



## Department of Health

**ANDREW M. CUOMO**  
Governor

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

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

DEC 21 2015

Mr. Michael Melendez  
Associate Regional Administrator  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
New York Regional Office  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza - Room 37-100 North  
New York, New York 10278

RE: SPA #15-0062  
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #15-0062 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2015 (Appendix I). This amendment is being submitted based on State Regulations. A summary of the plan amendment is provided in Appendix II.

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

Copies of pertinent sections of proposed State statute are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on November 25, 2015, 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 John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,



Jason A. Helgeson  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-0062</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 1, 2015</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§ 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: ( <i>in thousands</i> ) <b>a. FFY 12/01/15-09/30/16 \$ 2,362.54</b> <b>b. FFY 10/01/16-09/30/17 \$ 1,671.18</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B: 2(am)(1); 2(am)(2); 2(am)(3)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <b>Safety Net/VAP-Article 31 OMH Freestanding Clinics (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>DEC 2 1 2015</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**Appendix I**  
**2015 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Amended SPA Pages**

**New York  
2(am)(1)**

**Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Article 31 Freestanding Clinics**

A temporary rate adjustment will be provided to eligible Article 31 Clinics that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible Article 31 providers, the amount of the temporary rate adjustment, and the duration of each rate adjustment period will be listed in the table which follows. The total adjustment amount for each period shown below will be paid quarterly during each period in equal installments. The temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner of Mental Health and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

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

**Article 31 Freestanding Clinics:**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Allegany Rehabilitation Associates, Inc.</u>	<u>\$ 181,520</u>	<u>12/01/2015 – 03/31/2016</u>
	<u>\$ 229,240</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 229,240</u>	<u>04/01/2017 – 03/31/2018</u>
<u>Angelo J. Melillo Center for Mental Health</u>	<u>\$ 77,950</u>	<u>12/01/2015 – 03/31/2016</u>
	<u>\$137,300</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$ 31,150</u>	<u>04/01/2017 – 03/31/2018</u>
<u>Cayuga County Community Mental Health Center</u>	<u>\$262,793</u>	<u>12/01/2015 – 03/31/2016</u>
	<u>\$546,318</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$363,720</u>	<u>04/01/2017 – 03/31/2018</u>
<u>Child and Adolescent Treatment Services, Inc.</u>	<u>\$257,500</u>	<u>12/01/2015 – 03/31/2016</u>
	<u>\$366,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$112,500</u>	<u>04/01/2017 – 03/31/2018</u>

TN    #15-0062    Approval Date                     

Supersedes TN    NEW    Effective Date

**New York  
2(am)(2)**

**Article 31 Freestanding Clinics (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Clinton County Community Service Board</u>	\$ 20,988	12/01/2015 – 03/31/2016
	\$276,280	04/01/2016 – 03/31/2017
	\$213,493	04/01/2017 – 03/31/2018
<u>Community Association Progressive Dominicans, Inc.</u>	\$130,928	12/01/2015 – 03/31/2016
	\$101,850	04/01/2016 – 03/31/2017
	\$ 15,000	04/01/2017 – 03/31/2018
<u>Delaware County Community Services</u>	\$128,000	12/01/2015 – 03/31/2016
	\$149,500	04/01/2016 – 03/31/2017
	\$105,250	04/01/2017 – 03/31/2018
<u>Essex County Mental Health Services</u>	\$ 67,450	12/01/2015 – 03/31/2016
	\$207,154	04/01/2016 – 03/31/2017
	\$176,984	04/01/2017 – 03/31/2018
<u>Family Services of Westchester</u>	\$259,803	12/01/2015 – 03/31/2016
	\$179,803	04/01/2016 – 03/31/2017
<u>Hamilton-Madison House, Inc.</u>	\$151,000	12/01/2015 – 03/31/2016
	\$257,080	04/01/2016 – 03/31/2017
	\$190,080	04/01/2017 – 03/31/2018
<u>Madison County Mental Health Clinic</u>	\$105,310	12/01/2015 – 03/31/2016
	\$290,418	04/01/2016 – 03/31/2017
	\$290,418	04/01-2017 – 03/31/2018
<u>Northeast Parent and Child Society</u>	\$521,667	12/01/2015 – 03/31/2016
	\$170,000	04/01/2016 – 03/31/2017
	\$150,000	04/01/2017 – 03/31/2018
<u>Puerto Rican Family Institute</u>	\$127,623	12/01/2015 – 03/31/2016
	\$ 70,762	04/01/2016 – 03/31/2017
	\$ 21,660	04/01/2017 – 03/31/2018
<u>Schoharie County Community Mental Health Center</u>	\$ 77,000	12/01/2015 – 03/31/2016
	\$212,500	04/01/2016 – 03/31/2017
	\$192,500	04/01/2017 – 03/31/2018

