



## Department of Health

**ANDREW M. CUOMO**  
Governor

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

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

December 30, 2020

National Institutional Reimbursement Team  
Attention: Mark Cooley  
CMS, CMCS  
7500 Security Boulevard, M/S S3-14-28  
Baltimore, MD 21244-1850

RE: SPA #20-0072  
Long Term Care Facility Services

Dear Mr. Cooley:

The State requests approval of the enclosed amendment #20-0072 to the Title XIX (Medicaid) State Plan for long term care facility services to be effective November 1, 2020 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the proposed amendment is provided in Appendix II.

This amendment is submitted pursuant to §1902(a) of the Social Security Act (42 USC 1396a(a)) and Title 42 of the Code of Federal Regulations, Part 447, Subpart C, (42 CFR §447).

A copy of the pertinent section of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this proposed amendment, which was given in the New York State Register on October 28, 2020 is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

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

Sincerely,

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures  
cc: Todd McMillion

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

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE _____	

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

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

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

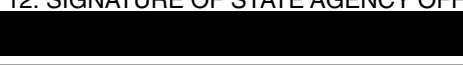
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )

10. SUBJECT OF AMENDMENT

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO
13. TYPED NAME	
14. TITLE	
15. DATE SUBMITTED December 30, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

**Appendix I**  
**2020 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Amended SPA Pages**



**Appendix II**  
**2020 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #20-0072**

This amendment proposes to revise the State Plan to provide for a supplemental payment to nursing home facilities for full restoration of the alternative methods of cost containment associated with the across the board two per cent annual uniform reduction of Medicaid payments.

**Appendix III**  
**2020 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Authorizing Provisions**

**Authorizing Language for SPA 20-0072:**

Chapter 50 of the Laws of 2020 (appropriations)

For services and expenses of the medical assistance program including nursing home services.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2020-21 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2020-21, and (ii) appropriation for this item covering fiscal year 2020-21 set forth in chapter 53 of the laws of 2019 (26950) ..... 1,742,014,000



**Appendix IV  
2020 Title XIX State Plan  
Fourth Quarter Amendment  
Public Notice**

The Secretary of State hereby provides notice that the following foreign corporations were erroneously included in proclamations declaring their authority to do business in this state annulled. The State Tax Commission has duly certified to the Secretary of State that the names of the following foreign corporations were erroneously included in such proclamations. The appropriate entries have been made on the records of the Department of State.

**COUNTY: BRONX**

ENTITY NAME: J P RESTORATION CORP.  
 JURIS: NEW JERSEY  
 REINSTATE: 07/09/20  
 ANNUL OF AUTH: 10/26/11

**COUNTY: NEW YORK**

ENTITY NAME: JINTI, INC.  
 JURIS: DELAWARE  
 REINSTATE: 09/18/20  
 ANNUL OF AUTH: 06/29/16

**NOTICE OF CANCELLATION  
 OF ANNULMENT OF AUTHORITY OF  
 CERTAIN FOREIGN CORPORATIONS**

Under the Provisions of Section 203-b of the Tax Law, As Amended  
 The Secretary of State hereby provides notice that the following foreign corporations, which had their authority to do business in this state annulled in the manner prescribed by Section 203-b of the Tax Law, have complied with the provisions of subdivision (7) of Section 203-b of the Tax Law, annulling all of the proceedings theretofore taken for the annulment of authority of each such corporation. The appropriate entries have been made on the records of the Department of State.

**COUNTY: ALBANY**

ENTITY NAME: NBIS CONSTRUCTION & TRANSPORT INSURANCE SERVICES, INC.  
 FICT NAME: NBIS CONSTRUCTION & TRANSPORT UNDERWRITERS SERVICES  
 JURIS: DELAWARE  
 REINSTATE: 09/28/20 ANNUL OF AUTH: 07/27/11

**COUNTY: NEW YORK**

ENTITY NAME: DEQUE SYSTEMS INC.  
 JURIS: VIRGINIA  
 REINSTATE: 08/10/20  
 ANNUL OF AUTH: 07/28/10

ENTITY NAME: GEORGIA SURETY COMPANY, INC.  
 FICT NAME: GEORGIA SURETY AGENCY  
 JURIS: GEORGIA  
 REINSTATE: 09/18/20  
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: GUCCI GROUP WATCHES, INC.  
 JURIS: DELAWARE  
 REINSTATE: 09/14/20  
 ANNUL OF AUTH: 01/26/11

ENTITY NAME: LINCARE PHARMACY SERVICES INC.  
 JURIS: DELAWARE  
 REINSTATE: 07/17/20  
 ANNUL OF AUTH: 01/26/11

ENTITY NAME: MESLEE INSURANCE SERVICES, INC.  
 JURIS: CALIFORNIA  
 REINSTATE: 08/12/20  
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: OUTDOOR UNDERWRITERS, INC.  
 FICT NAME: OUTDOOR UNDERWRITERS AGENCY  
 JURIS: GEORGIA  
 REINSTATE: 09/03/20  
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: SDL INC.  
 FICT NAME: SDL ENTERPRISE TECHNOLOGIES  
 JURIS: DELAWARE  
 REINSTATE: 08/13/20  
 ANNUL OF AUTH: 10/26/16

