NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. Halbritter:

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

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

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

Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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.

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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.

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Hill:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Henry:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Patterson:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Wallace:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. Halftown:

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

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Lafrance:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Cook:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Chief Thompson:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Ms. Austin:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. Cuffee:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. Twoguns:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. Wheeler:

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

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Sincerely,

/s/

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. John Sr.:

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

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Sincerely,

/s/

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

March 4, 2019

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

Dear: Mr. Geboe:

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

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Sincerely,

/s/

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison
CMS Native American Contact

Regina Bryde
NYSDOH American Indian Health Program

SUMMARY
SPA #18-0042

This State Plan Amendment proposes to clarify rates of payment for LTC bed reservation.

DRAFT

PAYMENT FOR RESERVED BEDS IN MEDICAL INSTITUTIONS

LIMITATIONS

A. RESERVED BEDS DURING LEAVES OF ABSENCE (Defined to mean overnight absences including visits with relatives/friends, or leaves to participate in medically acceptable therapeutic or rehabilitative plans of care).

When patient's/resident's plan of care provides for leaves of absence:

General Hospital Patients
Eligibility restricted to patients receiving care in certified psychiatric or rehabilitation units, without consideration of any vacancy rate. A psychiatric patient must be institutionalized for 15 days during a current spell of illness; a rehabilitation patient must be institutionalized for 30 days. Leaves must be for therapeutic reasons only and carry a general limitation of no more than 18 days in any 12 month period, and 2 days per any single absence. Broader special limits are possible when physicians can justify them, subject to prior approval.

Nursing Facility (NF) Patients
A reserved bed day is a day for which a governmental agency pays a residential health care facility to reserve a bed for a person eligible for medical assistance while he or she is temporarily hospitalized or on leave of absence from the facility. All such reserve bed days during leaves of absences [shall] will be pursuant to the residents' plan of care.

All recipients are eligible after 30 days in the facility, subject to a facility vacancy rate, on the first day of the patient's/resident's absence of no more than 5%.

Effective July 1, 2012, for reserved bed days provided on behalf of persons 21 years of age or older:

(i) payments for reserved bed days related to hospitalization will be made at 50% of the Medicaid rate, and payments for reserved bed days related to non-hospitalization leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person;

(ii) payment to a facility for reserved bed days provided for such person for hospitalizations and therapeutic leave that is consistent with a plan of care ordered by the patient's treating health care professional for visits to a health care professional that is expected to improve the patients' physical condition or quality of life may not exceed 14 days in any 12-month period; and

(iii) payment to a facility for reserved bed days for patients on leave for purposes other than hospitalization or eligible therapeutic leave may not exceed 10 days in any 12-month period.

(iv) Broader special limits are possible when physicians can justify them, subject to prior approval.

The above payment methodology will sunset effective December 31, 2018.

[Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

In computing reserved bed days, the day of discharge from the residential health care facility shall be counted, but not day of readmission.]

DRAFT

New York
Page 1.1

Effective January 1, 2019, for reserved bed days provided on behalf of persons 21 years of age or older:

(i) payments for reserved bed days for patients on hospice will be made at 50% of the Medicaid rate otherwise payable to the facility for the services provided to such person.

(a) payment to a facility for reserved bed days provided on behalf of such person for leaves of absences may not exceed 14 days in any 12 – month period.

(ii) payments for reserved bed days related to therapeutic leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person.

(a) payment to a facility for reserved bed days provided on behalf of such person for therapeutic leaves of absences may not exceed 10 days in any 12-month period.

Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

In computing reserved bed days, the day of discharge from the residential health care facility will be counted, but not day of readmission.

DRAFT

New York
110(d)(30)

Per Diem Reduction to all qualified facilities effective April 1, 2016.

(a) Qualified facilities are residential health care facilities other than those facilities or units within facilities that provide extensive nursing, medical, psychological and counseling support services solely to children.

(b) Effective January 1, 2013, all qualified residential health care facilities will be subject to a per diem adjustment that is calculated to reduce Medicaid payments by $24 million for the period January 1, 2013 through March 31, 2013.

Effective April 1, 2013, all qualified residential health care facilities will be subject to a per diem adjustment that is calculated to reduce Medicaid payments by $19 million for each state fiscal year beginning April 1, 2013.

(c) An interim per diem adjustment for each facility will be calculated as follows:

(1) For each such facility, facility Medicaid revenues, calculated by multiplying each facility's promulgated rate in effect for such period by reported Medicaid days as reported in a facility's most recently available cost report, will be divided by total Medicaid revenues of all qualified facilities. The result will be multiplied by the amount of savings identified above for each such fiscal year, and divided by each facility's most recently reported Medicaid days.

[(2) Following the close of each fiscal year, the interim per diem adjustment effective January 1, 2013 through March 31, 2013, and April 1, 2013 through March 31, 2014 and in each state fiscal year thereafter will be reconciled using actual Medicaid claims data to determine the actual combined savings from the per diem adjustment and from the reduction in the payment for reserve bed days for hospitalizations from 95% to 50% of the Medicaid rate for such fiscal year. To the extent that such interim savings is greater than or less than $40 million, the per diem adjustment for each eligible provider in effect during such prior fiscal year will be adjusted proportionately such that $40 million in savings is achieved.]

DRAFT

MISCELLANEOUS
NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE
Department of Health

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

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

Long Term Care Services

The following is a clarification to the May 10, 2017 noticed provision which limits bed hold days to therapeutic leaves of absences. In addition, a per diem adjustment to reduce Medicaid payments to residential health care facilities other than those facilities or units within facilities that provide extensive nursing, medical, psychological and counseling support services solely to children. The decrease in gross Medicaid expenditures changed.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2018/2019 and 2019/2020 is now $33 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE
Department of State
Notice of Review of Request for Brownfield Opportunity Area Conformance Determination

Project: Canal Plaza

Location: North Chenango River Corridor BOA, City of Binghamton, Broome County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the North Chenango River Corridor Brownfield Opportunity Area, in the City of Binghamton, on September 30, 2015. The designation of the North Chenango River Corridor Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

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

On January 4th, 2019, Binghamton Northside Limited Partnership submitted a request for the Secretary of State to determine whether the Canal Plaza mixed-use development, which will be located within the designated North Chenango River Corridor Brownfield Opportunity Area, conforms to the goals and priorities identified in the Nomination that was prepared for the designated North Chenango River Corridor Brownfield Opportunity Area.

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

Comments must be submitted no later than March 22, 2019, either by mail to: Julie Sweet, Department of State, Office of Planning and Development, 44 Hawley St., Rm. 1507, Binghamton, NY 13901 or by email to: julie.sweet@dos.ny.gov

SUMMARY
SPA #19-0001

This State Plan Amendment proposes to extend the uninsured units methodology for the distribution of indigent care pool funds so that no facility shall experience a reduction in indigent care pool payments for calendar year 2019 greater than seventeen and a half percent.

DRAFT

New York
161(d)

Indigent Care Pool Reform – effective January 1, 2013

The provisions of this section will be effective for the period January 1, 2013 through December 31, [2018] 2019.

(a) Indigent Care Pool Reform Methodology. Each hospital's uncompensated care nominal need will be calculated in accordance with the following:

1. **Inpatient Uncompensated Care.** Inpatient units of service for uninsured (self-pay and charity) patients, as reported in Exhibit 32 of the Institutional Cost Report (ICR) for the calendar year two years prior to the distribution year for each inpatient service area which has a distinct reimbursement rate, excluding hospital-based residential health care facility (RHCF) and hospice units of service, will be multiplied by the applicable Medicaid inpatient rates in effect for January 1 of the distribution year.

   Medicaid inpatient rates for acute and psychiatric services will be the statewide base price adjusted for hospital-specific factors including an average case mix adjustment plus all rate add-ons except the public goods surcharge. Medicaid inpatient rates for all other inpatient services will be the per diem rate, excluding the public goods surcharge add-on. Units of service for acute care services will be uninsured patient discharges; units of service for all other inpatient services will be uninsured patient days, not including alternate level of care (ALC) days.

2. **Outpatient Uncompensated Care.** Outpatient units of service for those uninsured (self-pay and charity) patients reported in Exhibit 33 of the ICR for the calendar year two years prior to the distribution year, excluding referred ambulatory services and home health units of service, will be multiplied by the average paid Medicaid outpatient rates that reflect the exclusive utilization of the ambulatory patient groups (APG) rate-setting methodology; however, for those services for which APG rates are not available the applicable Medicaid rate in effect for January 1 of the distribution year will be utilized. The outpatient rates used are exclusive of the public goods surcharge.

   Units of service for ambulatory surgery services will be uninsured procedures, not including those which result in inpatient admissions; units of service for all other outpatient services will be uninsured visits, not including those which result in inpatient admissions.

DRAFT

New York
161(h)

3. **Transition Pool.** A [six] seven-year transition pool utilizing a floor/ceiling model has been established to help hospitals avoid large funding swings. The transition pool funding will be generated through a redistribution of dollars from those hospitals which experience an increase in distributions using the new Indigent Care Reform Methodology to those that experience a decrease. Transition amounts will be determined based on a comparison of the distributions for the applicable calendar year 2013 through [2018] 2019 to an average of the annual distributions for the three year period January 1, 2010 through December 31, 2012.

   A separate transition pool will be established for major government general hospitals and voluntary general hospitals. Individual hospital gains and losses in each pool will be capped by means of the following transition adjustments.

   a. Distribution Amount. A hospital's distribution will be determined by means of a comparison between their allocation as calculated in accordance with the Indigent Care Reform Methodology described in section (a)(1) through (a)(7), the Floor Amount in 3(c) below, and the Ceiling Amount in 3(d) below. If the Indigent Care Reform Methodology allocation is:
      i. less than or equal to the Floor Amount, the hospital will receive the Floor Amount.
      ii. greater than or equal to the Ceiling Amount, the hospital will receive the Ceiling Amount.
      iii. greater than the Floor Amount but less than the Ceiling Amount, the hospital will receive the Indigent Care Reform Methodology allocation payment.

   b. Separate uniform Floor percentages and uniform Ceiling percentages are calculated for each of the major governmental and voluntary pools.

   c. The Floor Amount For each hospital is equal to the average payment received in the three year period between 1/1/10 and 12/31/12 multiplied by the Floor Percentage for its respective pool. The Floor percentage is:
      i. 97.5% for 2013
      ii. 95.0% for 2014
      iii. 92.5% for 2015
      iv. 90.0% for 2016
      v. 87.5% for 2017
      vi. 85.0% for 2018
      vii. 82.5% for 2019

   d. The Ceiling Amount for each hospital is equal to the average payment received in the three year period between 1/1/10 and 12/31/12 multiplied by the Ceiling Percentage for its respective pool. The ceiling percentage is calculated using an iterative process to obtain the unique percentage value such that:
      i. The total payments to all providers in each pool equals the amount of the respective pool in subdivision (b)(1) or (b)(2) and
      ii. The individual hospital payments will comply with the requirements described in paragraphs 3(a) through (c) above

   e. For 2014 through [2018] 2019, these amounts will be further adjusted to carve out amounts used to fund the Financial Assistance Compliance Pool payments in paragraph 6.

DRAFT

New York
161(j)

4. **Voluntary UPL Payment Reductions.** The distributions in this section will be reduced by the final payment amounts paid to the eligible voluntary general hospitals, excluding government general hospitals, made in accordance with the Voluntary Supplemental Inpatient Payments section.

5. **DSH Payment Limits.** The distributions in this section are subject to the provisions of the Disproportionate share limitations section.

6. **Financial Assistance Compliance Pool.** For calendar year 2014 through [2018] 2019, an amount equivalent to one percent of total DSH funds will be segregated into the Financial Assistance Compliance Pool (FACP) and allocated to all hospitals which prior to December 31, 2015 demonstrate substantial compliance with §2807-k(5-d)(b)(iv) of the Public Health Law (New York State Financial Aid Law) as in effect on January 1, 2013. There will be separate pool amounts for major governmental and voluntary hospitals.