TN   #15-0062  

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

Supersedes TN   NEW  

Effective Date \_\_\_\_\_

New York  
2(am)(3)

**Article 31 Freestanding Clinics (continued):**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Service Program for Older People</u>	\$ 54,850	<u>12/01/2015 – 03/31/2016</u>
	\$184,900	<u>04/01/2016 – 03/31/2017</u>
	\$ 7,250	<u>04/01/2017 – 03/31/2018</u>
<u>The Guidance Center, Inc.</u>	\$ 54,116	<u>12/01/2015 – 03/31/2016</u>
	\$154,280	<u>04/01/2016 – 03/31/2017</u>
	\$ 89,000	<u>04/01/2017 – 03/31/2018</u>
<u>Tioga County Department of Mental Hygiene</u>	\$102,747	<u>12/01/2015 – 03/31/2016</u>
	\$240,387	<u>04/01/2016 – 03/31/2017</u>
	\$238,143	<u>04/01/2017 – 03/31/2018</u>
<u>Tompkins County Mental Health Services</u>	\$105,598	<u>12/01/2015 – 03/31/2016</u>
	\$302,699	<u>04/01/2016 – 03/31/2017</u>
	\$181,851	<u>04/01/2017 – 03/31/2018</u>

TN #15-0062 Approval Date \_\_\_\_\_

Supersedes TN NEW Effective Date \_\_\_\_\_

**Appendix II**  
**2015 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #15-0062**

This State Plan Amendment proposes to award the Article 31 Freestanding Clinics listed below that are approved to receive temporary rate adjustments under the closure, merger, consolidation, acquisition or restructuring of a health care provider.

- Allegany Rehabilitation Associates, Inc;
- Angelo J. Melillo Center for Mental Health;
- Cayuga County Community Mental Health Center;
- Child and Adolescent Treatment Services;
- Clinton County Mental Health Clinic;
- Community Association Progressive Dominicans;
- Delaware County Community Services;
- Essex County Mental Health Services;
- Family Services of Westchester, Inc;
- Hamilton-Madison House, Inc.;
- Madison County Mental Health Clinic;
- Northeast Parent and Child Society;
- Puerto Rican Family Institute;
- Schoharie County Community Mental Health Center;
- Service Program for Older People, Inc.;
- The Guidance Center;
- Tioga County Mental Hygiene; and
- Tompkins County Mental Health Services.



**Appendix III**  
**2015 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Authorizing Provisions**



14 NYCRR Part 530  
Express Terms

A new Part 530 is added to 14 NYCRR to read as follows:

**PART 530**

**VITAL ACCESS PROGRAM and PROVIDERS**

(Statutory authority: Mental Hygiene Law §§7.09, 31.02, 43.02, Chapter 53 of the Laws of 2014)

**Section:**

- 530.1 Background and Intent
- 530.2 Legal Base
- 530.3 Definitions
- 530.4 Vital Access Program

**530.1 Background and Intent.**

The purpose of this Part is to provide a means to support the stability and geographic distribution of mental health clinic services throughout all geographic and economic regions of the State. A designation of Vital Access Provider denotes the Commissioner's determination to ensure patient access to a provider's essential services otherwise jeopardized by the provider's payer mix or geographic isolation.

