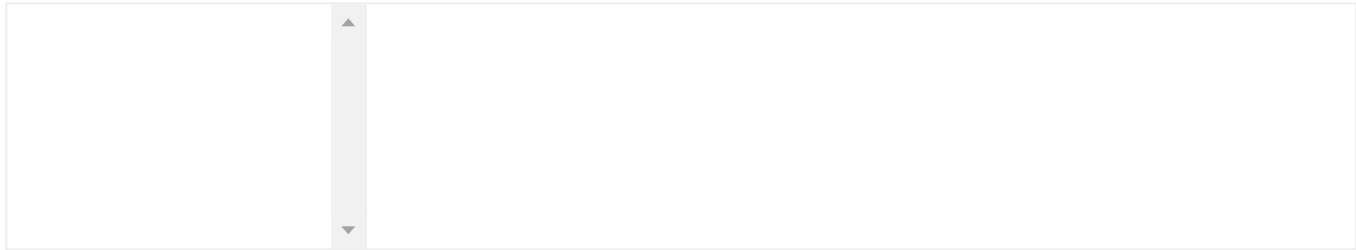
MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other



Submission - Medicaid State Plan

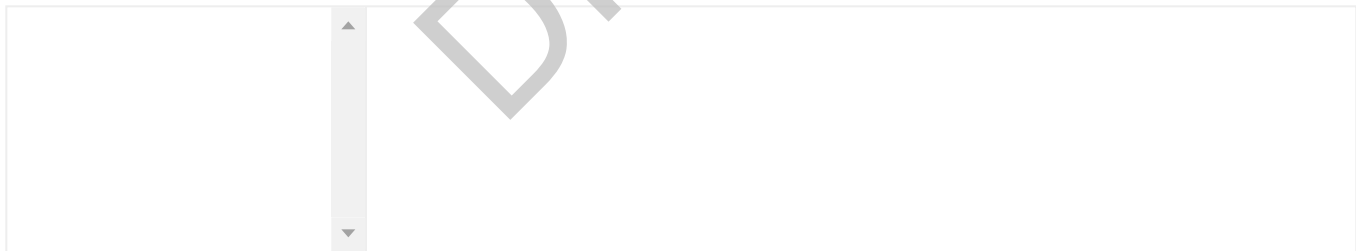
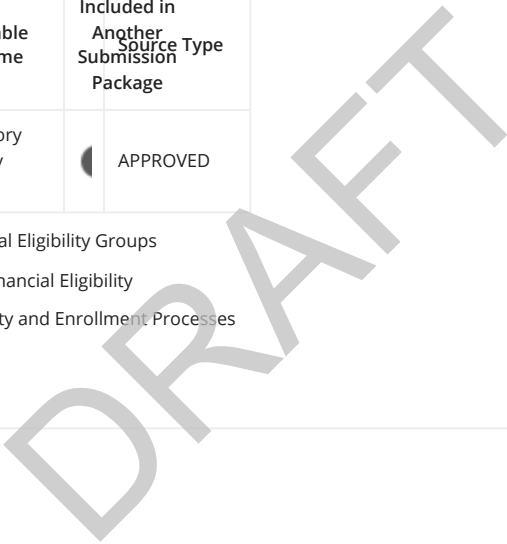
MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
 - Income/Resource Methodologies
 - Income/Resource Standards
 - Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED
 - Optional Eligibility Groups
 - Non-Financial Eligibility
 - Eligibility and Enrollment Processes
- Benefits and Payments