   The DSH funds in the FACP will be proportionately allocated to all compliant hospitals using the Indigent Care Reform Methodology described in subparagraph (3)(a) of this section. Compliance will be on a pass/fail basis. When a hospital is deemed compliant, one hundred percent of its share of the FACP funds will be released; there will be no partial payment for partial compliance. Any unallocated funds resulting from hospitals being non-compliant will be proportionally reallocated to compliant hospitals in each respective group based on their relative share of the distributions calculated in subparagraph (3)(a).

DRAFT

MISCELLANEOUS
NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with 2807-k (5-d). The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019 indigent care pool payments will be made using an uninsured unit's methodology. For the period January 1, 2019 through December 31, 2019, each hospital's uncompensated care need amount will be determined as follows:

• Inpatient units of service for the cost report period two years prior to the distribution year (excluding hospital-based residential health care facility (RHCF) and hospice) will be multiplied by the average applicable Medicaid inpatient rate in effect for January 1 of the distribution year;

• Outpatient units of service for the cost report period two years prior to the distribution year (excluding referred ambulatory and home health) will be multiplied by the average applicable Medicaid outpatient rate in effect for January 1 of the distribution year;

• Inpatient and outpatient uncompensated care amounts will then be summed and adjusted by a statewide adjustment factor and reduced by cash payments received from uninsured patients; and

• Uncompensated care nominal need will be based on a weighted blend of the net adjusted uncompensated care and the Medicaid inpatient utilization rate. The result will be used to proportionally allocate and make Medicaid disproportionate share hospital (DSH) payments in the following amounts:

• $139.4 million to major public general hospitals, including hospitals operated by public benefit corporations; and

• $994.9 million to general hospitals, other than major public general hospitals.

• There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for state fiscal year 2019/2020.

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

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

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

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

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

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

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

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

PUBLIC NOTICE
Department of Health

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

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

Non-Institutional Services

The Commissioner of Health will amend the State Plan for the New York State Health Home Program as follows:

• Effective on or after October 1, 2018, reduce the Health Home per member per month (pmpm) "outreach" payment for all members (adults and children) in the case finding group from $110 pmpm to a rate of no less than $50 pmpm.

• Eliminate the September 30, 2018 expiration date related to the per member, per month Health Home rates for children.

• Establish a rate adjustment for dates of service beginning on or

after June 1, 2018 and ending no later than March 31, 2019, for Health Homes that are designated to serve children only, or for a Health Home that is designated to serve children in 44 counties and adults in one, in an amount that does not exceed $4 million.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018-19 is $25 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services for coverage and reimbursement for Medicaid preventive services. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2019, the Medicaid State Plan will be amended to establish and authorize payment for Preventive Residential Treatment (PRT) services. This State plan amendment replaces the former Voluntary Foster Care per diem reimbursement. The July 1, 2019 effective date for the PRT services coincides with the transition of the foster care population to managed care under the State's proposed children's 1115 Waiver amendment. The PRT services will reimburse providers for Medicaid services that Managed Care Plans will otherwise not contract for (e.g., nursing staff). PRT will provide community-based preventive residential supports under the supervision and oversight of a practitioner of the healing arts including Psychiatrist, Physician, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, or Licensed Psychologist. Skill building, nursing supports and medication management, Medicaid Service Coordination, and Medicaid Treatment Planning and discharge planning.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019-2020 is $7.5 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State
F-2017-1156
Date of Issuance – May 23, 2018

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at http://www.dos.ny.gov/opd/programs/ pdfs/Consistency/F-2017-1156RJMarineShorelineStabilization.pdf

In F-2017-1156, or the "RJ Marine Associates Shoreline Stabilization", the applicant – Augusta Withington – is proposing to install a steel sheet pile face sea wall with tie backs. The proposed seawall will be 7 feet in height from the river bottom and 65 feet in length. The proposed sea wall will have a 6 inch to 8 inch concrete cap. In addition, the applicant proposes to backfill behind the proposed sea wall. The project is located at 690 Riverside Drive in the Village of Clayton, Jefferson County, New York on the St. Lawrence River. The stated purpose of the project is to "prevent flooding and erosion".

Any interested parties and/or agencies desiring to express their views concerning 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, June 7, 2018.

Comments should be addressed to the Consistency Review Unit, Department of State, 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

SUMMARY
SPA #19-0004

This State Plan Amendment proposes to comply with Governor Cuomo's directive to establish a pilot program for reimbursement of services provided by doulas in specific geographical areas in New York State that have the highest prevalence of maternal and infant mortality rates in New York State. Enrolling doulas will require a certification (proof of core competency level of expertise) prior to Medicaid enrollment. Certification requirements will be determined by the Office of Health Insurance Programs.

DRAFT

New York
12

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Physician's assistants.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

30. Registered Nurses.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided

a. Lactation counseling services.

☒ Provided: ☒ No limitations ☐ With limitations* ☐ Not provided

31. Doula services.

Doulas are trained childbirth professionals, approved by the Commissioner of the Department of Health, who provide non-medical physical, emotional, and informational support to Medicaid members and their families in Brooklyn and Buffalo, before, during, and after birth.

DRAFT

* Description provided on attachment.

New York
11(a)

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

☒ Provided: ☒ No limitations ☐ With limitations ☐ None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

☒ Provided: ☒ No limitations ☐ With limitations (please describe below)
☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:
☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☐ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

29. <u>Doula services.</u>

<u>Doulas are trained childbirth professionals, approved by the Commissioner of the Department of Health, who provide non-medical physical, emotional, and informational support to Medicaid members and their families in Brooklyn and Buffalo, before, during, and after birth.</u>

DRAFT

New York
2(x)

Lactation Consultation Services

Effective September 1, 2012, reimbursement will be provided to free-standing clinics and hospital outpatient departments for breastfeeding health education and counseling services based upon the Ambulatory Patient Group (APG) reimbursement methodology. Date of implementation will occur on the first day of the month following 30 days after Federal approval of this provision of the State Plan. Procedure codes (S9445 and S9446) have been added to the fee schedules and the APG payment methodology.

Doula Services

Effective March 1, 2019, reimbursement will be provided to enrolled Doulas for non-medical physical, emotional, and informational support to Medicaid members and their families in Brooklyn and Buffalo, before, during, and after birth based on fees established by the Department of Health.

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 2019 will be conducted on January 9 and January 10 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. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2019, the State will implement a pilot program to cover doula services, as part of a larger State initiative to target maternal morbidity and reduce racial disparities in health outcomes for pregnant women. A doula is a trained childbirth coach who provides non-medical physical, emotional, and informational support to clients before, during, and after birth.

Doulas will provide support during labor and birth, along with prenatal and postpartum visits. Services will include up to 3 prenatal, 4 postpartum visits, and support during the labor and delivery process. During the pilot program, payment for services rendered will be limited to a subset of zip codes in Brooklyn (Kings County) and Buffalo (Erie County) that have the highest prevalence of maternal and infant mortality rates in New York State (as per NYS' Bureau of Vital Statistics).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $3,822,705.00.

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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology on and after January 1, 2019. The following changes are proposed:

The Ambulatory Patient Group (APG) reimbursement methodology is extended for the period January 1, 2019 through December 31, 2019. Such methodology is revised to include recalculated weight and component updates that will become effective on and after January 1, 2019.

The estimated annual net aggregate increase in gross Medicaid

SUMMARY
SPA #19-0006

This State Plan Amendment proposes that on January 1, 2019 Medicaid qualified personal care providers in Federally Designated Frontier and Remote (FAR) areas of New York State will share in a rate enhancement in accordance with Chapter 57 of the Laws of NYS 2018 Part B Subsection 9.

Draft

New York
6(a)(7)

Effective April 1, 2018 Medicaid qualified personal care providers in Federally Designated Frontier and Remote (FAR) areas of New York State will be eligible for a rate adjustment to address loses between the amount the provider pays for Level II, Nursing Assessment and Nursing Supervision and the Medicaid reimbursement for these services.

The FAR areas are determined by the US Department of Agriculture Economic Research Service and are based on zip codes and use population and urban-rural data from the 2010 U.S. Census.

Eligibility

Eligibility is based on the provider experiencing a combined loss in the Medicaid Personal Care Level II, Nursing Supervision and Nursing Assessment services as identified using the most recent complete calendar year cost reports for providers in the FAR regions.

Methodology

- A difference will be calculated between actual cost and current rates paid for the sum of Level II, Nursing Assessment and Nursing Supervisor using the Cost Report data.
- Each provider's loss is divided by the sum of all eligible losses to establish a percentage of loss for each provide.
- This percentage of loss is used to allocate the available funds to qualifying FAR Personal Care providers.
- The allocation of funds is divided by the sum of Level II hours, Nursing Supervision visits, and Nursing Assessment visits, by providers in the FAR region using the most recent completed calendar year cost report to establish a rate add-on for the provider. This add-on is added to the current rates of Level II, Nursing Assessment and Nursing Supervision.

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
Division of Criminal Justice Services
Law Enforcement Agency Accreditation Council

Pursuant to Public Officers Law § 104, the Division of Criminal Justice Services gives notice of a rescheduled meeting of the Law Enforcement Agency Accreditation Council to be held on:

Date: Monday, April 2, 2018
Time: 1:00 p.m.
Place: Division of Criminal Justice Services
Alfred E. Smith Office Bldg.
80 S. Swan St.
CrimeStat Rm. (Rm. 118)
Albany, NY 12210

Identification and sign-in are required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, please contact*: Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, (518) 457-2667

Live Webcast will be available as soon as the meeting commences at: http://www.criminaljustice.ny.gov/pio/openmeetings.htm

PUBLIC NOTICE
Division of Criminal Justice Services
Municipal Police Training Council

Pursuant to Public Officers Law § 104, the Division of Criminal Justice Services gives notice of a rescheduled meeting of the Municipal Police Training Council to be held on:

Date: Friday, March 30, 2018 (tentative)
Time: 9:30 a.m.
Place: Division of Criminal Justice Services
Alfred E. Smith Office Bldg.
80 S. Swan St.
CrimeStat Rm. (Rm. 118)
Albany, NY 12210

Identification and sign-in are required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, please contact*: Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, (518) 457-2667

Live Webcast will be available as soon as the meeting commences at: http://www.criminaljustice.ny.gov/pio/openmeetings.htm

PUBLIC NOTICE
Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2018, this initiative proposes to eliminate the supplemental medical assistance payments of $6 million annually made to providers of emergency medical transportation.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $6 million.

Effective on or after April 1, 2018, the professional dispensing fee for brand name, generic, and OTC covered outpatient drugs will be updated to $10.08, to align with current costs.

The estimated annual aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2018/2019 is $795,531.

Effective on and after October 1, 2018, Medicaid will cover ABAs. ABAs are State Education Department (SED) licensed practitioners who provide intensive treatment for persons diagnosed with autism spectrum disorder using applied behavioral analysis treatment modalities. These services and practitioners are currently covered by Early Intervention (EI), Child Health Plus (CHIP), and all major commercial payers. The Medicaid Program does not currently recognize or reimburse ABA's, which results in a break in coverage for those children who age out of the EI program.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $12.1 million.

Effective on and after July 1, 2018, the physical therapy cap under both fee-for-service and mainstream managed care will be increased from 20 visits to 40 visits per member in a 12-month period. The following populations are exempt from the 40-visit limitation: children (0-21 years of age); individuals with developmental disabilities; Medicare/Medicaid dually eligible individuals when the service is

covered by Medicare; and individuals with a traumatic brain injury. Revision of the physical therapy cap will provide members an opportunity to obtain additional rehabilitation therapy to treat low back pain as well as other physical conditions which will help reduce the need for opioid treatment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $4.6 million.