**530.2 Legal Base.**

- (a) Section 7.09 of the Mental Hygiene Law authorizes the Commissioner to adopt regulations that are necessary and proper to implement matters under his or her jurisdiction.
- (b) Section 31.02 of the Mental Hygiene Law authorizes the Commissioner to issue operating certificates for the provision of inpatient and outpatient mental health services.

(c) Section 43.02 of the Mental Hygiene Law authorizes the Office to establish rates or methods of payment for services at facilities subject to licensure or certification by the Office.

(d) Chapter 53 of the Laws of 2014 authorizes the Commissioner to provide special funding to certain designated providers.

### **530.3 Definitions.**

(a) *Vital Access Program ("VAP")* means a program of supplemental funding and/or temporary rate or fee adjustments available to providers of mental health services that are determined by the Commissioner to be essential to the availability of mental health services in a geographic or economic region of the State but in financial jeopardy due to their payer mix or geographic isolation.

(b) *Vital Access Provider* means a provider of mental health clinic services that is licensed under Article 31 of the Mental Hygiene Law and that is designated by the Commissioner as eligible for participation in the Vital Access Program. It does not include a provider that is licensed under Article 28 of the Public Health Law.

### **530.4 Vital Access Program.**

(a) The Commissioner may accept applications from licensed providers of mental health clinic services requesting designation as a Vital Access Provider eligible to receive supplemental funding or a temporary rate adjustment. The Commissioner may give priority to providers serving regions or populations in the State that he or she shall determine are in special need of services. Such applications must sufficiently demonstrate that:

(1) The provider is essential to maintaining access to the mental health services it is authorized to provide to individuals with mental illness who reside in the geographic or economic region of the State served by the provider;

(2) The provider is in financial jeopardy due to payer mix or geographic isolation;

(3) The additional resources provided by supplemental funding or a rate or fee adjustment will achieve one or more of the following:

(i) protect or enhance access to care;

- (ii) protect or enhance quality of care;
- (iii) improve the cost effectiveness of the delivery of health care services; or
- (iv) otherwise protect or enhance the health care delivery system, as determined by the Commissioner.

(b) Application.

(1) The written application required pursuant to subdivision (a) of this Section shall be submitted to the Commissioner at least sixty (60) days prior to the requested effective date of the designation as a Vital Access Provider and shall include a proposed budget to achieve the goals identified in the application.

(2) The Commissioner may require that applications submitted pursuant to this Section be submitted in response to, and in accordance with, a Request For Applications or a Request For Proposals issued by the Office.

(c) Reimbursement.

A provider that is designated as a Vital Access Provider shall be eligible to receive supplemental funding or a temporary rate or fee adjustment.

(d) Conditions on Approval.

(1) Any temporary rate adjustment issued pursuant to this section shall be in effect for a specified period of time of no more than three years, as determined by the Commissioner, based upon review and approval of a specific plan of action to achieve one or more of the goals set forth in subdivision (a) of this section. At the end of the specified timeframe, the provider shall be reimbursed in accordance with the otherwise applicable rate-setting methodology or fee schedule pertaining to such provider.

(2) The Commissioner may establish, as a condition of designation as a Vital Access Provider, benchmarks, goals and standards to be achieved, and may require such periodic reports as he or she shall determine to be necessary to ensure their achievement. A determination by the Commissioner of a failure to demonstrate satisfactory progress in achieving such benchmarks, goals and standards shall be a basis for revoking the provider's designation as a Vital Access Provider, and terminating the supplemental funding or temporary rate or fee adjustment prior to the end of the specified timeframe.

(3) No portion of the funds received pursuant to this Part shall be used for the payment of any prior debt or obligation incurred by the designated provider, or for any purpose not related to the purposes set forth in this Part.