Submission - Public Comment

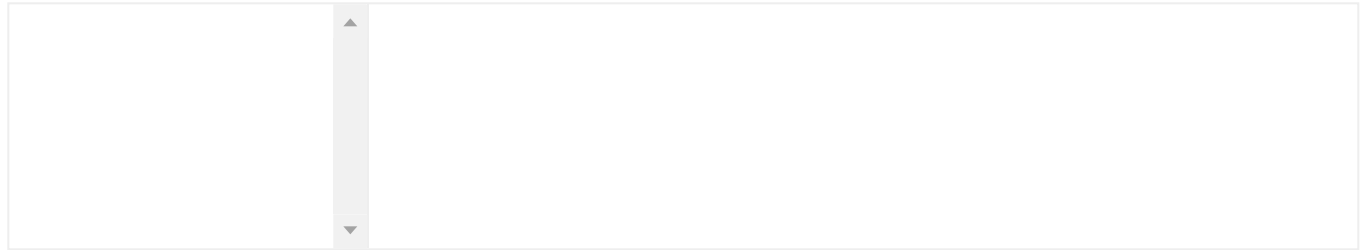
MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	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



Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

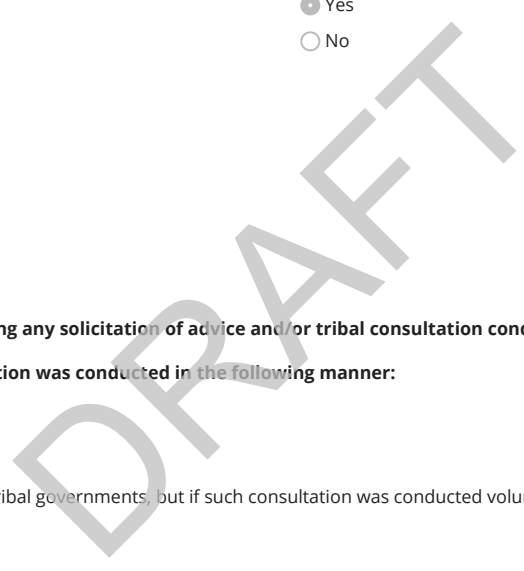
- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
No items available	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits



Service delivery

Other issue

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-19-0009		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package [?]	Included in Another Submission Package	Source Type [?]
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-19-0009 System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package [?]	Included in Another Submission Package	Source Type [?]
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED

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

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-17-0048		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NY2023MS0001D

Package Header

Package ID	NY2023MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-17-0048		
	User-Entered		

D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 2/24/2023 11:50 AM EST

SUMMARY
SPA #23-0031

This State Plan Amendment proposes to provide a 5.0% rate adjustment for the single OASAS freestanding service in the institutional state plan, specifically: residential rehabilitation services for youth (this program is subject to UPL requirements).

DRAFT

**New York
12**

1905(a)(16): IMD under age 21

Statewide RRSY Fees:

Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees
14	\$418.43	22	\$374.90	30	\$347.69	38	\$328.28	46	\$313.39	54	\$301.41
15	\$411.47	23	\$370.88	31	\$344.93	39	\$326.21	47	\$311.75	55	\$300.07
16	\$405.07	24	\$367.06	32	\$342.28	40	\$324.21	48	\$310.16	56	\$298.76
17	\$399.14	25	\$363.44	33	\$339.73	41	\$322.27	49	\$308.61	57	\$297.48
18	\$393.64	26	\$359.99	34	\$337.27	42	\$320.39	50	\$307.10	58	\$296.22
19	\$388.50	27	\$356.70	35	\$334.90	43	\$318.56	51	\$305.63	59	\$294.99
20	\$383.69	28	\$353.57	36	\$332.62	44	\$316.79	52	\$304.19	60+	\$293.79
21	\$379.17	29	\$350.56	37	\$330.41	45	\$315.06	53	\$302.78		

The geographic regions and regional cost factors applicable to the statewide RRSY fees from the first table are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange
4	1.1009	Dutchess, Putnam
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, rates in the table above will receive a cost-of-living adjustment of 5.4%, followed on January 1, 2023, by a 5.0% rate increase. All rates ~~and will~~ are published at the following link:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

TN #23-0031

Approval Date _____

Supersedes TN #22-0064

Effective Date January 1, 2023

mgd (peak day), and renewal with modification to increase consumptive use (peak day) by an additional 0.480 mgd, for a total consumptive use of up to 0.750 mgd (Docket No. 20021010).