Effective on and after April 1, 2018, Medicaid will begin covering Centers for Disease Control (CDC) certified National Diabetes Prevention Program (NDPP). The NDPP is a CDC recognized educational and support program designed to assist at-risk individuals from developing Type 2 diabetes. The program focuses on lifestyle interventions and the long-term effects of diet and exercise. These intense interventions demonstrate a greater influence on the reduction in diabetes risk, return to normoglycemia, and weight loss than less intense programs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.03 million.

Effective on or after April 1, 2018, the Early Intervention Program reimbursement methodology for the targeted case management (service coordination) services will be revised from an hourly rate billed in fifteen-minute units to two separate categories of fixed rates for initial case management services and one per member per month fixed rate for ongoing case management services. These rates are being revised to create administrative efficiencies for billing providers and adjust for administrative activities assumed by providers in direct billing to third party payers through a state fiscal agent established April 1, 2013. These revisions will make the State Plan content and format consistent with Medicaid requirements for case management.

Initial service coordination services not followed by an Individualized Family Service Plan meeting will have a minimum base of two hours with no cap; those followed by an Individualized Family Service Plan meeting will have a minimum base of three hours with no cap. Ongoing service coordination services will have a minimum base of 1.25 hours per month. Rates for case management will be set prospectively and will cover labor, administrative overhead, general operating and capital costs, and regional cost differences.

There is no additional estimated annual change to gross Medicaid expenditures as a result of the proposed amendments.

Effective on or after April 1, 2018, this proposal is to establish a ten percent rate increase to the Hospice Residence rates, set a benchmark rate and include specialty rates in the weighted average rate calculation. The proposal would increase Medicaid Hospice Residence rates to help cover current costs and avoid closure of Hospice Residence programs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.7 million.

Effective on or after April 1, 2018, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of $339 million annually.

For state fiscal year beginning April 1, 2018 through March 31, 2019, continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to $287 million annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

For the state fiscal year beginning April 1, 2018 through March 31, 2019, continues upon the election of the social services district in which an eligible diagnostic and treatment center (DTC) is physically located, up to $12.6 million in additional annual Medicaid payments may be paid to public DTCs operated by the New York City Health and Hospitals Corporation. Such payments will be based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible DTCs.

For the state fiscal year beginning April 1, 2018 through March 31, 2019, continues up to $5.4 million in additional annual Medicaid payments may be paid to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

Effective on or after April 1, 2018, The Department of Health proposes to amend the Public Health Law § 3001, create new Public Health Law § § 2805-z and 3001-a, and amend the Social Services Law § 365-a to permit health care providers to collaborate on community paramedicine programs that allow emergency medical personnel to provide care within their certification, training and experience in residential settings.

The annual increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $2.3 million.

Institutional Services

Effective on or after April 1, 2018, the commissioner shall convene a temporary workgroup comprised of representatives of hospitals and residential nursing facilities, as well as representatives from the department, to develop recommendations for streamlining the capital reimbursement methodology to achieve a one-percent reduction in capital expenditures to hospitals and residential nursing facilities, including associated specialty and adult day health care units. Pending the development of the workgroup's recommendations and the implementation of any such recommendations accepted by the commissioner, the commissioner shall be authorized to reduce the overall amount of capital reimbursement as necessary to achieve a one-percent reduction in capital expenditures beginning with State fiscal year 2018/2019.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $13.4 million.

Effective on or after April 1, 2018, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of $339 million annually.

For the state fiscal year beginning April 1, 2018 through March 31, 2019, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to $1.08 billion annually based on criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

Effective on or after April 1, 2018, payments to hospitals that meet the criteria as an enhanced safety net hospital, the criteria is as follows: In any of the previous three calendar years has had not less than fifty percent of the patients it treats receive Medicaid or are medically uninsured; not less than forty percent of its inpatient discharges are covered by Medicaid; twenty-five percent or less of its discharged patients are commercially insured; not less than three percent of the

patients it provides services to are attributed to the care of uninsured patients; provides care to uninsured patients in its emergency room, hospital based clinics and community based clinics, including the provision of important community services, such as dental care and prenatal care.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is $20 million.

Effective on or after April 1, 2018, payments to Critical Access Hospitals, Safety Net Hospitals, and Sole Community Hospitals will be based on criteria as determined by the Commissioner of Health.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $40 million.

Long Term Care Services

Effective on or after April 1, 2018, continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to $500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2016 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

The overall combined estimated annual net aggregate increase in gross Medicaid expenditures attributable to the extension of all upper payment limit (UPL) payments for state fiscal year 2018/2019 in $2.5 billion.

Effective on or after April 1, 2018, the Commissioner shall convene with New York State Nursing Home Associations and other industry experts alongside representatives from the New York State Health Department, to revise the current Case Mix collection process in an effort to promote a higher degree of accuracy in the case mix data which would result in a reduction of audit findings. Pending the development and implementation of the revised process, the commissioner shall be authorized to reduce the overall amount of case mix reimbursement as is necessary to achieve savings.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $15 million.

Effective on or after April 1, 2018 this proposes legislation to authorize the department to conduct a study of Home and Community Based Services in rural areas of the state. This study will include a review and analysis of factors including but not limited to transportation costs, costs of direct care personnel including home health aides, personal care attendants and other direct service personnel, and opportunities for telehealth and/ or technological advances to improve efficiencies.

The Legislation would also authorize the department to provide a targeted, Medicaid rate enhancement if supported by the study, for fee for service personal care.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $3 million.

The following is a clarification for the partial restoration of the two percent annual uniform reduction of Medicaid payments which was originally noticed on March 26, 2014. Effective on or after April 1, 2018, supplemental payments will be made to all RHCF Nursing Homes for the value of SFY 2014/15, 2015/16, 2016/17 and 2017/18 beginning SFY 2018/19 and will be paid out at $70 million each year over four years. Additional supplemental payments will be made each year beginning in SFY 2018/19 in the amount of $70 million.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $140,000,000.

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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional care related to temporary rate adjustments to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of the New York Public Health Law. The following changes are proposed:

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

- Strong Memorial Hospital

The aggregate payment amounts total up to $4,163,227 for the period April 1, 2018 through March 31, 2019.

The aggregate payment amounts total up to $4,594,780 for the period April 1, 2019 through March 31, 2020.

The aggregate payment amounts total up to $4,370,030 for the period April 1, 2020 through March 31, 2021.

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

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

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

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

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

SUMMARY
SPA #19-0009

This State Plan Amendment proposes to revise Medically Needy Income Levels for 2019.

DRAFT

CMS-10434 OMB 0938-1188

Package Information

Package ID NY2019MS0002D
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 | NY2019MS0002D

Package Header

Package ID NY2019MS0002D
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

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

Package Header

Package ID NY2019MS0002D
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 This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2019. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	$6601668
Second	2020	$8802225

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
FMG Fiscal Doc (19-0009) (2-12-19)	2/12/2019 11:58 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

Package Header

Package ID NY2019MS0002D
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

DRAFT

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

CMS-10434 OMB 0938-1188

The submission includes the following:

- [ ] Administration
- [x] Eligibility
  - [x] Income/Resource Methodologies
    - [x] Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

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

  - [ ] MAGI-Based Methodologies

☑ Non-MAGI Methodologies

Reviewable Unit Name	Included in Another Submission Package	Source Type
Non-MAGI Methodologies	◯	NEW

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

☑ Income/Resource Standards

☐ AFDC Income Standards

☑ Medically Needy Income Level

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

☑ Handling of Excess Income (Spenddown)

DRAFT

	Included in Another Submission Package	
Handling of Excess Income (Spenddown)	○	NEW

☑ Medically Needy Resource Level

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

☑ Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Mandatory Eligibility Groups	○	CONVERTED

☑ Optional Eligibility Groups

DRAFT

Reviewa	In	Source

Optional Eligibility Groups	○	CONVERTED

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

DRAFT

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

Package Header

Package ID NY2019MS0002D
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 | NY2019MS0002D

Package Header

Package ID NY2019MS0002D
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

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

Package Header

Package ID	NY2019MS0002D	**SPA ID**	N/A
Submission Type	Draft	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	18-0006		
	User-Entered		

A. Income Level Used

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

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

- ○ Yes
- ◉ No

3. The level used is:

Household size	Standard
1	$10300.00
2	$15200.00
3	$17480.00
4	$19760.00
5	$22040.00
6	$24320.00
7	$26600.00
8	$28880.00
9	$31160.00
10	$33440.00

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

- ◉ Yes
- ○ No

Incremental Amount:

$2280.00

The dollar amounts increase automatically each year

- ○ Yes
- ◉ No

DRAFT

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

Package Header

Package ID	NY2019MS0002D	**SPA ID**	N/A
Submission Type	Draft	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	18-0006		
	User-Entered		

B. Basis for Income Level

1. Minimum Income Level

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

2. Maximum Income Level

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

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2019MS0002D

Package Header

Package ID	NY2019MS0002D	**SPA ID**	N/A
Submission Type	Draft	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	18-0006		
	User-Entered		

C. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 2/12/2019 11:59 AM EST

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SUMMARY
SPA #19-0010

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) methodology for freestanding clinic and ambulatory surgery center services for the effective period January 1, 2019 through December 31, 2019, and revise the APG methodology to reflect the recalculated weights with component updates to become effective January 1, 2019.

DRAFT

New York
2(g)(1)

APG Reimbursement Methodology – Freestanding Clinics

For the purposes of sections pertaining to the Ambulatory Patient Group, and excepted as otherwise noted, the term freestanding clinics shall mean freestanding Diagnostic and Treatment Centers (D&TCs) and shall include freestanding ambulatory surgery centers.

For dates of service beginning September 1, 2009 through December 31, [2018] 2019, for freestanding Diagnostic and Treatment Center (D&TC) and ambulatory surgery center services, the operating component of rates shall be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates shall be made as an add-on to the operating component as described in the APG Rate Computation section.

The Ambulatory Patient Group patient classification system is designed to explain the amount and type of resources used in an ambulatory visit by grouping patients with similar clinical characteristics and similar resource use into a specific APG. Each procedure code associated with a patient visit is assigned to an APG using the grouping logic developed by 3M Health Information Systems (3M). When evaluation and management codes are coded, the APG grouping logic also uses the diagnosis code to make the APG assignment. Ultimately, the procedures and diagnoses coded for a patient visit will result in a list of APGs that correspond on a one-for-one basis with each procedure coded for the visit.

DRAFT

New York
2(g)(2)

APG Reimbursement Methodology – Freestanding Clinics

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk*:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "3M Versions and Crosswalks," then on "3M APG Crosswalk" toward bottom of page, and finally on "Accept" at bottom of page.

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

APG Consolidation Logic; logic is from version 3.13.18.1, updated as of 01/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2018"

APG 3M Definitions Manual; version [3.13] 3.14 updated as of [07/01/18 and 10/01/18] 01/01/19 and 04/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "3M Versions and Crosswalk."

APG Investments by Rate Period; updated as of 07/01/10:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of [07/01/18] 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

Associated Ancillaries; updated as of 07/01/15:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

*Older 3M APG crosswalk versions available upon request.

DRAFT

New York
2(g)(3)

Carve-outs; updated as of 10/01/12. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

If Stand Alone, Do Not Pay APGs; updated 01/01/15:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

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

Modifiers; updated as of 07/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of [07/01/17] 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of 07/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of 04/01/10:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of 01/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No-Blend Procedures."

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

DRAFT

New York
2(g)(3.1)

No Capital Add-on Procedures; updated as of 07/01/17:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on Procedures."

Non-50% Discounting APG List; updated as of 07/01/17:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Non-50% Discounting APG List."

Rate Codes Carved Out of APGs; updated as of 01/01/15:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

Rate Codes Subsumed by APGs; updated as of 01/01/11 and 07/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Subsumed by APGs – Freestanding Article 28."

