



Department of Health

KATHY HOCHUL
Governor

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Chief Hill:

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

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Enclosures

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NYSDOH American Indian Health Program



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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Mr. Polite:

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

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Sincerely,

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Office of Health Insurance Programs

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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Chief Hill:

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

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Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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NYSDOH American Indian Health Program



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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

Chief Leo Henry, Clerk
Tuscarora Indian Nation
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/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Chief Patterson:

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

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Sincerely,

/s/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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NYSDOH American Indian Health Program



Department of Health

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Chief Wallace:

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

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Sincerely,

/s/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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NYSDOH American Indian Health Program



Department of Health

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Mr. Halftown:

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

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Sincerely,

/s/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Chief Lafrance:

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

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Sincerely,

/s/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano
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NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Chief Cook:

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

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Sincerely,

/s/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
CMS Native American Contact

Michele Hamel
NYSDOH American Indian Health Program



Department of Health

KATHY HOCHUL
Governor

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

Chief Eric Thompson
Saint Regis Mohawk Tribe
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/

Brett Friedman
Acting Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Nancy Grano
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Michele Hamel
NYSDOH American Indian Health Program



Department of Health

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Ms. Austin:

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

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Sincerely,

/s/

Brett Friedman
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Enclosures

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NYSDOH American Indian Health Program



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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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,

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Mr. Twoguns:

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

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Sincerely,

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Department of Health

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Governor

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Mr. Wheeler:

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

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NYSDOH American Indian Health Program



Department of Health

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Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Mr. John Sr.:

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

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Department of Health

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 15, 2021

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

Dear Ms. Oakes:

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

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Michele Hamel
NYSDOH American Indian Health Program

SUMMARY
SPA #21-0018

This State Plan Amendment proposes to increase the fee-for-service reimbursement for Article 28 hospital inpatient psychiatric services to better meet community mental health needs.

DRAFT

**New York
117(d)**

8. *Inpatient psychiatric services provided in general hospitals, or distinct units of general hospitals, specializing in such inpatient psychiatric services, for patients admitted on and after October 20, 2010, will be reimbursed on a per diem basis as follows:*
- a. Reimbursement will use the All Patient Refined Diagnostic Related Group (APR-DRG) patient classification system.
 - b. The operating component of the rate will be a statewide price, calculated utilizing 2005 Medicaid fee-for-service (FFS) inpatient costs developed using the ratio of cost to charges approach to determine costs and a regression model to price out various components of the costs to determine cost significance in such components. The components include patient age, rural designation, comorbidities, length of stay, and presence of mental retardation. The costs of these components as developed in the regression model were excluded in developing the statewide price.
 - i. The facility-specific old operating per diem rates were trended to 2010, and for each case, these rates were multiplied by the length of stay (LOS) to calculate the "old payment."
 - ii. Facility-specific 2005 Direct Graduate Medical Education (DGME) costs were divided by 2005 patient days to calculate DGME per diem rates. These rates were then trended to 2010.
 - iii. The 2010 payment rate for Electroconvulsive Therapy (ECT) was established as \$281 (based on the ECT rate in effect for Medicare psychiatric patients during the first half of 2010). This rate was then adjusted by each facility's wage equalization factor (WEF).
 - iv. For each case, the proper DGME payment (DGME rate multiplied by the LOS) and ECT payment (WEF-adjusted ECT rate times the number of ECT treatments) was subtracted from the "old payments" to derive the "old payments subject to risk adjustment."
 - v. For each case, a payment adjustment factor was derived based on the regression model, including the LOS adjustment factor as defined by the new payment methodology.
 - vi. The sum of the old payments subject to risk adjustment from step iv (\$502,341,057), was divided by the sum of payment adjustment factors from step v (\$831,319), which resulted in the statewide per diem rate of \$604.27 as of October 20, 2010.

The current statewide per diem rate of \$642.66 reflects the effect of restoring transition funds back into the statewide price pursuant to the Transition Fund Pool section of this Attachment. Effective October 1, 2018, the statewide price will be increased to \$676.21. Effective August 1, 2021, the statewide fee-for-service price will be increased to \$742.86.