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

Dated: October 7, 2022

Jason E. Oyler,

General Counsel and Secretary to the Commission

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional and Non-Institutional Services. The following changes are proposed:

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Effective on or after November 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.0% percent rate adjustment for the following Office of Addiction Services and Supports (OASAS) State Plan Services: OASAS outpatient addiction services (hospital and non-hospital), OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, and OASAS Part 820 residential services. OASAS will also further enhance freestanding outpatient addiction services in-community rates by 40%.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this change for State Fiscal Year 2023 is \$1.83 million.

Institutional Services

Effective on or after November 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.0% percent rate adjustment for Office of Addiction Services and Supports Residential Rehabilitation Services for Youth.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this change for State Fiscal Year 2023 is \$220,000.

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

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Effective at the end of the Public Health Emergency, the Medicaid State Plan will be amended to authorize payment for services provided in an article 29-I Health Facility by formerly license-exempt staff

SUMMARY
SPA #23-0032

This State Plan Amendment proposes to provide a 5.0% Medicaid rate increase effective January 1, 2023 for the following NYS Office of Addiction Services and Supports (OASAS) services: freestanding Outpatient Addiction Rehab, freestanding Outpatient Addiction Day Rehab, freestanding Opioid Treatment, freestanding Inpatient Rehabilitation, freestanding Medically Supervised Inpatient Withdrawal and Stabilization, Part 820 Residential Services (including Stabilization, Rehabilitation, and Reintegration).

DRAFT

New York
10(a.1)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, fees for Residential Stabilization, Residential Rehabilitation, and Residential Reintegration will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, the existing July 1, 2022, fees for Residential Stabilization, Residential Rehabilitation, and Residential Reintegration will receive a 5.4% COLA. Effective January 1, 2023, fees for Residential Stabilization, Residential Rehabilitation, and Residential Reintegration will receive a 5.0% rate increase. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

DRAFT

**New York
10(a.3.i)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Reimbursement methodology (cont.)

OASAS freestanding APG base rates effective July 1, 2022, are as follows.

Service Type	7-1-22 Fee	
	Upstate	Downstate
Outpatient Addiction Rehab	\$150.11	\$175.64
Outpatient Addiction Day Rehab	\$150.52	\$176.12
Opioid Treatment Program	\$138.31	\$161.82

OASAS freestanding APG base rates for in-community services effective July 1, 2022, with all three services sharing the same in-community APG base rates, are as follows:

Service Type	7-1-22 Fee	
	Upstate	Downstate
Outpatient Addiction Rehab - In-Community	\$150.52	\$176.12
Outpatient Addiction Day Rehab - In-Community	\$150.52	\$176.12
Opioid Treatment Program - In-Community	\$150.52	\$176.12

Effective April 1, 2022, the November 1, 2021, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs (including in-community services) will receive a 5.4% cost-of-living adjustment (COLA). The July 1, 2022, rates for the same services will also receive the same 5.4% COLA. Effective January 1, 2023, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs, as well as the in-community fees for the same services, will receive a 5.0% rate increase. Also, effective January 1, 2023, in-community rates will receive an additional, compounding 40% off-site rate enhancement. All rates will be posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

**New York
10(a.5)**

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Statewide RMSW fees:

Bed Size	RMSW Fees
6	\$ 408.97
7	\$ 401.53
8	\$ 395.20
9	\$ 389.70
10	\$ 384.85
11	\$ 380.51
12	\$ 376.59
13	\$ 373.01
14	\$ 369.74
15	\$ 366.72
16	\$ 363.91

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange, Putnam
4	1.1009	Dutchess
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective January 1, 2023, the RMSW, fees will receive a 5.0% rate increase. ~~These~~ All fees will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

TN: #23-0032
Superseding TN: 22-0062

Approval Date: _____
Effective Date: January 1, 2023

New York
10(a.6)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Chemical Dependence Freestanding Residential Rehabilitation Services (cont.)