Statewide Base Rate APGs; updated as of [01/01/14] <u>01/01/19</u>:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Statewide Base Rate APGs."

Packaged Ancillaries in APGs; updated as of [01/01/12] <u>01/01/19</u>:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Packaged Ancillaries in APGs."

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 2019 will be conducted on January 9 and January 10 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. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2019, the State will implement a pilot program to cover doula services, as part of a larger State initiative to target maternal morbidity and reduce racial disparities in health outcomes for pregnant women. A doula is a trained childbirth coach who provides non-medical physical, emotional, and informational support to clients before, during, and after birth.

Doulas will provide support during labor and birth, along with prenatal and postpartum visits. Services will include up to 3 prenatal, 4 postpartum visits, and support during the labor and delivery process. During the pilot program, payment for services rendered will be limited to a subset of zip codes in Brooklyn (Kings County) and Buffalo (Erie County) that have the highest prevalence of maternal and infant mortality rates in New York State (as per NYS' Bureau of Vital Statistics).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $3,822,705.00.

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

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

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Long Island City, New York 11101

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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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology on and after January 1, 2019. The following changes are proposed:

The Ambulatory Patient Group (APG) reimbursement methodology is extended for the period January 1, 2019 through December 31, 2019. Such methodology is revised to include recalculated weight and component updates that will become effective on and after January 1, 2019.

The estimated annual net aggregate increase in gross Medicaid

expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is $1,908,000.

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

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PUBLIC NOTICE

Department of Health

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

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

Long Term Care Services

Effective on and after January 1, 2019, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2019/2020.

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 and Office for People With Developmental Disabilities (OPWDD), hereby give public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to make New York, Systemic, Therapeutic Assessment, Resources and Treatment (NYSTART) available as a Medicaid State Plan service. This action is being taken based on (OPWDD)'s statutory responsibility to provide and encourage the provision of appropriate programs, supports, and services in the areas of care, treatment, habilitation, rehabilitation, and other education and training of persons with developmental disabilities (NYS Mental Hyg. Law § 13.07). OPWDD also has the authority to plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services for prevention, diagnosis, examination, care treatment, rehabilitation, training, and research for the benefit of individuals with developmental disabilities, to take all actions necessary, desirable, or proper to implement the purposes of the Mental Hygiene Law, and to carry out its purposes and objectives within available funding (Mental Hyg. Law § 13.15(a)).

The following changes are proposed:

Non-Institutional Services

NYSTART is a community-based program that provides crisis prevention and response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs, and will be available to those individuals, their families and others in the community who provide support, effective on or after Jan 1, 2019. NYSTART uses a person-centered, positive, evidence-informed approach to help individuals, families, caregivers, agencies, and other providers.

NYSTART offers training, consultation and technical assistance on the use of positive behavioral supports services and other therapeutic tools. The program builds on existing resources by providing clinical assessments (including psychiatric, behavioral and medical), consultation, education and training, crisis response and therapeutic intervention. NYSTART services are available to individuals age 6 or over who have intellectual and developmental disabilities and present with behavioral and mental health concerns. An OPWDD eligibility determination is required to receive the full array of NYSTART services, including clinical team support, In Home stabilization supports and short term Resource Center (site-based) stabilization services. Services are provided based on clinical assessment and individual needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $22 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/

SUMMARY
SPA #19-0011

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) methodology for hospital-based clinic and ambulatory surgery services, including emergency room services for the effective period January 1, 2019 through December 31, 2019, and revise the APG methodology to reflect the recalculated weights with component updates to become effective January 1, 2019.

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New York
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No Capital Add-on APGs; updated as of 07/01/13:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

No Capital Add-on Procedures; updated as of 07/01/17:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on Procedures."

Non-50% Discounting APG List; updated as of 07/01/17:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Non-50% Discounting APG List."

Rate Codes Carved Out of APGs; updated as of 01/01/15:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

Rate Codes Subsumed by APGs; updated as of 10/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Rate Codes Subsumed by APGs – Hospital Article 28."

Statewide Base Rate APGs; updated as of [01/01/14] 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Statewide Base Rate APGs."

Packaged Ancillaries in APGs; updated as of [01/01/12] 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Packaged Ancillaries in APGs."

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Ambulatory Patient Group System: Hospital-Based Outpatient

For dates of service beginning December 1, 2008, for hospital outpatient clinic and ambulatory surgery services, and beginning January 1, 2009, for emergency department services, through December 31, [2018] 2019, the operating component of rates for hospital based outpatient services shall be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates shall be made as an add-on to the operating component as described in the APG Rate Computation section.

If a clinic is certified by the Office of People with Developmental Disabilities (OPWDD), reimbursement will be as specified in the OPWDD section of the State Plan.

The Ambulatory Patient Group patient classification system is designed to explain the amount and type of resources used in an ambulatory visit by grouping patients with similar clinical characteristics and similar resource use into a specific APG. Each procedure code associated with a patient visit is assigned to an APG using the grouping logic developed by 3M Health Information Systems. When evaluation and management codes are coded, the APG grouping logic also uses the diagnosis code to make the APG assignment. Ultimately, the procedures and diagnoses coded for a patient visit will result in a list of APGs that correspond on a one-for-one basis with each procedure coded for the visit.

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APG Reimbursement Methodology – Hospital Outpatient

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk, version [3.13] 3.14; updated as of [07/01/18 and 10/01/18] 01/01/19 and 04/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm
http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html Click on "Accept" at bottom of page to gain access.

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

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of 01/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2018"

APG 3M Definitions Manual Versions; updated as of [07/01/18 and 10/01/18] 01/01/19 and 04/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm

APG Investments by Rate Period; updated as of 01/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of [07/01/18] 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

Associated Ancillaries; updated as of 07/01/15:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

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New York
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Carve-outs; updated as of 10/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of 07/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

If Stand Alone, Do Not Pay APGs; updated as of 01/01/15:
http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

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

Modifiers; updated as of 07/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of [07/01/17] 01/01/19:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of 07/01/18:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of 04/01/10:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of 01/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend Procedures."

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MISCELLANEOUS
NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE
Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2019 will be conducted on January 9 and January 10 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. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2019, the State will implement a pilot program to cover doula services, as part of a larger State initiative to target maternal morbidity and reduce racial disparities in health outcomes for pregnant women. A doula is a trained childbirth coach who provides non-medical physical, emotional, and informational support to clients before, during, and after birth.

Doulas will provide support during labor and birth, along with prenatal and postpartum visits. Services will include up to 3 prenatal, 4 postpartum visits, and support during the labor and delivery process. During the pilot program, payment for services rendered will be limited to a subset of zip codes in Brooklyn (Kings County) and Buffalo (Erie County) that have the highest prevalence of maternal and infant mortality rates in New York State (as per NYS' Bureau of Vital Statistics).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $3,822,705.00.

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

Long Term Care Services

Effective on and after January 1, 2019, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2019/2020.

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 and Office for People With Developmental Disabilities (OPWDD), hereby give public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to make New York, Systemic, Therapeutic Assessment, Resources and Treatment (NYSTART) available as a Medicaid State Plan service. This action is being taken based on (OPWDD)'s statutory responsibility to provide and encourage the provision of appropriate programs, supports, and services in the areas of care, treatment, habilitation, rehabilitation, and other education and training of persons with developmental disabilities (NYS Mental Hyg. Law § 13.07). OPWDD also has the authority to plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services for prevention, diagnosis, examination, care treatment, rehabilitation, training, and research for the benefit of individuals with developmental disabilities, to take all actions necessary, desirable, or proper to implement the purposes of the Mental Hygiene Law, and to carry out its purposes and objectives within available funding (Mental Hyg. Law § 13.15(a)).

The following changes are proposed:

Non-Institutional Services

NYSTART is a community-based program that provides crisis prevention and response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs, and will be available to those individuals, their families and others in the community who provide support, effective on or after Jan 1, 2019. NYSTART uses a person-centered, positive, evidence-informed approach to help individuals, families, caregivers, agencies, and other providers.

NYSTART offers training, consultation and technical assistance on the use of positive behavioral supports services and other therapeutic tools. The program builds on existing resources by providing clinical assessments (including psychiatric, behavioral and medical), consultation, education and training, crisis response and therapeutic intervention. NYSTART services are available to individuals age 6 or over who have intellectual and developmental disabilities and present with behavioral and mental health concerns. An OPWDD eligibility determination is required to receive the full array of NYSTART services, including clinical team support, In Home stabilization supports and short term Resource Center (site-based) stabilization services. Services are provided based on clinical assessment and individual needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $22 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/

SUMMARY
SPA #19-0012

This State Plan Amendment proposes to maintain the quality incentive for nursing homes into the 2019 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 2019 quality adjustments.

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New York
110(d)(21)

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 2019, then the MDS year is 2018. For the [calendar year 2018] NHQI year, the Commissioner will calculate a score and quintile ranking based on data from the [2017 calendar year] MDS year (January 1[, 2017] of the MDS year through December 31[, 2017] of the MDS year), for each non-specialty facility. The score will be calculated based on measurement components comprised of Quality, 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 shall 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, Compliance, and Efficiency Measures.

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

8	Percent of Long Stay Antipsychotic Use in Persons with Dementia	Pharmacy Quality Alliance (PQA)
9	Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain (As Risk Adjusted by the Commissioner)	CMS
10	Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased	CMS
11	Percent of Long Stay Residents with a Urinary Tract Infection	CMS
12	Percent of Employees Vaccinated for Influenza	NYS DOH
13	Percent of Contract/Agency Staff Used	NYS DOH
14	Rate of Staffing Hours per Day	NYS DOH
	Compliance Measures	
15	CMS Five-Star Quality Rating for Health Inspections as of April 1[, 2018] of the NHQI year (By Region)	CMS
16	Timely Submission and Certification of Complete [2017] New York State Nursing Home Cost Report to the Commissioner for the MDS year	NYS DOH
17	Timely Submission of Employee Influenza Immunization Data for the September 1[, 2017] of the MDS year - March 31[, 2018] of the NHQI year Influenza Season by the deadline of May 1[, 2018] of the NHQI year	NYS DOH
	Efficiency Measure	
18	Rate of Potentially Avoidable Hospitalizations for Long Stay Residents January 1[, 2017] of the MDS year – December 31[, 2017] of the MDS year (As Risk Adjusted by the Commissioner)	NYS DOH

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The maximum points a facility may receive for the Quality Component is 70. The applicable percentages or ratings for each of the 14 measures will be determined for each facility. Two measures will be awarded points based on threshold values. The remaining 12 measures will be ranked and grouped by quintile with points awarded as follows:

Scoring for 12 Quality Measures	
Quintile	**Points**
1st Quintile	5
2nd Quintile	3
3rd Quintile	1
4th Quintile	0
5th Quintile	0

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

- 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.

New York
110(d)(22.2)

- Percent of Contract/Agency Staff Used (based on threshold)

The remaining 12 quality measures that are eligible for improvement points are listed below:

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

The grid below illustrates the method of awarding improvement points.

[2017] MDS year Performance						
[2018] NHQI year Performance	Quintiles	1 (best)	2	3	4	5
	1 (best)	5	5	5	5	5
	2	3	3	4	4	4
	3	1	1	1	2	2
	4	0	0	0	0	1
	5	0	0	0	0	0

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For example, if [2017] MDS year NHQI performance is in the third quintile, and [2018] NHQI year NHQI performance is in the second quintile, the facility will receive four points for the measure. This is three points for attaining the second quintile and one point for improvement from the previous year's third quintile.