TN #21-0018 _____

Approval Date _____

Supersedes TN #18-0066 _____

Effective Date August 1, 2021

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

New York State Deferred Compensation Board

Pursuant to the provisions of 9 NYCRR, Section 9003.2, authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Wednesday, July 14 2021, is soliciting proposals from Financial Organizations to provide active international equity investment management and passive international equity investment management services in daily valued, daily liquid collective vehicles such as mutual funds or collective investment trusts. Separate accounts will not be considered. The benchmark for active and passive mandates is expected to be the MSCI ACWI ex-US. Both active and passive portfolios will be offered as investment options under the Deferred Compensation Plan for the Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto. A copy of the request for proposals may be obtained from Callan's website: <https://www.callan.com/rfps>. All proposals must be received no later than the close of business on Wednesday, August 25, 2021. This notice was prepared by Sharon Lukacs, Deputy Director, NYS Deferred Compensation Plan, 1450 Western Avenue, Suite 103, Albany, NY 12203.

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 enacted statutory provisions. The following changes are proposed:

Institutional Services

Effective for days of service on or after July 15, 2021, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for Article 28 exempt psychiatric

hospitals and Article 28 exempt hospital distinct units by increasing the case mix neutral psychiatric statewide per diem base price by 9.86 percent. This State Plan Amendment is necessary to adequately reimburse hospitals for providing these services and better meet the community's mental health needs.

The estimated full annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$25,000,000. Funds for this increase are contained in the State budget beginning in state fiscal year 2021/22.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State

The New York State Real Estate Board will hold an open board meeting on July 22, 2021, at 1:00 p.m. The meeting locations are as follows: Department of State, 99 Washington Avenue, Room 505, Albany; Department of State, 123 William Street, Room 231, New York City; and Department of Labor, 276 Waring Road, Regional Room A, Rochester. The Board will hold a public hearing on general real estate issues immediately following the board meeting at the same locations.

Should you require further information, please contact: Denise Tidings at Denise.Tidings@dps.ny.gov or (518) 402-4921

PUBLIC NOTICE

Department of State
F-2021-0162

Date of Issuance – July 14, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0162.pdf>

In F-2021-0162, or the "Indian Island Wetland Restoration Project", the applicant – Suffolk County Department of Public Works proposes to dredge an old channel between Terry's Creek and the interior of the park. To allow the tidal waters to move beneath the existing gravel roadway, it is proposed to install a 6' x 6' precast concrete box culvert. To establish a natural bottom, the invert of the culvert will be installed 1' below finished grade and filled with 1' of clean fill. The proposed channel will be excavated down to Elevation -1.50 (NGVD29) which is approximately 2 below Mean Low Water. Approximately 5,082 Cubic Yards of soil will be excavated in order to create the proposed channel. Soil sampling was performed at 16 locations throughout the proposed project area. Various contaminants were found within the soil profile that either exceeded unrestricted use or protection of groundwater. It is proposed to deposit the excavated material adjacent to the new channel and create a berm. The top of berm elevation will be 12.80, NGVD29. All of the excavated material will be used to create the berm and no material will leave the site. An additional 2,170 Cubic Yards of select fill will be brought into the site and used to cap the berm and 1,765 Cubic Yards of select fill will be brought into the site to cap the bottom of the proposed channel. The proposed channel will be planted with native wetland species. Approximately 15,000 *Spartina Alterniflora* (Low Marsh Cord Grass) will be planted at 24" on center within the intertidal marsh area (between elevations 0.5 and 2.0). Approximately 50,000 *Spartina Patens* (Meadow Grass) will be planted at 24" on center within the Floodplain/High Marsh Area where shown on the plans. The top of the berm will be stabilized with topsoil and hydroseed. To construct the new wetland and adjacent berm, approximately 130 trees will be removed.

The purpose of the proposed work is to restore/recreate the historically documented high-functioning tidal wetland/salt marsh ecosystem with mixed open water, high marsh habitat, intertidal marsh habitat and open water will increase filtering capacity, enhance the cycling of organic and inorganic nutrients and pollutants, provide tidal flushing among other biological and physiochemical services, and improve water quality conditions in the western Peconic Estuary. The proposed project is located at Indian Island Park in the Town of Riverhead, Suffolk County on Terry's Creek.

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, July 29, 2021.