Effective April 1, 2022, the January 1, 2019, fees for Freestanding Residential Rehabilitation Services will receive a 5.4% cost-of-living adjustment (COLA). Effective January 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 5.0% rate increase. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

DRAFT

TN: #23-0032
Superseding TN: 22-0062

Approval Date: _____
Effective Date: January 1, 2023

New York
10(a.7)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

**OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology
– Freestanding Weekly Bundles (cont.)**

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, the existing the July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective January 1, 2023, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. All fees associated with these adjustments will be posted on the OASAS website at:

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DRAFT

TN: #23-0032
Superseding TN: 22-0062

Approval Date: _____
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mgd (peak day), and renewal with modification to increase consumptive use (peak day) by an additional 0.480 mgd, for a total consumptive use of up to 0.750 mgd (Docket No. 20021010).

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SUMMARY
SPA #23-0033

This State Plan Amendment proposes to add a 5.0% rate adjustment for OASAS Part 822 hospital outpatient services; Chemical Dependence (CD) Clinic, CD Outpatient Rehabilitation, and Opioid Treatment Programs.

DRAFT

**New York
1(e)(6)**

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

Dually Licensed Article 28 & Article 32 Hospital-Based APG Base Rate Table

Peer Group	Region	Rate Start Date	Base Rate as of 01/01/11
Chemical Dependence Outpatient Clinic	Downstate	10/1/10	\$181.72
Chemical Dependence Outpatient Clinic	Upstate	10/1/10	\$146.57
Opioid Treatment Program (Clinic)	Downstate	1/3/11	\$180.99
Opioid Treatment Program (Clinic)	Upstate	1/3/11	\$157.14
Outpatient Rehabilitation Clinic	Downstate	1/1/11	\$151.20
Outpatient Rehabilitation Clinic	Upstate	1/1/11	\$116.23

Hospital-based OASAS clinic Medicaid rates can be found on the Office of Addiction Services and Supports (OASAS) website at:

<https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

Effective April 1, 2022, the posted rates for April 1, 2018 will receive a cost-of-living adjustment of 5.4%. Effective January 1, 2023, the April 1, 2022, rates will receive a 5.0% rate increase. The April 1, 2022, and January 1, 2023, rates can be found at the link above.

TN #23-0033

Approval Date: _____

Supersedes TN #22-0063

Effective Date: January 1, 2023

New York
1(p)(iv)

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

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Hospital Weekly Bundles (continued)

Each program furnishing OTP bundled services shall keep those records necessary to disclose the extent of services the program furnishes to beneficiaries and, on request, furnish to OASAS that information. Such information shall include, at minimum, the following: date of service; name of recipient; Medicaid identification number; name of practitioner providing each service; exact nature of the service, extent or units of service; and the place of service. OASAS will review such data in order to revise, as necessary, the bundled payments described herein.

OASAS will conduct regular programmatic reviews for compliance with state regulations and Federal law and issue corrective actions plans for any noted deficiencies. In addition, service frequency and utilization data will be collected and tracked by OASAS.

The bundled payments shown for April 1, 2021 were calculated by regionalizing the statewide COVID bundled payments approved in the NYS disaster relief SPA, which are the 2019 base (unregionalized) Medicare bundled payments, using the OASAS OTP regional factor of 1.1700 (Downstate relative to Upstate) for freestanding facilities. The calculated payments are the same for hospitals and freestanding programs. The regional factor was applied assuming that the Downstate region would continue to have 94.41% of the methadone bundle service volume, which is the value found in the initial service period COVID bundle data used for the rate calculation. The pre-April 1, 2021 statewide bundled payments for rate code 7973 and 7975 were \$207.49 and \$258.47 respectively. The April 1, 2021 medication take home fees are identical to those of Medicare, which are not regionalized.