Risk Adjustment of Quality Measures

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

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

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The maximum points a facility may receive for the Compliance Component is 20 points. Points shall 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 [2017] New York State Nursing Home Cost Report to the Commissioner <u>of the MDS year</u>	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 for the May 1[, 2018] <u>of the NHQI year</u> deadline (Facilities that fail to submit timely influenza data by the deadline will receive zero points)

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CMS Five-Star Quality Rating for Health Inspections
The CMS Five-Star Quality Rating for Health Inspections as of April 1[, 2018] <u>of the NHQI year</u> 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.

Electrolyte imbalance		E860, E861, E869, E870, E871, E872, E873, E874, E875, E876, E878
Congestive heart failure		I0981, I501, I5020, I5021, I5022, I5023, I5030, I5031, I5032, I5033, I5040, I5041, I5042, I5043, I509
Anemia		D500, D501, D508, D509, D510, D511, D513, D518, D520, D521, D528, D529, D530, D531, D532, D538, D539, D62, D638

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

The following rate [adjustments] payments, which will be applicable to the [2018 calendar year] NHQI Year, will be made to fund the NHQP and to make payments based upon the scores calculated from the NHQI as described above.

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

- For each such facility, Medicaid revenues, calculated by multiplying each facility's NHQI Year promulgated rate in effect for such period by reported Medicaid days, as reported in a facility's MDS Year [2017] cost report, will be divided by total Medicaid revenues of all non-specialty facilities. The result will be multiplied by the $50 million dollars, and divided by each facility's most recently reported Medicaid days as reported in a facility's cost report of the MDS Year. If a facility fails to submit a timely filed [2017] cost report in the MDS Year, the most recent cost report will be used.

- The total scores as calculated above for each such facility will be ranked and grouped by quintile. Each of the top three quintiles will be allocated a share of the $50 million NHQI and each such facility within such top three quintiles will receive a payment. Such payments will be paid as a [per diem adjustment] lump sum payment for the [2018] NHQI Year [calendar year]. Such shares and payments will be calculated as follows:

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Distribution of NHQP Payments			
Facilities Grouped by Quintile	**A Facility's Medicaid Revenue Multiplied by Award Factor**	**B Share of $50 Million [NHQI] NHQP Payments Allocated to Facility**	**[C Facility Per Diem Quality Payment]**
1st Quintile	Each facility's [2017] MDS Year Medicaid days multiplied by [2018] Medicaid Rate as of January 1[, 2018] of the NHQI Year = Total Medicaid Revenue multiplied by an award factor of 3	Each facility's column A Divided by Sum of [Total Medicaid Revenue for all facilities] Column A, Multiplied by $50 million	[Each facility's column B divided by the facility's 2017 Medicaid days]
2nd Quintile	Each facility's [2017] MDS Year Medicaid days multiplied by [2018] Medicaid Rate as of January 1[, 2018] of the NHQI Year = Total Medicaid Revenue multiplied by an award factor of 2.25	Each facility's column A Divided by Sum of [Total Medicaid Revenue for all facilities] Column A, Multiplied by $50 million	[Each facility's column B divided by the facility's [2017] Medicaid days]
3rd Quintile	Each facility's [2017] MDS Year Medicaid days multiplied by [2018] Medicaid Rate as of January 1[, 2018] of the NHQI Year = Total Medicaid Revenue multiplied by an award factor of 1.5	Each facility's column A Divided by Sum of [Total Medicaid Revenue for all facilities] Column A, Multiplied by $50 million	[Each facility's column B divided by the facility's 2017 Medicaid days]
Total	Sum of [Total Medicaid Revenue for all facilities] Column A	Sum of quality pool funds: $50 million	--

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The following facilities will not be eligible for [2018] NHQP payments and the scores of such facilities will not be included in determining the share of the NHQP payments:

- A facility with health inspection survey deficiency data showing a level J/K/L deficiency during the time period of July 1[, 2017] of the MDS year through June 30[, 2018] of the NHQI year. Deficiencies will be reassessed on October 1[, 2018] of the NHQI year to allow a three-month window (after the June 30[, 2018] of the NHQI year cutoff date) for potential Informal Dispute Resolutions (IDR) to process. The deficiency data will be updated to reflect IDRs occurring between July 1[, 2018] of the NHQI year and September 30[,2018] of the NHQI year. Any *new* J/K/L deficiencies between July 1[, 2018] of the NHQI year and September 30[, 2018] of the NHQI year will *not* be included in the [2018] NHQI.

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expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is $1,908,000.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Long Term Care Services

Effective on and after January 1, 2019, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2019/2020.

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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and Office for People With Developmental Disabilities (OPWDD), hereby give public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to make New York, Systemic, Therapeutic Assessment, Resources and Treatment (NYSTART) available as a Medicaid State Plan service. This action is being taken based on (OPWDD)'s statutory responsibility to provide and encourage the provision of appropriate programs, supports, and services in the areas of care, treatment, habilitation, rehabilitation, and other education and training of persons with developmental disabilities (NYS Mental Hyg. Law § 13.07). OPWDD also has the authority to plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services for prevention, diagnosis, examination, care treatment, rehabilitation, training, and research for the benefit of individuals with developmental disabilities, to take all actions necessary, desirable, or proper to implement the purposes of the Mental Hygiene Law, and to carry out its purposes and objectives within available funding (Mental Hyg. Law § 13.15(a)).

The following changes are proposed:

Non-Institutional Services

NYSTART is a community-based program that provides crisis prevention and response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs, and will be available to those individuals, their families and others in the community who provide support, effective on or after Jan 1, 2019. NYSTART uses a person-centered, positive, evidence-informed approach to help individuals, families, caregivers, agencies, and other providers.

NYSTART offers training, consultation and technical assistance on the use of positive behavioral supports services and other therapeutic tools. The program builds on existing resources by providing clinical assessments (including psychiatric, behavioral and medical), consultation, education and training, crisis response and therapeutic intervention. NYSTART services are available to individuals age 6 or over who have intellectual and developmental disabilities and present with behavioral and mental health concerns. An OPWDD eligibility determination is required to receive the full array of NYSTART services, including clinical team support, In Home stabilization supports and short term Resource Center (site-based) stabilization services. Services are provided based on clinical assessment and individual needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $22 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/

SUMMARY
SPA #19-0013

This State Plan Amendment proposes to revise the rate setting methodology for NYS Office of Alcoholism and Substance Abuse Services (OASAS) Residential Rehabilitation Services for Youth (RRSY) programs.

The program will move to site-specific per-diem fees, which are inclusive of capital costs, based on a regression model that uses normalized cost per bed in comparison to bed size. Fees will be assigned to each facility based on its operating capacity (bed size) and a regional cost factor. The fees for each bed size are detailed in the SPA.

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SPA 19-0013

Attachment A

Replacement Pages: 11,12

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[(3) "Patient day" will mean the unit of measure denoting lodging provided and services rendered to one patient between the census-taking hours on two successive days. A patient day is counted on the day of admission but not on the day of discharge. When a patient is admitted and discharged on the same day, this period [shall] will be counted as one patient day.

(4) "Allowable days" will mean the total of patient days provided by an eligible residential rehabilitation services for youth provider.

(5) "Fee Period" will be the calendar year.

(6) "Base year" will mean the period from which fiscal and patient data are utilized to calculate rates of payment for the fee period.

(7) "Fee Cycle" will mean either one fee period or more than one consecutive fee periods. Such fee or fees will be derived from a common base year.

(8) "New eligible residential rehabilitation service for youth provider" will mean an eligible RRSY provider for which relevant historical chemical dependence service costs are not available.

(9) "Service operating fee" will mean fees calculated as payment in full for operating expenses as required by Part 817. Such fee will not include the capital add-on.

(10) "Capital add-on" will mean a provider-specific cost based per diem to address allowable and approved real property, equipment and start-up costs not included in the service operating fee.

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Calculation of service operating fees.

Service operating fees for RRSY will be developed by the office using a cost model based on the requirements of Part 817. The cost model will contain personal service and non-personal service costs. The cost model will recognize cost differentials between the upstate and downstate regions of the state and also cost differentials between providers with differing service capacities. The service operating fees will be deemed to be inclusive of all service delivery costs and will be considered payment in full to the residential rehabilitation services for youth provider for all non-capital costs related to delivery of services provided pursuant to Part 817.]

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[(1) For purposes of this section, the upstate and downstate geographic regions are defined as follows:

(i) The downstate region includes New York City and the counties of Nassau, Suffolk, Westchester, Rockland and Putnam. New York City includes the counties of New York, Bronx, Kings, Queens and Richmond.

(ii) The upstate region includes all other counties in New York State.

(2) Within each geographic region, four service operating fees will be developed based on differing service capacities. The applicable fee for a given RRSY facility will be determined based on the region in which the facility is located and the RRSY provider's statewide certified RRSY capacity.

(3) The service operating fees for each fee cycle will be developed using base year patient and fiscal data. The base year fee calculation will then be trended, using the Congressional Budget Office's Consumer Price Index for all Urban Consumers, to the first day of the fee cycle. The personal service component of the service operating fees will be calculated by the office using the staffing requirements of Part 817 in conjunction with the applicable U.S. Department of Labor's Employment and wage Estimates, as adapted by the office to coincide with the staffing position titles of Part 817 and the geographic regions defined above. The fringe benefits, non-personal service and administrative components of the service operating fees will be calculated by the office using fringe benefit, non-personal service and administrative fiscal data for providers operating RRSY.

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(4) The initial base year will be 2002. The first day of the initial fee cycle will be 1/1/2005. The service operating fees, effective 1/1/2005, will be:

Fee Level	Provider's State-Wide Certified Capacity	Upstate Fee	Downstate Fee
Level 1	10 – 14	$349.69	$394.96
Level 2	15 - 39	$266.58	$299.81
Level 3	40 - 89	$174.75	$194.65
Level 4	90 or greater	$151.07	$167.22

Prior to implementation these fees will be trended to first day of the fee period of implementation in accordance with number (5) below.

(5) Each year a trend factor based on the Congressional Budget Office's Consumer Price Index for all Urban Consumers will be applied to all components of the service operating fee. The trend factor will not apply to the capital add-on to the service operating fee.]

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New York State Office of Alcoholism and Substance Abuse Services (OASAS)

Inpatient Psychiatric Services for Individuals under 21

Inpatient Psychiatric Services for individuals under 21 who are admitted to Residential Rehabilitation Services for Youth (RRSY) programs that are certified by the New York Office of Alcoholism and Substance Abuse Services. Services are limited to those provided for those recipients who are medically certified as requiring this level of care in accordance with 42 CFR 441.152. Service are limited to individuals under the age of twenty-one (21), or receiving services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of:

(1) the date the services are no longer required; or

(2) the date the individual reaches the age of twenty-two (22).

Coverage of services will be limited to those services provided within a residential rehabilitation services program for youth that is certified by the New York Office of Alcoholism and Substance Abuse Services.

[Residential Rehabilitation Services for Youth

Medicaid fees for Residential Rehabilitation Services for Youth ("RRSY") services are established using a cost model based on service requirements established by the Commissioner of the Office of Alcoholism and Substance Abuse Services ("the office") pursuant to regulation at 14 New York Code of Rules and Regulations Part 817 ("Part 817").

Definitions.

(1). "Eligible residential rehabilitation services for youth provider" will mean a residential rehabilitation services for youth provider that has been certified by the Office to provide services pursuant to Part 817.

(2) "Allowable costs" will mean those costs incurred by an eligible residential rehabilitation services for youth provider which are eligible for Medicaid payments. To be allowable, costs must be reasonable and necessary for efficient provision of chemical dependence services, related to patient care, recurring, and approved by the commissioner.]

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Medicaid fees for RRSY services will be established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There will be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs. These fees will be effective on January 1, 2019 and will remain in effect until such time as they are revised with the approval of CMS.