**COUNTY: ORANGE**

ENTITY NAME: HANSON & RYAN, INC.  
 JURIS: NEW JERSEY  
 REINSTATE: 09/04/20  
 ANNUL OF AUTH: 06/27/01

**COUNTY: RICHMOND**

ENTITY NAME: CONTRACT HARDWARE, INC.  
 JURIS: GEORGIA  
 REINSTATE: 08/31/20  
 ANNUL OF AUTH: 10/26/16

**COUNTY: SUFFOLK**

ENTITY NAME: ALL POINTS BROKERAGE, INC.  
 JURIS: NEVADA  
 REINSTATE: 08/27/20  
 ANNUL OF AUTH: 10/26/16

**PUBLIC NOTICE**

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for November 2020 will be conducted on November 18 and November 19 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

**PUBLIC NOTICE**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services. The following changes are proposed:

**Long-Term Care Services**

Effective on or after November 1, 2020, this amendment provides for a supplemental payment to nursing home facilities for full restoration of the alternative methods of cost containment associated with the across the board two percent annual uniform reduction of Medicaid payments.

The estimated annual increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2020/2021 is \$70 million.

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Title 14 NYCRR Parts 822 and 841 and 42 CFR 440.130(d). The following changes are proposed:

#### Non-Institutional Services

The COVID emergency SPA covering the NYS Office of Addiction Services and Supports (OASAS) Opioid Treatment Programs (OTPs) ends on January 21, 2021. That SPA permitted billing weekly OTP (Opioid Treatment Programs) bundles under a methodology similar to that of Medicare. Effective on or after January 1, 2021, OASAS proposed to establish those bundled rates as a permanent alternative to the OTP Ambulatory Patient Group (APG) methodology. Each week, for any given patient, the provider must choose to bill under either the APG methodology or the bundled weekly rates, generally based on the amount of face-to-face contact with the patient during that week and the specific services provided.

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

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Brooklyn, New York 11201

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

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

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

## PUBLIC NOTICE

### Town of North Hempstead Solid Waste Management Authority

Pursuant to Section 120-w of the New York General Municipal Law, the Town of North Hempstead Solid Waste Management Authority hereby gives notice of the following:

On October 8, 2020, the Town of North Hempstead Solid Waste Management Authority awarded a contract to Covanta Sustainable Solutions LLC pursuant to section one hundred twenty-w of the General Municipal Law for the transportation and disposal of solid waste from the North Hempstead Transfer Station, Port Washington, New York. The validity of this contract or the procedures which led to its award may be hereafter contested only by action, suit or proceeding commenced within sixty days after the date of this notice and only upon the ground or grounds that: (1) such award or procedure was not authorized pursuant to that section, or (2) any of the provisions of that section which should be complied with at the date of this publication have not been substantially complied with, or (3) a conflict of interest can be shown in the manner in which the contract was awarded; or by action, suit or proceeding commenced on the grounds that such contract was awarded in violation of the provisions of the Constitution.

## PUBLIC NOTICE

### Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, December 3rd, 2020 at Peebles Island State Park, 1 Delaware Avenue, Cohoes, NY 12047.

The following properties will be considered:

1. Main Street Historic District, Niagara Falls, Niagara County
2. Nassau County Courthouse, Mineola, Nassau County
3. Eagle's Nest, William K. Vanderbilt II Estate Boundary Expansion, Centerport, Suffolk County
4. Brockport West Side Historic District, Brockport, Monroe County
5. St. Stephen's Chapel, Morris, Otsego County
6. Sperry Rand, Ilion, Herkimer County
7. A.M.E. Zion Church of Kingston, Ulster County
8. New York Central & Hudson River Railroad Power Station, Westchester County
9. Wethersfield, Dutchess County
10. Harder Mill, Rensselaer, Rensselaer County

**Appendix V**  
**2020 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Responses to Standard Funding Questions**

**APPENDIX V**  
**LONG TERM CARE SERVICES**  
**State Plan Amendment #20-0072**

**CMS Standard Funding Questions (NIRT Standard Funding Questions)**

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-D of the state plan.

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

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

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

**Response:** Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health.

The source of the appropriation is the Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources.

There have been no new provider taxes and no existing taxes have been modified.

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

**Response:** The payments authorized for this provision are supplemental payments to nursing home facilities.

- 4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

**Response:** CMS has approved the current year UPL.

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

**Response:** Effective January 1, 2012, the rate methodology included in the approved State Plan for non-specialty nursing facility services for the operating component of the rate is a blended statewide/peer group price adjusted for case mix and wage equalization factor (WEF). Specialty nursing facility and units are paid the operating rate in effect on January 1, 2009. The capital component of the rate for all specialty and non-specialty facilities is based upon a cost based methodology. We are unaware of any requirement under current federal law or regulation that limits individual provider payments to their actual costs.

### **ACA Assurances:**

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

#### **MOE Period.**

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

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

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

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

**Response:** This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2015.

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

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

**Tribal Assurance:**

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

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

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health**



**Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**

- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

**Response:** Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with the original submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.