Effective April 1, 2022, the ~~posted~~ rates for April 1, 2021 (~~found in OASAS section Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology Hospital Weekly Bundles~~) will receive a cost-of-living adjustment of 5.4%. Effective January 1, 2023, the April 1, 2022, rates will receive a 5.0% rate increase. ~~The April 1, 2022~~ All OTP Weekly Bundles rates can be found at the link below:

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TN #23-0033

Approval Date _____

Supersedes TN #22-0063

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Effective at the end of the Public Health Emergency, the Medicaid State Plan will be amended to authorize payment for services provided in an article 29-I Health Facility by formerly license-exempt staff

SUMMARY
SPA #23-0034

This State Plan Amendment proposes to amend the Medicaid State plan to include coverage and reimbursement for gambling treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified services, pursuant to 14 NYCRR Part 818 Chemical Dependence Inpatient Services, 14 NYCRR Part 820 Residential Addiction Rehabilitation Services, 14 NYCRR Part 822 Outpatient Addiction Rehabilitation Services, 14 NYCRR Part 825 Integrated Outpatient Addiction Rehabilitation Services and 14 NYCRR Part 857, with the OASAS gambling designation, when services are for gambling disorder/problem gambling only. The OASAS gambling designation is not required when treatment is provided for individuals whose gambling disorder/problem gambling is secondary to their substance use disorder.

DRAFT

New York
3b-37

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction 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, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

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

Outpatient Addiction Rehabilitative Services

Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with ~~substance use disorders~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

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CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience **OR** education and training, but not both. Work experience claimed may **not** include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan and*
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and ~~substance abuse~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

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1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- o An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- o CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder or problem gambling
- o To be eligible for the CRPA, the applicant must:
 - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
 - Hold a high school diploma or jurisdictionally certified high school equivalency.
 - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
 - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
 - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
 - Pass the NYCB/IC&RC Peer Advocate Exam.
 - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. All Certified Peer Recovery Advocates must comply with staffing standards for problem gambling as set forth in 14 NYCRR Part 857.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be billed per day.

Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

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3b-37(v)**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services****13d. Rehabilitative Services****Residential Addiction Rehabilitative Services**

Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing ~~substance use disorder symptoms and behaviors~~ symptoms and behaviors of addiction disorder including substance use disorder, gambling disorder or problem gambling. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their ~~substance use disorder~~ addiction disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Provider Qualifications:

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, 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. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. 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), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS). For purposes of QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

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Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience **OR** education and training, but not both. Work experience claimed may **not** include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and **substance abuse addiction disorder including substance use disorder, gambling disorder, or problem gambling.**

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:
An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

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treatment/recovery plan which occur on the premises of a certified agency." Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. All Certified Peer Recovery Advocates must comply with staffing standards for problem gambling as set forth in 14 NYCRR Part 857.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

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Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
- **Service Planning** - Clinical treatment plan development –The treatment plan for Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.
- **Counseling/Therapy** - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- **Medication Management** - Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.
- **Care Coordination** - Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
- **Peer/Family Peer Support** - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with ~~substance use disorders~~ (Addiction disorder including substance use disorder, gambling disorder, or problem gambling) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- **Crisis Intervention** - Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

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13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

The State provides coverage for Outpatient and Residential Addiction 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, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

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

Outpatient Addiction Rehabilitative Services

Outpatient addiction services include individual-centered activities consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with ~~substance use disorders~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling. These activities are designed to help individuals achieve and maintain recovery from Addictions. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Outpatient addiction services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community or in the individual's place of residence. These outpatient addiction services may be provided on site or on a mobile basis as defined by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Addiction services may not be provided in inpatient or outpatient hospital settings. The setting in which the service is provided will be determined by the identified goal to be achieved in the individual's written treatment plan.

Outpatient services are individualized interventions which may include more intensive treatment any time during the day or week, essential skill restoration and counseling services, and rehabilitation skill-building when the client has an inadequate social support system to provide the emotional and social support necessary for recovery, physical health care needs or substantial deficits in functional skills. Medication-assisted therapies (MAT) should only be utilized when a client has an established opiate or alcohol dependence condition that is clinically appropriate for MAT. Opioid treatment includes the dispensing of medication and all needed counseling services including a maintenance phase of treatment for as long as medically necessary. Reimbursement for the medication is covered under the Medicaid pharmacy benefit.