Comments should be addressed to: 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@dps.ny.gov

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

PUBLIC NOTICE

Department of State
F-2021-0325

Date of Issuance – July 14, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0325a.pdf> and <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0325b.pdf>

In F-2021-0325, or the "Pultneyville Harbor Dredging Project", the applicant – New York State Office of General Services proposes to dredge an area of approximately 1.1 acres total to an elevation of +237.3 feet, IGLD85 (-6.0 feet LWD) plus a 0.5 foot overdredge allowance. Dredged material will be placed in an open lake placement area approximately 11 miles east of the dredge area that has been utilized by the USACE during previous maintenance dredging activities and at elevations not to exceed +208.3 feet, IGLD85 (-35 feet, LWD).

The purpose of the proposed work is to dredge the federal navigation channel at Pultneyville to maintain navigation and place dredged material within the USACE Grand Sodus Bay Open Lake Placement Site. The proposed project is located in Pultneyville Harbor in the Town of Williamson, Wayne County on Lake Ontario.

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, July 29, 2021.

Comments should be addressed to: 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@dps.ny.gov

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

PUBLIC NOTICE

Department of State
F-2021-0451

Date of Issuance – July 14, 2021

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

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

In F-2021-0451 the applicant, Niagara Mohawk Power Corporation, is proposing to install 1.5" diameter 2.4kV electric submarine cable to extend from the eastern shore of Lake of the Isle from the property of Thomas & Wendy Rider along the natural bottom to the point of land of Michael & Shawna Hayes, approx. 800 feet. This project is located at 19515 Rock Baie Road, Town of Orleans, Jefferson County, St. Lawrence River

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/07/f-2021-0451.pdf>

SUMMARY
SPA #21-0020

This State Plan Amendment proposes to revise State Plan to assist SUNY Upstate, who will be opening a new Dual Diagnosis Inpatient unit. It is a specialized inpatient psych unit providing neurobehavioral health care for the alternatively assessed (low functioning like Downs Syndrome) and children with autism.

DRAFT

**New York
136(b.2)**

Hospitals (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|---------------------------------------|--------------------------------|
| Bassett Medical Center | \$861,356 | 04/01/2018 – 03/31/2019 |
| | \$861,356 | 04/01/2019 – 03/31/2020 |
| | \$861,360 | 04/01/2020 – 03/31/2021 |
| | | |
| Claxton Hepburn Medical Center | \$ 250,000 | 01/01/2020 – 03/31/2020 |
| | \$1,000,000 | 04/01/2020 – 03/31/2021 |
| | \$1,000,000 | 04/01/2021 – 03/31/2022 |
| | \$ 750,000 | 04/01/2022 – 12/31/2022 |
| | | |
| Oswego Hospital | \$250,000 | 02/01/2015 - 03/31/2015 |
| | \$1,000,000 | 04/01/2015 - 03/31/2016 |
| | \$1,000,000 | 04/01/2016 – 03/31/2017 |
| | \$750,000 | 04/01/2017 - 06/30/2017 |
| | \$387,520 | 04/12/2018 – 03/31/2019 |
| | \$737,626 | 04/01/2019 – 03/31/2020 |
| | \$374,854 | 04/01/2020 – 03/31/2021 |
| | | |
| Arnot Health, Inc/St. Joseph's Hospital Elmira | \$1,553,578 | 09/11/2014 – 03/31/2015 |
| | \$1,773,128 | 04/01/2015 – 03/31/2016 |
| | \$1,710,279 | 04/01/2016 – 03/31/2017 |
| | \$ 301,744 | 12/01/2017 – 03/31/2018 |
| | \$ 618,290 | 04/01/2018 – 03/31/2019 |
| | \$ 590,069 | 04/01/2019 – 03/31/2020 |
| | \$ 289,897 | 04/01/2020 – 03/31/2021 |
| | | |
| <u>SUNY Upstate Medical University</u> | <u>\$ 252,500</u> | <u>09/01/2021 – 03/31/2022</u> |
| | <u>\$1,611,403</u> | <u>04/01/2022 – 03/31/2023</u> |
| | <u>\$1,333,803</u> | <u>04/01/2023 – 03/31/2024</u> |
| | <u>\$1,002,294</u> | <u>04/01/2024 – 03/31/2025</u> |

TN #21-0020Supersedes TN #20-0004

Approval Date _____

Effective Date September 1, 2021

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 Amendment for non-institutional services to improve health outcomes for individuals with Sickle Cell Disease. The following changes are proposed:

- Effective on or after September 1, 2021, the Health Home Program will expand single-qualifying conditions to include Sickle Cell Disease. This will allow adults and children diagnosed with Sickle Cell Disease to enroll in the program in the absence of another qualifying condition. This update is in response to the recommendation made by an expert panel convened to improve outcomes for people with Sickle Cell Disease in New York State as a result of the 2020 Medicaid Redesign Team II initiative.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$1.29 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

The Office of Mental Health and the Department of Health propose to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to Article 28 Hospitals that are undergoing a restructuring to protect and enhance access to care, quality of care and the health care delivery system. These payments are currently authorized by Section 2826 of the New York Public Health Law. The following changes are proposed:

Institutional Services:

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

- SUNY Upstate Medical University

The aggregate payment amounts total up to \$252,500 for the period September 1, 2021 through March 31, 2022.

The aggregate payment amounts total up to \$1,611,403 for the period April 1, 2022 through March 31, 2023.

The aggregate payment amounts total up to \$1,333,803 for the period April 1, 2023 through March 31, 2024.

The aggregate payment amounts total up to \$1,002,294 for the period April 1, 2024 through March 31, 2025.

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

Islip Resource Recovery Agency

Pursuant to section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, the Islip Resource Recovery Agency hereby gives notice of the following:

The Islip Resource Recovery Agency, Islip, NY is soliciting proposals from qualified administrative service agencies and/or financial organizations for trust and accounting services and administration in connection with a Deferred Compensation Plan for employees of the Islip Resource Recovery Agency that will meet the requirements of Section 457 of the Internal Revenue Code and section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Nancy S. Blanco, CPA, Treasurer, Islip Resource Recovery Agency, 401 Main St., Rm. 301, Islip, NY 11752 or via e-mail to nblanco@islipny.gov

All proposals must be submitted not later than September 24, 2021.

PUBLIC NOTICE

New York City

Deferred Compensation Plan and NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide Auditing Services for the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Wednesday, July 28, 2021. Responses are due no later than 4:30 p.m. Eastern Time on Wednesday, August 25, 2021. To obtain a copy of the RFP, please visit the Plan's website at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents.

If you have any questions, please email them to: Georgette Gestely, Director, at RPretax@nyceplans.org

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

PUBLIC NOTICE

Department of State

The New York State Appearance Enhancement Advisory Committee will hold an open board meeting on September 13, 2021 at 10:30 a.m. at the New York State Department of State, 99 Washington Avenue, 5th Floor Conference Room, Albany; and, 123 William Street, 2nd Floor Conference Room, New York City.

Should you require further information, please contact: Denise Tidings at Denise.Tidings@dos.ny.gov or (518) 402-4921.

PUBLIC NOTICE

Department of State F-2021-0477

Date of Issuance - August 25, 2021

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

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

In F-2021-0477, The Town of Smithtown is proposing to rehabilitate and elevate approximately 1,600LF section of Long Beach Road and construct a hybrid living shoreline will partially below Spring High Water (SHW) to stabilize and prevent undermining the roadway.

Town of Smithtown, Suffolk County, Stony Brook Harbor

The stated purpose of the proposed action is to reduce the frequency with which this section of roadway becomes impassable due to Stony Brook Harbor inundating the roadway.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/august/f-2021-0477consist.cert.pdf>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or September 9, 2021.

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

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

PUBLIC NOTICE

Department of State F-2021-0535

Date of Issuance - August 25, 2021

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

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

In F-2021-0535, Blind Sodus Bay Western Bluff REDI Project, the applicant, Wayne County Soil and Water Conservation District, is proposing construct a 900 linear foot reinforced earth full height stepped gabion wall, soil nailing to stabilize a 190 linear foot existing bulkhead and placement of extra-large rip rap at the toe of both the new gabions and existing bulkhead. The purpose of the proposed activity is to stabilize the existing 12 foot to 42 foot high lake shore bluff to protect existing public infrastructure and further property loss at the top of the embankment.