The base year for new fee calculations under this methodology will be the most recent substantially complete Consolidated Fiscal Report period available at the time of the calculation, and may vary by provider and service type based on the availability of such information. Prior to the fee calculation, base year cost information will be trended, using the Congressional Budget Office's Consumer Price Index for all Urban Consumers, to the start date of the fee period. Outlier cost data, meaning program cost data that deviates substantially from the expected value(s), will be removed from the fee calculation. Only allowable costs will be used in the fee calculation. To be considered as allowable, costs must be both reasonable and necessary, and in conformance with generally accepted accounting principles. The Commissioner of the N.Y.S. Office of Alcoholism and Substance Abuse Services will make the final determination on the allowability of any cost.

Per diem fees for each service will be determined using a cost-based methodology that recognizes both regional cost differentials and economies of scale. A regression model based on standardized statewide cost relative to program capacity will be used to develop the fees. Individual provider reported facility-specific cost will be converted to statewide cost based on regional cost factors (see table below), the fees will then be developed based on a "statewide cost" basis. The calculated statewide fees will be converted to facility-specific fees based on program capacity (bed size) and regional cost factors. The fees will be deemed to be inclusive of all service delivery costs and will be considered payment in full for fee-for-service Medicaid reimbursed services.

For both existing and new facilities, the "bed size" will be based on the certified capacity of the program site. The "statewide fee" will be taken from the following table and then adjusted by the applicable regional factor from the second table. If the certified bed size changes, the rate will be revised accordingly and will be effective on the date of the bed size change. Facilities with fewer than 14 certified beds will use the 14 bed fee. Facilities with 60 or more certified beds will use the 60 bed fee.

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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	New York City
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

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

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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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and the Office of Alcoholism and Substance Abuse Services hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with Title 14 NYCRR, Chapter XXI, Parts 818, 817, 816. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, The New York State Office of Alcoholism and Substance Abuse Services will change the Medicaid reimbursement for freestanding chemical dependence inpatient rehabilitation services (Title 14 NYCRR, Chapter XXI, Part 818), chemical dependence residential rehabilitation services for youth (Part 817), and freestanding chemical dependence medically supervised inpatient withdrawal services (Part 816) to a new fee-based methodology effective January 1, 2019. The new fee methodology will apply only to freestanding facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law and shall not apply to facilities certified under Article 28 of the Public Health Law. The new Medicaid fees will be per diem fees established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There shall be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs.

The fees will be established using a regression model based on the relationship between normalized cost and program capacity. The calculated statewide fees, based on program capacity, will then be adjusted using regional cost factors (see below). Separate fee schedules will apply to each of the three program types.

Any changes in certified program capacity will result in a rate change effective on the same date, except that for medically supervised inpatient withdrawal, bed size will not be based on certified program capacity and instead shall be based on the reported all payer units of service. For new Medically Supervised Inpatient Withdrawal (MSIW) facilities, the "bed size" shall be based on 90% of the certified capacity rounded up to the next integer. Once actual service volume data is received for a new MSIW facility, the fee shall be revised retroactively to the opening date, based on the reported actual all payer units of service. Thereafter the MSIW fee shall be based on the reported all payer units of service for the period two years prior to the fee period (or base year if a rebasing applies), unless the certified capacity changes in which case the fee shall be based on 90% of the new certified capacity, effective on the date of the capacity change, and reconciled to actual service volume once that information becomes available.

The geographic regions and regional cost factors for the three services will be as follows:

Region	Factor	Counties
1	1.2267	NYC
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

The estimated all shares impact (cost) of this proposal is $6.8 million per year. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.7 Million (all shares).

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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State

F-2018-1042

Date of Issuance – December 26, 2018

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.

SUMMARY
SPA #19-0014

This State Plan Amendment proposes to implement a community-based program delivered by OPWDD-approved providers that provides crisis prevention and response services to individuals with I/DD who present with complex behavioral and mental health needs, and to their families and others in the community who provide support. Systematic, Therapeutic, Assessment, Resources and Treatment (START) will augment the current service system through linkage agreements and capacity building and does not replace existing services.

The START program will offer training, consultation, therapeutic services and technical assistance to enhance the ability of the community to support eligible individuals and focuses on establishing integrated services with providers. Providing supports that help individuals to remain in their home or community placement is START's first priority.

As each of the START teams are established and become fully operational, the services provided will include:

1. Community partnerships and systems linkages;
2. Systemic and clinical consultation and training;
3. Community training and education;
4. Clinical Education Team training meetings;
5. Cross Systems Crisis Prevention and Intervention Planning;
6. Mobile crisis support and response for individuals enrolled in START services;
7. Outreach and follow-up; and
8. Comprehensive Service Evaluations

The NYSTART team will clinically assess individuals enrolled in START services to determine the need for the provision of:

1. Therapeutic in-home support services for START-enrolled individuals age 6 and over;
2. Therapeutic emergency or planned Resource Center services for START-enrolled individuals age 21 and over.

START services were initially funded using Balancing Incentives Program (BIP) resources and now are entirely funded with NYS resources. This State Plan Amendment proposes to include this as a State Plan service.

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State Plan under Title XIX of the Social Security Act
State/Territory: New York

TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
Effective 01/01/2019, New York Systemic, Therapeutic Assessment, Resources and Treatment (START) services are targeted services for individuals with intellectual and developmental disabilities who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams who provide personalized and intensive time limited therapeutic clinical coordination of Medicaid services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. These teams provide 24/7 service accessibility.
Eligible are persons enrolled in Medical Assistance who:

(1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and
(2) Have significant behavioral or MH needs that places them at risk for placement in a more restrictive setting, and
(3) Need the support of the START team to establish the clinical stabilization services and related services that may be needed, and
(4) Reside in their own or family home, live in an OPWDD certified residence (Individualized Residential Alternative, Community Residence, Family Care Home or Intermediate Care Facility/IID).

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___ **Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 0 (zero) consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)**

Areas of State in which services will be provided (§1915(g)(1) of the Act):
X Entire State
___ Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
__ Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include**
  - **Gathering pertinent individual and family history;**
  - **identifying the individual's needs and completing related documentation; and**

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

- **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**

Use of standardized assessments are required to be completed by the START clinical coordinator to collect client history which include:

1. START intake/assessment
2. Aberrant Behavior Checklist (at intake and repeated every 6 months or at case inactivity)
3. Recent Stressors Questionnaire (RSQ) at intake and repeated when crises occur
4. Family Experiences with Mental Health Providers for Persons with Intellectual and Developmental Disabilities (FEIS) at intake and 12 months following enrollment
5. The Maston Evaluation for Medication Side Effects (MEDS), required during emergency Resource Center admissions

❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
- **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
- **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
- **identifies a course of action to respond to the assessed needs of the eligible individual;**

Based on assessments completed individualized clinical action and crisis plans are developed. START clinical coordinator consults with the team's clinical director and team leader to identify which START services the enrolled individual should receive. A START Plan is developed to identify and outline the services that will be provided. A START Plan is reviewed quarterly to continually asses identifying needs of the individual and ensure services are provided in a timely manner.

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TARGETED CASE MANAGEMENT SERVICES
Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

START plans include the following:

1. START Action Plan – based on comprehensive assessment, the START Action Plat identifies the intensity of the needs of the person enrolled in services as well as the person's system of support and is reviewed on a quarterly basis for the first year of case activity (after the first year, frequency of updates is based on intensity) in order to assure adequate planning based on the changing needs of the person and system.
2. Cross-Systems Crisis Prevention & Intervention Plans (CSCPIPs) – is an individualized, person-specific written plan of response for acute crisis situations. The CSCPIP provides clear, concrete, and realistic set of supportive interventions that prevents, de-escalates, and protects an individual from experiencing a behavioral health crisis.

- **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**

- **Monitoring and follow-up activities:**
  - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
    - **services in the care plan are adequate; and**
    - **changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.**

START recipients receive monitoring and follow-up activities at varying levels of involvement and involvement intensity, depending on the needs identified in the comprehensive assessment and ongoing re-assessment. These terms are defined as follows:

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TARGETED CASE MANAGEMENT SERVICES
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Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Level of Involvement:

START recipients receive monitoring and ongoing stabilization services at varying levels of intensity, depending on the needs identified in the initial comprehensive assessment and ongoing re-assessment. As a person responds to the service and gains clinical stability the level of involvement from the clinical team is reduced. The levels of involvement and intensity are categorized as follows:

Level of Involvement:

1. **stable**, coordinator provides periodic (quarterly) outreach and planned services
2. **functioning adequately, c**oordinator provides regular (monthly) outreach and planned services
3. **Moderate intervention** is needed (multiple times per month)
4. **Intensive intervention** is needed (weekly or more)

Involvement Intensity

1. **Stable:** individual is stable and only need periodic (quarterly) outreach and crisis plan review
2. **Low:** monthly outreach and crisis plan review is needed
3. **Moderate:** multiple outreach or crisis planning contacts per month with active work on CSCPIP, consultations, linkages to other resources or CSE work.
4. **High:** weekly or more outreach and active crisis planning. May need hospital discharge/transition support, psychological/psychiatric consultation and follow-up.

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If needed, START services will be delivered at a START Resource Center. Start Resource Centers provide proactive clinical supports in an accessible, safe and positive environment. These centers are self-contained Mental Health programs made up of a team of multidisciplinary Mental Health staff, who provide most of the treatment, rehabilitation, and support services individuals need to achieve their goals.

Therapeutic Resource Center services are available to provide 24-hour crisis assessment, consultation and intervention; symptom identification and management; medication monitoring, review and administration; co-occurring services; skills teaching and education; and provision of support to families and significant others. Some of the benefits of a NYSTART Therapeutic Resource Center stay are: structured therapeutic social environment and group activities; treatment monitoring; stress reduction skills; stabilization and planning for strengths and service needs; caregiver training; and increased self-esteem and independence.

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During a stay at a Therapeutic Resource Center, the individual is able to experience positive social interaction, learn coping strategies to reduce stress and enhance independent living skills. In providing these services, the goal is ultimately for the person to return to her/his home environment

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

As a targeted service that does not replace any members of an existing system of support for a person, the following disciplines are required to be hired as the team consists of clinical staff who are specialists in the behavioral health aspects of I/DD.

- **Program Director** (Master's Degree in Social Work, Psychology, Counseling or other human service field)
- **Clinical Director** (Ph.D. in Psychology and licensed by the state's Psychology Board)
- **Medical Director** (M.D./D.O. or APRN with specialty in Psychiatry, licensed to practice in the state)
- **Clinical Team Leaders** (Master's Degree in Social Work, Counseling, Psychology or human service field)
- **START Coordinators** (Master's Degree in Social Work, Psychology, Counseling or other human service field)

Staff in each of the defined categories are required to complete extensive training and be certified as START Coordinators through the National Center for START Services. This means that START Coordinators are able to work independently to use the tools of START and are also trained as trainers in the Mental Health Aspects of Individuals with Developmental Disabilities. This training and certification exceed any standards required in the I/DD system and provide a foundation for the specialized, time limited crisis service described above.

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Office of People With Development Disabilities (OPWDD) -
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Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. **Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.**
2. **Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**

Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt

- **of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

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Target Group B – Medicaid Service Coordination (MSC)

Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

START providers meet all program standards and are approved based on a review of the providers fidelity to the national START standards.

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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Target Group B – Medicaid Service Coordination (MSC)

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Individuals with Intellectual and Developmental Disabilities (II/DD)

While the activities of Care Managers secure access to an individual's needed services, the activities of care coordination do not include:

1. The actual provision of the service;
2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

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Individuals with Intellectual and Developmental Disabilities (II/DD)

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
Effective 01/01/2019, New York Systemic, Therapeutic Assessment, Resources and Treatment (START) services are targeted services for individuals with intellectual and developmental disabilities who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams who provide personalized and intensive time limited therapeutic clinical coordination of Medicaid services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. These teams provide 24/7 service accessibility.
Eligible are persons enrolled in Medical Assistance who:

(1) Have a developmental disability as defined in New York Mental Hygiene Law §1.03, and
(2) Have significant behavioral or MH needs that places them at risk for placement in a more restrictive setting, and
(3) Need the support of the START team to establish the clinical stabilization services and related services that may be needed, and
(4) Reside in their own or family home, live in an OPWDD certified residence (Individualized Residential Alternative, Community Residence, Family Care Home or Intermediate Care Facility/IID).