530.text.1.6.15

**Appendix IV  
2015 Title XIX State Plan  
Fourth Quarter Amendment  
Public Notice**

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

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

## PUBLIC NOTICE

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: Friday, Dec. 18, 2015  
Time: 10:00 a.m.-2:00 p.m.  
Place: Empire State Development Corporation  
633 3rd Ave.  
37th Fl./Conference Rm.  
New York, NY  
\*Identification and sign-in required  
Video Conference Site: Division of Criminal Justice Services  
Alfred E. Smith Office Bldg.  
80 S. Swan St.  
1st Fl. - CrimeStat - Rm. 118  
Albany, NY 12210

\*Identification and sign-in is required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, contact:* Catherine White, Division of Criminal Justice Services, Office of Forensic Services, 80 S. Swan St., Albany, NY 12210, (518) 485-5052

## PUBLIC NOTICE

Office of Mental Health and Department of Health

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

The Office of Mental Health and the Department of Health propose to amend the Title XIX (Medicaid) State Plan for non-institutional

services related to temporary rate adjustments to Article 31 Freestanding Clinics that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers. These payments are currently authorized by current State statutory and regulatory provisions. The following changes are proposed:

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

- Allegany Rehabilitation Associates, Inc.;
- Angelo J. Melillo Center for Mental Health;
- Cayuga County Community Mental Health Center;
- Child and Adolescent Treatment Services;
- Clinton County Community Service Board;
- Community Association Progressive Dominicans;
- Delaware County Community Services;
- Essex County Mental Health Services;
- Family Services of Westchester, Inc.;
- Hamilton-Madison House, Inc.;
- Madison County Mental Health Clinic;
- Northeast Parent and Child Society;
- Puerto Rican Family Institute;
- Schoharie County Community Mental Health Center;
- Service Program for Older People, Inc.;
- The Guidance Center;
- Tioga County Mental Hygiene; and
- Tompkins County Mental Health Services.

The aggregate payment amounts total up to \$2,686,843 for the period December 1, 2015 through March 31, 2016.

The aggregate payment amounts total up to \$4,076,471 for the period April 1, 2016 through March 31, 2017.

The aggregate payment amounts total up to \$2,608,239 for the period April 1, 2017 through March 31, 2018.

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

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

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

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

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

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

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99  
Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY  
12210, e-mail: spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Susquehanna River Basin Commission

Projects Rescinded for Consumptive Uses of Water

SUMMARY: This notice lists the approved by rule projects rescinded by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: August 1-31, 2015.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, being rescinded for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22(e) and § 806.22(f) for the time period specified above:

Rescinded ABR Issued August 1-31, 2015

1. Inflection Energy (PA), LLC, Pad ID: Eichenlaub A Pad, ABR-201206014, Upper Fairfield Township, Lycoming County, Pa.; Rescind Date: August 3, 2015.

2. Inflection Energy (PA), LLC, Pad ID: Ifland, ABR-201206015, Upper Fairfield Township, Lycoming County, Pa.; Rescind Date: August 3, 2015.

3. Inflection Energy (PA), LLC, Pad ID: G. Adams, ABR-201206012, Mill Creek Township, Lycoming County, Pa.; Rescind Date: August 3, 2015.

4. Inflection Energy (PA), LLC, Pad ID: Harris RE Trust, ABR-201207008, Fairfield Township, Lycoming County, Pa.; Rescind Date: August 3, 2015.

5. Inflection Energy (PA), LLC, Pad ID: Mussina, ABR-201207001, Fairfield Township, Lycoming County, Pa.; Rescind Date: August 3, 2015.

6. Tenaska Resources, LLC, Pad ID: Merlin, ABR-201012045, Sullivan Township, Tioga County, Pa.; Rescind Date: August 4, 2015.

7. EOG Resources, Inc., Pad ID: Haven 2H, ABR-201008094, Springfield Township, Bradford County, Pa.; Rescind Date: August 12, 2015.

8. EOG Resources, Inc., Pad ID: Kennedy A Pad, ABR-201302001, Smithfield Township, Bradford County, Pa.; Rescind Date: August 12, 2015.

9. EOG Resources, Inc., Pad ID: Kingsley 5HA/6HA Pad, ABR-201110028, Springfield Township, Bradford County, Pa.; Rescind Date: August 12, 2015.

10. EOG Resources, Inc., Pad ID: Plouse A Pad, ABR-201210014, Ridgebury Township, Bradford County, Pa.; Rescind Date: August 12, 2015.