The site is located at the western bluff at Blind Sodus Bay in Town of Wolcott, Wayne County, along Blind Sodus Bay and Lake Ontario.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/08/f-2021-0535a.pdf> and <https://dos.ny.gov/system/files/documents/2021/08/f-2021-0535b.pdf>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department

SUMMARY
SPA #21-0026

This State Plan Amendment proposes to designate Sickle Cell Disease as a singly qualifying condition for both Health Homes serving adults and Health Homes serving children.

DRAFT

NY- Submission Package- NY-21-0026

Follow

[RequestSystem Help](#)

-All Reviewable Units

Submission -Summary

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header**Package ID**

SPA ID NY-21-0026

Submission Type Draft**Initial Submission Date****Approval Date****Effective Date** 9/1/2021

Superseded SPA 20-0034

ID[View implementation Guide](#)[View All Responses](#)**State Information****State/Territory Name** New York**Medicaid Agency Name** Department of Health**Submission Component** State Plan Amendment Medicaid CHIP**Submission Type** Official Submission Package Draft Submission Package**Allow this official package to be viewable by other states?** Yes No**Key Contacts****Name****Title****Phone Number****Email Address**

Regina Deyette

NYS Medicaid State Plan Coordinator

(518)473-3658

regina.deyette@health.ny.gov

SPA ID and Effective Date

SPA ID NY- 21-0026

| Reviewable Unit | Proposed Effective Date |
|--|-------------------------|
| Health Homes Intro | 10/1/2017 |
| Health Homes Population and Enrollment Criteria | 9/1/2021 |
| Health Homes Geographic Limitations | 10/1/2016 |
| Health Homes Services | 10/1/2016 |
| Health Homes Providers | 10/1/2016 |
| Health Homes Service Delivery Systems | 10/1/2016 |
| Health Homes Payment Methodologies | 9/1/2021 |
| Health Homes Monitoring Quality Measurement and Evaluation | 10/1/2016 |

Executive Summary

Summary Description Including Goals and Objectives

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in this State Plan Amendment will eliminate separate per member per month payments for outreach to Health Homes Serving Adults and Health Homes Serving Children. The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to add Sickle Cell Disease as a single qualifying conditions for Health Homes Serving Adults and Health Homes Serving Children.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review
none

Disaster-Related Submission

This submission is related to a disaster

Yes

No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|-------------|
| First | 2021 | \$129,253 |
| Second | 2022 | \$1,551,040 |

Federal Statute/Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Governor's Office Review

No comment

Comments received

Records/Submission Packages

NY- Submission Package- (NY-21-0026)

Follow

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-All Reviewable Units

Submission -Medicaid State Plan

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

| | | |
|--------------------------|--------------------------------|------------|
| Package ID | SPA ID | NY-21-0026 |
| Submission Type | Initial Submission Date | |
| Approval Date | Effective Date | 9/1/2021 |
| Superseded SPA ID | 20-0034 | |

[View implementation Guide](#)

[View All Responses](#)

Submission - Medicaid State Plan

The submission includes the following

Benefits

Health Homes Program

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

- Create new program from blank form
- Copy from existing Health Homes program

Name of Health Homes Program: NYS Health Home Program

Records/Submission Packages

NY- Submission Package- (NY-21-0026)

Follow

[RequestSystem Help](#)

-All Reviewable Units

Submission – Public Comment**MEDICAID- Health Homes- NYS Health Home Program**

Not Started

In Progress

Complete

Package Header**Package ID**

SPA ID NY-21-0026

Submission Type**Initial Submission Date****Approval Date****Effective Date** 09/01/2021**Superseded SPA** 20-0034**ID**[View implementation Guide](#)**Name of Health Homes Program** NYS Health Home Program**Indicate whether public comment was solicited with respect to this submission.**

- Public notice was not required and comment was not solicited
- Public notice was not required but comment was solicited
- Public notice was required and comment was solicited

Indicate how the public notice was issued and public comment was solicited

- Newspaper Announcement
- Publication in states administrative record in accordance with the administrative procedure requirements **Date of Publication** August 25, 2021
- Email to Electronic Mailing List or Similar
- Mechanism Website Notice
- Public Hearing or Meeting
- Other Method

Upload copies of public notices and other documents used

| Name | Date Created | Type |
|--------------------------|--------------|------|
| NYS Register for 21-0026 | | |

Upload with this application a written summary of public comments received (optional)

| Name | Date Created | Type |
|------|--------------|------|
|------|--------------|------|