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___ **Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 0 (zero) consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)**

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- **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**

Use of standardized assessments are required to be completed by the START clinical coordinator to collect client history which include:

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(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

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Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt

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Office of People With Development Disabilities (OPWDD) -
Individuals with Intellectual and Developmental Disabilities (II/DD)

Limitations:

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

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Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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2. Medicaid eligibility determinations/redetermination;
3. Medicaid pre-admission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) administration;
7. Activities in connection with "lock-in" provisions under §1915(a) of the Social Security Act;
8. Institutional discharge planning as required of hospitals, Skilled Nursing Facilities (SNFs), and ICFs/IIDs; and
9. Client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

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1. Effective January 1, 2019, for NY Systemic, Therapeutic Assessment, Resource and Treatment (NYSTART), the method of reimbursement will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

Definitions

- **Regions-**

Downstate: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester Counties

Upstate: Albany, Allegheny, 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, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming and Yates Counties

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	$56.29	$64.77	Monthly
Functioning Adequately	2	$375.27	$431.77	Monthly
Moderate Intervention	3	$405.29	$466.31	Monthly
Intensive Intervention	4	$799.33	$919.65	Monthly
Therapeutic Resource Center	n/a	$34.64	$36.68	Hourly[1]

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i. Billing Standards
   a. Stable – periodic (at least quarterly) face-to-face intervention, with other months eligible for reimbursement based on documented non-face-to-face interventions.
   b. Low – monthly intervention (minimum one face-to-face service)
   c. Moderate – multiple outreach per month (at least two face-to-face meetings)
   d. High – weekly or more outreach

ii. Reporting requirements
   a. Providers will be required to complete cost reports on an annual basis.

[1] Billed in quarter hour increments.

expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is $1,908,000.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Long Term Care Services

Effective on and after January 1, 2019, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

There is no additional estimated annual change to gross Medicaid expenditures attributable to this initiative for State Fiscal year 2019/2020.

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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and Office for People With Developmental Disabilities (OPWDD), hereby give public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to make New York, Systemic, Therapeutic Assessment, Resources and Treatment (NYSTART) available as a Medicaid State Plan service. This action is being taken based on (OPWDD)'s statutory responsibility to provide and encourage the provision of appropriate programs, supports, and services in the areas of care, treatment, habilitation, rehabilitation, and other education and training of persons with developmental disabilities (NYS Mental Hyg. Law § 13.07). OPWDD also has the authority to plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services for prevention, diagnosis, examination, care treatment, rehabilitation, training, and research for the benefit of individuals with developmental disabilities, to take all actions necessary, desirable, or proper to implement the purposes of the Mental Hygiene Law, and to carry out its purposes and objectives within available funding (Mental Hyg. Law § 13.15(a)).

The following changes are proposed:

Non-Institutional Services

NYSTART is a community-based program that provides crisis prevention and response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs, and will be available to those individuals, their families and others in the community who provide support, effective on or after Jan 1, 2019. NYSTART uses a person-centered, positive, evidence-informed approach to help individuals, families, caregivers, agencies, and other providers.

NYSTART offers training, consultation and technical assistance on the use of positive behavioral supports services and other therapeutic tools. The program builds on existing resources by providing clinical assessments (including psychiatric, behavioral and medical), consultation, education and training, crisis response and therapeutic intervention. NYSTART services are available to individuals age 6 or over who have intellectual and developmental disabilities and present with behavioral and mental health concerns. An OPWDD eligibility determination is required to receive the full array of NYSTART services, including clinical team support, In Home stabilization supports and short term Resource Center (site-based) stabilization services. Services are provided based on clinical assessment and individual needs.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $22 million.

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

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

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PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and the Office of Alcoholism and Substance Abuse Services hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with Title 14 NYCRR, Chapter XXI, Parts 818, 817, 816. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, The New York State Office of Alcoholism and Substance Abuse Services will change the Medicaid reimbursement for freestanding chemical dependence inpatient rehabilitation services (Title 14 NYCRR, Chapter XXI, Part 818), chemical dependence residential rehabilitation services for youth (Part 817), and freestanding chemical dependence medically supervised inpatient withdrawal services (Part 816) to a new fee-based methodology effective January 1, 2019. The new fee methodology will apply only to freestanding facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law and shall not apply to facilities certified under Article 28 of the Public Health Law. The new Medicaid fees will be per diem fees established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There shall be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs.

The fees will be established using a regression model based on the relationship between normalized cost and program capacity. The calculated statewide fees, based on program capacity, will then be adjusted using regional cost factors (see below). Separate fee schedules will apply to each of the three program types.

Any changes in certified program capacity will result in a rate change effective on the same date, except that for medically supervised inpatient withdrawal, bed size will not be based on certified program capacity and instead shall be based on the reported all payer units of service. For new Medically Supervised Inpatient Withdrawal (MSIW) facilities, the "bed size" shall be based on 90% of the certified capacity rounded up to the next integer. Once actual service volume data is received for a new MSIW facility, the fee shall be revised retroactively to the opening date, based on the reported actual all payer units of service. Thereafter the MSIW fee shall be based on the reported all payer units of service for the period two years prior to the fee period (or base year if a rebasing applies), unless the certified capacity changes in which case the fee shall be based on 90% of the new certified capacity, effective on the date of the capacity change, and reconciled to actual service volume once that information becomes available.

The geographic regions and regional cost factors for the three services will be as follows:

Region	Factor	Counties
1	1.2267	NYC
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

The estimated all shares impact (cost) of this proposal is $6.8 million per year. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.7 Million (all shares).

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 State

F-2018-1042

Date of Issuance – December 26, 2018

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.

SUMMARY
SPA #19-0017

This State Plan Amendment proposes to revise the rate setting methodology for NYS Office of Alcoholism and Substance Abuse Services (OASAS) freestanding Medically Supervised Inpatient Withdrawal (MSIW) programs.

The program will move to site-specific per-diem fees, which are inclusive of capital costs, based on a regression model that uses normalized cost per bed in comparison to service volume. Fees will be assigned to each facility based on its base year service volume (as a proxy for bed size) and a regional cost factor. The fees for each bed size are detailed in the SPA.

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SPA 19-0017

Attachment A

Replacement Pages: 13,14

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[(6) With the approval of CMS, the service operating fees may be updated to adjust for programmatic changes or service operating cost variations not addressable by the annual trend factor. The process of updating service operating fees may include one or more of the following:

(i) the establishment of a new base year and fee cycle;
(ii) a change in the number of fee levels;
(iii) a change in the upper and/or lower service capacities of the fee levels; or
(iv) other necessary changes.

Capital add-on.

To be considered as allowable, capital costs must be both reasonable and necessary to patient care under Part 817. Allowable capital costs will be determined in accordance with the following:

(1) The Office will use, as its major determining factor in deciding on the allowability of costs, the most recent edition of the Medicare Provider Reimbursement Manual, commonly referred to as HIM-15, published by the U.S. Department of Health and Human Services' Centers for Medicare and Medicare Services.

(2) Where HIM-15 is silent concerning the allowability of costs, the commissioner will determine allowability of costs based on reasonableness and relationship to patient care and generally accepted accounting principles.

Allowable capital costs may include:

(1) the costs of owning or leasing real property;

(2) the costs of owning or leasing moveable equipment and personal property; and

(3) the cost of up to three months of pre-operational program start-up expenses, and associated interest, for new services, programs, or facilities for which initial reimbursement levels are being established. Pre-operational start-up costs may include, but are not limited to, rent, employee compensation, utilities, staff training and travel, and expensed equipment.

No capital or start-up expenditure for which approval by the office is required in accordance with the operating requirements of the office will be included in allowable capital cost for purposes of computation of provider reimbursement unless such approval will have been secured. For projects requiring approval by the office, reimbursement for capital costs will be limited to the amount approved by the commissioner.]

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[reimbursement, capital and start-up costs must be both reasonable and necessary, incurred by the provider, and chargeable to necessary patient care.

The capital add-on to the service operating fee will be calculated for each fee period on a provider-specific basis by dividing the provider's allowable capital costs for that fee period by the allowable patient days for that fee period. The capital add-on may be adjusted by the office on a retroactive or prospective basis to more accurately reflect the actual or anticipated approved capital cost.

New eligible RRSY providers.

(1) Once a new eligible RRSY provider has at least six months of cost and operating experience, they will submit reports at least 180 days prior to the beginning of the fee period for which a fee is being requested unless otherwise waived by the commissioner.
(2) Each new eligible RRSY provider which has less than six months of cost and operating experience will prepare and submit to the commissioner a budgeted cost report. Such report will:

(i) include a detailed projection of revenues and a line item expense budget with regard to staffing, non-personal service costs including capital;
(ii) include a detailed staffing plan;
(iii) include a projected month by month bed utilization program;
(iv) cover a 12 month period; and
(v) such budget report will be completed and submitted at least 180 days prior to the beginning of the rate year for which a rate is being requested.

(3) The service operating fee [and capital add-on]for each new eligible RRSY provider will be calculated and reimbursed pursuant to these requirements.

(4) Upon submission of the financial reports the commissioner may adjust retroactively the eligible RRSY provider's existing capital add-on to more accurately reflect the reported operating costs and program utilization, based on patient days of the eligible RRSY provider.]

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Freestanding Medically Supervised Inpatient Withdrawal Services

Medically supervised withdrawal services are for patients at a mild or moderate level of withdrawal, or are at risk for such, as well as patients with sub-acute physical or psychiatric complications related to alcohol and/or substance related dependence, are intoxicated, or have mild withdrawal with a situational crisis, or are unable to abstain yet have no past withdrawal complications. The fee methodology described here will apply only to freestanding (non-hospital) medically supervised inpatient withdrawal facilities that are certified by the Office of Alcoholism and Substance Abuse Services solely under Article 32 of the New York State Mental Hygiene Law. This methodology will not apply to Article 28 facilities.

Medicaid fees will be established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There will be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs. These fees will be effective on January 1, 2019 and will remain in effect until such time as they are revised with the approval of CMS.

The base year for new fee calculations under this methodology will be the most recent, substantially complete Consolidated Fiscal Report period available at the time of the calculation, and may vary by provider and service type based on the availability of such information. Prior to the fee calculation, base year cost information will be trended, using the Congressional Budget Office's Consumer Price Index for all Urban Consumers, to the start date of the fee period. Outlier cost data, meaning program cost data that deviates substantially from the expected value(s), will be removed from the fee calculation. Only allowable costs will be used in the fee calculation. To be considered as allowable, costs must be both reasonable and necessary, and in conformance with generally accepted accounting principles. The Commissioner of the N.Y.S. Office of Alcoholism and Substance Abuse Services will make the final determination on the allowability of any cost.

Per diem fees for each service will be determined using a cost-based methodology that recognizes both regional cost differentials and economies of scale. A regression model based on standardized statewide cost relative to service volume will be used to develop the fees. Individual provider reported facility-specific cost will be converted to statewide cost based on regional cost factors (see table below), the fees will then be developed based on a "statewide cost" basis. The calculated statewide fees will be converted to facility-specific fees based on program capacity or service volume and regional cost factors. The fees will be deemed to be inclusive of all service delivery costs and will be considered payment in full for fee-for-service Medicaid reimbursed services.