11. EOG Resources, Inc., Pad ID: SGL 90E Pad, ABR-201011025, Lawrence Township, Clearfield County, Pa.; Rescind Date: August 12, 2015.

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

Dated: November 10, 2015.  
Stephanie L. Richardson,  
Secretary to the Commission.

## PUBLIC NOTICE

### Susquehanna River Basin Commission

Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATES: September 1-30, 2015.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22(e) and (f) for the time period specified above:

Approvals By Rule Issued Under 18 CFR § 806.22(e):

1. Downs Racing, LP dba Mohegan Sun Pocono, Mohegan Sun Pocono, ABR-201509001, Plains Township, Luzerne County, Pa.; Consumptive Use of Up to 0.3500 mgd; Approval Date: September 11, 2015.

Approvals By Rule Issued Under 18 CFR § 806.22(f):

1. Anadarko E&P Onshore, LLC, Pad ID: Don J Davis Pad A, ABR-201008028.R1, Gamble Township, Lycoming County, Pa.; Consumptive Use of Up to 3.0000 mgd; Approval Date: September 3, 2015.

2. Chesapeake Appalachia, LLC, Pad ID: Decker Farms, ABR-201009037.R1, Rush Township, Susquehanna County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

3. Chesapeake Appalachia, LLC, Pad ID: Rocks, ABR-201101003.R1, Overton Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

4. Chesapeake Appalachia, LLC, Pad ID: Aukema, ABR-201101013.R1, Meshoppen Township, Wyoming County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

5. Chesapeake Appalachia, LLC, Pad ID: Fausto, ABR-201101015.R1, Litchfield Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

6. Chesapeake Appalachia, LLC, Pad ID: Bo, ABR-201101016.R1, Tuscarora Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

7. Chesapeake Appalachia, LLC, Pad ID: Struble, ABR-201101017.R1, Litchfield Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

8. Chesapeake Appalachia, LLC, Pad ID: DJ, ABR-201101021.R1, Wysox Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: September 3, 2015.

9. Chief Oil & Gas, LLC, Pad ID: Dacheux Drilling Pad #1, ABR-201101014.R1, Cherry Township, Sullivan County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: September 3, 2015.

10. Chief Oil & Gas, LLC, Pad ID: Andrus Drilling Pad #1, ABR-201101023.R1, Granville Township, Bradford County, Pa.; Consumptive Use of Up to 2.0000 mgd; Approval Date: September 3, 2015.

11. EOG Resources, Inc., Pad ID: KINGSLEY 2H, ABR-20100692.R1, Springfield Township, Bradford County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: September 3, 2015.

12. EOG Resources, Inc., Pad ID: KINGSLEY 3H, ABR-20100698.R1, Springfield Township, Bradford County, Pa.; Consumptive Use of Up to 4.9990 mgd; Approval Date: September 3, 2015.



**Appendix V**  
**2015 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Responses to Standard Funding Questions**

**NON-INSTITUTIONAL SERVICES**  
**State Plan Amendment #15-0062**

**CMS Standard Funding Questions**

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

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

**Response:** Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular A-87 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

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

**Response:** Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriation is the Local Assistance Account under the General Fund/Aid to Localities.

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 add-on services payments made to those providers listed who will receive temporary rate adjustments to be paid quarterly during each period in equal installments. The individual provider amounts are included on the attached SPA pages.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**

**Response:** The State and CMS staff are having ongoing conversations related to prior years' SPAs to resolve remaining issues which the 2015 demonstration is contingent upon.

- 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:** The rate methodology included in the State Plan for freestanding diagnostic and treatment and ambulatory surgery center services is based upon the Ambulatory Patient Group (APG) system with the exception of Federally Qualified Health Centers who have the option to opt into the APG system or remain on the Prospective Payment Methodology (PPS) as approved by CMS in SPA 01-03. We are unaware of any requirement under current federal law or regulation that limits individual providers' 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, 2014.

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

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

**Tribal Assurance:**

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

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

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

**c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

**Response:** Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 11-06, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.