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CASAC must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience **OR** education and training, but not both. Work experience claimed may **not** include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan and*
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The International Certification & Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC-T) Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:

- 350 hours of the required education and training; OR
- 4,000 hours of appropriate work experience **and** the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and ~~substance abuse~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling.

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

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1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Certified Recovery Peer Advocate (CPRA) as defined in the NYS OASAS regulations is:

- o An individual who is supervised by a credentialed or licensed clinical staff member as identified in the patient's treatment/recovery plan working occur under the direction of a certified agency.
- o CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance use disorder~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling
- o To be eligible for the CRPA, the applicant must:
 - Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
 - Hold a high school diploma or jurisdictionally certified high school equivalency.
 - 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
 - Complete 500 hours of volunteer or paid work experience specific to the PR domains.
 - Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
 - Pass the NYCB/IC&RC Peer Advocate Exam.
 - Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the outpatient Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates can only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability. All Certified Recovery Peer Advocates must comply with staffing standards for problem gambling as set forth in 14 NYCRR Part 857.

Service Limitations:

Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (Licensed practitioners include licensed by the New York State Department of Education, licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants, nurse practitioners (NPs); physicians and psychologists), to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. No more than one medication management may be billed per day.

Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

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3b-37(v)**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services****13d. Rehabilitative Services****Residential Addiction Rehabilitative Services**

Residential addiction services include individual centered residential treatment consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing ~~substance use disorder symptoms and behaviors~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling. These services are designed to help individuals achieve changes in their ~~substance use~~ addiction disorder behaviors. Services should address an individual's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their ~~substance use~~ addiction disorder behaviors. Face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

Provider Qualifications:

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, 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. All residential agencies are certified under state law. Non-credentialed counselors must be at least 18 years of age with a high school or equivalent diploma. 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), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; registered nurses (RNs); licensed practical nurses (LPNs); nurse practitioners (NPs); medical doctors (MDs and DOs) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by OASAS as a CASAC or a CASAC-T; Certified Recovery Peer Advocate; or be under the supervision of a QHP. State regulations require supervision of CASAC-T, Certified Recovery Peer Advocate, and non-credentialed counselors by a QHP meeting the supervisory standards established by OASAS.

A QHP includes the following professionals who are licensed by the New York State Department of Education or credentialed by OASAS: CASAC; LMSW; LCSW; NP; OT; physician (MD); physician assistants (PA); RN; psychologist; rehabilitation counselor certified by the Commission of Rehabilitation Counselor Certification; a therapeutic recreation specialist who holds a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience; licensed marriage and family therapists (LMFTs); and a licensed mental health counselor (Title VIII, Article 163); and a counselor certified by and currently registered as such with the National Board of Certified Counselors. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff as permitted under the statutory and/or regulatory scopes of practice. All the stated requirements above are overseen and/or coordinated by the Office of Alcoholism and Substance Abuse Services (OASAS). For purposes of QPGP qualified providers include individuals with at least one year experience in the treatment or clinical research of problem gambling or completion of a formal training program including QHPs as described above, CASACs, credentialed program gambling counselor, national certified gambling counselor, board approved clinical consultant currently registered by the National Council on Problem Gambling and pastoral counselor certified by the American Association of Pastoral Counselors.