Due to the fact the many Medically Supervised Inpatient Withdrawal beds are certified as "swing beds", for existing facilities the "bed size" will not be based on certified program size and instead will be based on the reported all payer units of service from the base year, divided by 365, and rounded up to the next integer. For new MSIW facilities, the "bed size" will be based on 90% of the certified capacity rounded up to the next integer. Once initial cost report data is received for a new facility, the fee will be revised retroactively to the start date of the reporting period (opening date) based on the reported actual all payer units of service. Thereafter the fee will be based on the reported all payer units of service for the period two years prior to the fee period (or base year if a rebasing applies), unless the

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certified capacity changes in which case the fee will be based on 90% of the new certified capacity, effective on the date of the capacity change, and reconciled to actual service volume once that information becomes available. Facilities with fewer than 6 "beds" will use the 6 bed fee. Facilities with 120 or more "beds will use the 120 bed fee.

Statewide MSIW fees:

Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees	Bed Size	MSIW Fees
6	$492.73	26	$413.83	46	$386.67	66	$370.41	86	$358.92	106	$350.10
7	$483.77	27	$411.98	47	$385.68	67	$369.75	87	$358.43	107	$349.71
8	$476.14	28	$410.20	48	$384.71	68	$369.09	88	$357.94	108	$349.32
9	$469.52	29	$408.49	49	$383.77	69	$368.45	89	$357.46	109	$348.94
10	$463.67	30	$406.84	50	$382.85	70	$367.82	90	$356.99	110	$348.56
11	$458.44	31	$405.26	51	$381.95	71	$367.20	91	$356.52	111	$348.19
12	$453.72	32	$403.73	52	$381.07	72	$366.59	92	$356.05	112	$347.82
13	$449.41	33	$402.26	53	$380.20	73	$365.99	93	$355.60	113	$347.45
14	$445.47	34	$400.83	54	$379.36	74	$365.40	94	$355.14	114	$347.08
15	$441.83	35	$399.45	55	$378.53	75	$364.82	95	$354.70	115	$346.72
16	$438.45	36	$398.11	56	$377.72	76	$364.24	96	$354.25	116	$346.37
17	$435.29	37	$396.82	57	$376.93	77	$363.68	97	$353.82	117	$346.01
18	$432.34	38	$395.56	58	$376.15	78	$363.12	98	$353.39	118	$345.66
19	$429.57	39	$394.34	59	$375.38	79	$362.57	99	$352.96	119	$345.32
20	$426.96	40	$393.15	60	$374.63	80	$362.02	100	$352.54	120+	$344.97
21	$424.48	41	$392.00	61	$373.90	81	$361.49	101	$352.12		
22	$422.14	42	$390.88	62	$373.17	82	$360.96	102	$351.71		
23	$419.91	43	$389.78	63	$372.46	83	$360.44	103	$351.30		
24	$417.79	44	$388.72	64	$371.77	84	$359.93	104	$350.90		
25	$415.77	45	$387.68	65	$371.08	85	$359.42	105	$350.50		

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The regional cost factors applicable to this table are found on the following page.

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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 medically supervised inpatient withdrawal fees are as follows:

Region	Factor	Counties
1	1.2267	New York City
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

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PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and the Office of Alcoholism and Substance Abuse Services hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with Title 14 NYCRR, Chapter XXI, Parts 818, 817, 816. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, The New York State Office of Alcoholism and Substance Abuse Services will change the Medicaid reimbursement for freestanding chemical dependence inpatient rehabilitation services (Title 14 NYCRR, Chapter XXI, Part 818), chemical dependence residential rehabilitation services for youth (Part 817), and freestanding chemical dependence medically supervised inpatient withdrawal services (Part 816) to a new fee-based methodology effective January 1, 2019. The new fee methodology will apply only to freestanding facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law and shall not apply to facilities certified under Article 28 of the Public Health Law. The new Medicaid fees will be per diem fees established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There shall be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs.

The fees will be established using a regression model based on the relationship between normalized cost and program capacity. The calculated statewide fees, based on program capacity, will then be adjusted using regional cost factors (see below). Separate fee schedules will apply to each of the three program types.

Any changes in certified program capacity will result in a rate change effective on the same date, except that for medically supervised inpatient withdrawal, bed size will not be based on certified program capacity and instead shall be based on the reported all payer units of service. For new Medically Supervised Inpatient Withdrawal (MSIW) facilities, the "bed size" shall be based on 90% of the certified capacity rounded up to the next integer. Once actual service volume data is received for a new MSIW facility, the fee shall be revised retroactively to the opening date, based on the reported actual all payer units of service. Thereafter the MSIW fee shall be based on the reported all payer units of service for the period two years prior to the fee period (or base year if a rebasing applies), unless the certified capacity changes in which case the fee shall be based on 90% of the new certified capacity, effective on the date of the capacity change, and reconciled to actual service volume once that information becomes available.

The geographic regions and regional cost factors for the three services will be as follows:

Region	Factor	Counties
1	1.2267	NYC
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

The estimated all shares impact (cost) of this proposal is $6.8 million per year. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.7 Million (all shares).

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 State

F-2018-1042

Date of Issuance – December 26, 2018

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.

SUMMARY
SPA #19-0018

This State Plan Amendment proposes to revise the rate setting methodology for NYS Office of Alcoholism and Substance Abuse Services (OASAS) freestanding Chemical Dependence Inpatient Rehabilitation (IPR) programs.

The program will move to site-specific per-diem fees, which are inclusive of capital costs, based on a regression model that uses normalized cost per bed in comparison to bed size. Fees will be assigned to each facility based on its operating capacity (bed size) and a regional cost factor. The fees for each bed size are detailed in the SPA.

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Chemical Dependence Freestanding Inpatient Rehabilitation Services

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) establishes rates of reimbursement for the provision of rehabilitative services to persons in freestanding chemical dependence inpatient rehabilitation facilities. The fee methodology described here will apply only to freestanding (non-hospital) facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law. This methodology will not apply to Article 28 facilities.

Medicaid fees will be established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There will be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs. These fees will be effective on January 1, 2019 and will remain in effect until such time as they are revised with the approval of CMS.

The base year for new fee calculations under this methodology will be the most recent, substantially complete Consolidated Fiscal Report period available at the time of the calculation, and may vary by provider and service type based on the availability of such information. Prior to the fee calculation, base year cost information will be trended, using the Congressional Budget Office's Consumer Price Index for all Urban Consumers, to the start date of the fee period. Outlier cost data, meaning program cost data that deviates substantially from the expected value(s), will be removed from the fee calculation. Only allowable costs will be used in the fee calculation. To be considered as allowable, costs must be both reasonable and necessary, and in conformance with generally accepted accounting principles. The Commissioner of the N.Y.S. Office of Alcoholism and Substance Abuse Services will make the final determination on the allowability of any cost.

Per diem fees for each service will be determined using a cost-based methodology that recognizes both regional cost differentials and economies of scale. A regression model based on standardized statewide cost relative to program capacity will be used to develop the fees. Individual provider-reported facility-specific cost will be converted to statewide cost based on regional cost factors (see table), the fees will then be developed based on a "statewide cost" basis. The calculated statewide fees will be converted to facility-specific fees based on program capacity and regional cost factors. The fees will be deemed to be inclusive of all service delivery costs and will be considered payment in full for fee-for-service Medicaid reimbursed services.

For existing and new freestanding inpatient rehabilitation facilities, the "bed size" will be based on the certified capacity of the program site. The statewide fee will be taken from the following table and then adjusted by the applicable regional factor. If the certified bed size changes, the fee will be revised accordingly and will be effective on the date of the bed size change. Facilities with fewer than 14 certified beds will use the 14 bed fee. Facilities with 120 or more certified beds will use the 120 bed fee.

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Statewide OASAS Freestanding Inpatient Rehabilitation Fees:

Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees	Bed Size	IP Rehab Fees
14	$394.15	32	$351.94	50	$331.07	68	$317.41	86	$307.36	104	$299.46
15	$390.44	33	$350.46	51	$330.17	69	$316.78	87	$306.88	105	$299.07
16	$387.00	34	$349.03	52	$329.30	70	$316.16	88	$306.40	106	$298.68
17	$383.80	35	$347.65	53	$328.44	71	$315.54	89	$305.92	107	$298.30
18	$380.81	36	$346.31	54	$327.60	72	$314.94	90	$305.46	108	$297.92
19	$378.00	37	$345.01	55	$326.78	73	$314.34	91	$304.99	109	$297.54
20	$375.35	38	$343.75	56	$325.97	74	$313.76	92	$304.54	110	$297.17
21	$372.85	39	$342.53	57	$325.18	75	$313.18	93	$304.09	111	$296.80
22	$370.48	40	$341.35	58	$324.41	76	$312.61	94	$303.64	112	$296.44
23	$368.23	41	$340.19	59	$323.65	77	$312.05	95	$303.20	113	$296.08
24	$366.09	42	$339.07	60	$322.90	78	$311.50	96	$302.77	114	$295.72
25	$364.05	43	$337.98	61	$322.17	79	$310.96	97	$302.34	115	$295.37
26	$362.10	44	$336.92	62	$321.46	80	$310.42	98	$301.91	116	$295.02
27	$360.23	45	$335.88	63	$320.75	81	$309.90	99	$301.49	117	$294.67
28	$358.44	46	$334.87	64	$320.06	82	$309.38	100	$301.08	118	$294.33
29	$356.72	47	$333.89	65	$319.38	83	$308.86	101	$300.67	119	$293.99
30	$355.07	48	$332.93	66	$318.71	84	$308.36	102	$300.26	120+	$293.65
31	$353.48	49	$331.99	67	$318.06	85	$307.86	103	$299.86		

DRAFT

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 freestanding inpatient rehabilitation fees are as follows:

Region	Factor	Counties
1	1.2267	New York City
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

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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health and the Office of Alcoholism and Substance Abuse Services hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with Title 14 NYCRR, Chapter XXI, Parts 818, 817, 816. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2019, The New York State Office of Alcoholism and Substance Abuse Services will change the Medicaid reimbursement for freestanding chemical dependence inpatient rehabilitation services (Title 14 NYCRR, Chapter XXI, Part 818), chemical dependence residential rehabilitation services for youth (Part 817), and freestanding chemical dependence medically supervised inpatient withdrawal services (Part 816) to a new fee-based methodology effective January 1, 2019. The new fee methodology will apply only to freestanding facilities that are certified solely under Article 32 of the New York State Mental Hygiene Law and shall not apply to facilities certified under Article 28 of the Public Health Law. The new Medicaid fees will be per diem fees established using a cost-based fee methodology that is inclusive of both operating and capital reimbursement. There shall be no capital add-on to these fees or any separate Medicaid reimbursement for capital costs.

The fees will be established using a regression model based on the relationship between normalized cost and program capacity. The calculated statewide fees, based on program capacity, will then be adjusted using regional cost factors (see below). Separate fee schedules will apply to each of the three program types.

Any changes in certified program capacity will result in a rate change effective on the same date, except that for medically supervised inpatient withdrawal, bed size will not be based on certified program capacity and instead shall be based on the reported all payer units of service. For new Medically Supervised Inpatient Withdrawal (MSIW) facilities, the "bed size" shall be based on 90% of the certified capacity rounded up to the next integer. Once actual service volume data is received for a new MSIW facility, the fee shall be revised retroactively to the opening date, based on the reported actual all payer units of service. Thereafter the MSIW fee shall be based on the reported all payer units of service for the period two years prior to the fee period (or base year if a rebasing applies), unless the certified capacity changes in which case the fee shall be based on 90% of the new certified capacity, effective on the date of the capacity change, and reconciled to actual service volume once that information becomes available.

The geographic regions and regional cost factors for the three services will be as follows:

Region	Factor	Counties
1	1.2267	NYC
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

The estimated all shares impact (cost) of this proposal is $6.8 million per year. The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2018/2019 is $1.7 Million (all shares).

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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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, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of State

F-2018-1042

Date of Issuance – December 26, 2018

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.