Only physicians, Psychiatrists, nurse practitioners, physician assistants, and registered nurses may perform medication management as permitted under state law with any supervision as required. All agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

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1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Credentialed Alcoholism and Substance Abuse Counselor (CASAC) must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. In addition, a CASAC must:

- (1) provide three references attesting to the attainment of specific competency and ethical conduct requirements;
- (2) document a minimum of 6,000 hours of supervised, full-time equivalent experience in an approved OASAS work setting or substitute a) a Master's Degree in a Human Services field for 4,000 hours experience; b) a Bachelor's Degree in a Human Services field for 2,000 hours experience; c) an Associate's Degree in a Human Services field for 1,000 hours experience;
- (3) meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; *Note: A formal internship or formal field placement may be claimed as work experience **OR** education and training, but not both. Work experience claimed may **not** include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan.* And
- (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. The IC&RC examination for Alcohol and Drug Counselors is comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.
CASAC-Trainee must be at least 18 years of age; have earned at least a high school diploma or a General Equivalency Diploma (GED); and reside or work in New York State at least 51 percent of the period during which their application is being processed to be issued a credential. Applicants may be considered for a CASAC Trainee certificate upon satisfying a minimum of:
 - 350 hours of the required education and training; OR
 - 4,000 hours of appropriate work experience **and** the 85 hours in Section 1 of the education and training related to knowledge of alcoholism and **substance-abuse addiction disorder including substance use disorder, gambling disorder, or problem gambling.**

The CASAC Trainee certificate is effective from the date that any of the above eligibility requirements are approved until the end of the five-year period that the application is active. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three year extension may be requested. Individuals meeting minimum training and experience requirements may be certified specifically as a Qualified Problem Gambling Professional (QPGP).

Certified Recovery Peer Advocate (CRPA) as defined in the NYS OASAS is:
An individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's

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treatment/recovery plan which occur on the premises of a certified agency.” Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

CRPA is a self-identified consumer who is in recovery from mental illness and/or ~~substance-use disorder~~ addiction disorder including substance use disorder, gambling disorder, or problem gambling

To be eligible for the CRPA, the applicant must:

- Demonstrate they have completed appropriate education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report.
- Hold a high school diploma or jurisdictionally certified high school equivalency.
- 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.
- Completed 500 hours of volunteer or paid work experience specific to the PR domains.
- Received 25 hours of supervision specific to the domains. Supervision must be provided by an organization’s documented and qualified supervisory staff per job description.
- Pass the NYCB/IC&RC Peer Advocate Exam.
- Complete 20 hours of continuing education earned every two years, including six hours in Ethics.

All providers listed may provide any component of the residential Addiction services consistent with State law and practice act with three exceptions: Certified Recovery Peer Advocates may only perform peer supports, service planning, care coordination, and assistance in a crisis intervention; unlicensed and/or uncredentialed professionals may assist with the performance of any activity listed here so long as supervised as noted above; and all agencies with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

Service Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law (licensed practitioners include licensed by the New York State Department of Education and include licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed mental health counselor (LMHC), licensed marriage and family therapists (LMFTs), licensed psychoanalysts; licensed creative arts therapists, physician assistants PAs), nurse practitioners (NPs); physicians and psychologists, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

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Components include:

- **Assessment** - The purpose of the assessment is to provide sufficient information for problem identification, Addiction treatment or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
- **Service Planning** - Clinical treatment plan development –The treatment plan for Medicaid Addiction and mental health services must be patient-centered and developed in collaboration with the patient.
- **Counseling/Therapy** - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with Addiction such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- **Medication Management** - Psychotropic and other medication management as permitted under State Law. Medication Assisted Therapies (MAT) when medically necessary, including the direct administration of medication.
- **Care Coordination** - Care coordination includes: 1) Consultation other practitioners to assist with the individual's needs and service planning for Medicaid services. 2) Referral and linkage to other Medicaid services to avoid more restrictive levels of treatment.
- **Peer/Family Peer Support** - Peer counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors associated with ~~substance use disorders~~ (Addiction disorder including substance use disorder, gambling disorder, or problem gambling) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- **Crisis Intervention** - Assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

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1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY
12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Non-Institutional Services in accordance with Chapter 53 of the Laws of 2022 and Subdivision 5 of section 365-m of the social services law. The following changes are proposed:

Non-Institutional Services

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

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

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

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