No items available

Indicate the key Issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service Delivery
- Other Issue

DRAFT

Records/Submission Packages

NY- Submission Package-(NY-21-0026)

Follow

[Request System Help](#)**Submission –Tribal Input**

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

Package ID

SPA ID NY- 21-0026

Submission Type

Initial Submission Date

Approval Date

Effective Date 9/1/2021

Superseded SPA 20-0034

ID

[View implementation Guide](#)

Name of Health Homes Program NYS Health Home Program

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

- Yes
 No

This state plan is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

~~Indian Health Programs and Urban Indian Organizations are encouraged, but not required, to participate in health home delivery as a care management agency or network provider to provide culturally competent care for tribe members, and so would not be impacted by the elimination of the outreach rate.~~ Indian Health Programs and Urban Indian Organizations are encouraged, but not required, to participate in health home delivery as a care management agency or network provider to provide culturally competent care for tribe members, and so would not be impacted by the addition of Sickle Cell Disease as a single qualifying condition.

Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following Information regarding any tribal consultation conducted with respect to this submission

Tribal consultation was conducted in the following manner

Indian Health Programs

| Name of Program | Date of consultation | Method/location of consultation |
|-----------------|----------------------|---------------------------------|
| Health Clinic | | Consultation mailed |

Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation

Indian Tribes

| Name of Tribe | Date of consultation | Method/Location of consultation |
|---------------|----------------------|---------------------------------|
|---------------|----------------------|---------------------------------|

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also, upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively, indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name | Date Created | Type |
|----------|--------------|------|
| Tribal 1 | | |
| Tribal 2 | | |
| Tribal 3 | | |
| Tribal 4 | | |

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Records/Submission Packages

NY- Submission Package-(NY-21-0026) [Follow](#)

[Request](#) [System](#) [Help](#)

[All](#) [Reviewable](#) [Units](#)

Submission – SAMHSA Consultation

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

Package ID

SPA ID 21-0026

Submission Type

Initial Submission Date

Approval Date

Effective Date 9/1/2021

Superseded SPA ID 20-0034

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[View All Responses](#)

Name of Health Homes Program NYS Health Home Program

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation

DRAFT

Records/Submission Packages

NY- Submission Package- (NY-21-0026)

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-All Reviewable Units

Health Homes Intro

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

| | | |
|--------------------------|---------|-----------------------------------|
| Package ID | | SPA ID NY-21-0026 |
| Submission Type | Draft | Initial Submission Date NA |
| Approval Date | | Effective Date 9/1/2021 |
| Superseded SPA ID | 20-0034 | |

[View implementation Guide](#)
[View All Responses](#)

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program NYS Health Home Program

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Summary description including goals and objectives

New state plan amendment supersedes transmittal# 20-0034

Transmittal# 21-0026

Part I: Summary of new State Plan Amendment (SPA) # 21-0026

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

- ~~Effective July 1, 2020, eliminate the Health Home per member per month (pmpm) "outreach" payment for all members (adults and children) in the case finding group from \$75 pmpm to a rate of \$0 pmpm.~~

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to add sickle cell disease as a single qualifying condition for Health Homes Serving Adults and Health Homes Serving Children. The majority of children with sickle cell disease in New York are enrolled in Medicaid, yet of the approximately 2,000 individuals under 21 years old only 10% were enrolled in Health Home in 2018. The Department is submitting this request based on the recommendations of an expert workgroup to ensure effective transition of young adults with sickle cell disease from pediatric to adult care. Individuals with sickle cell disease face significant challenges in accessing appropriate services, especially as they transition to adulthood. Current challenges include family and youth's understanding of the disease; youth attendance at peer support groups; keeping medical appointments; educational materials that consider literacy and language needs; and readiness of adult providers to accept SCD patients. Enrolling youth in Health Homes will provide these individuals with additional supports to address these challenges.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers
- The state provides assurance that FMAP for Health Home Services shall be 90% for the first eight fiscal quarters from the effective date of the SPA after the first eight quarters, expenditures will be claimed at the regular matching rate.

The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.

The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Records/Submission Packages

NY- Submission Package- (NY-21-0026)

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Health Homes Population and Enrollment Criteria

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

Package ID

SPA ID 21-0026

Submission Type Draft

Initial Submission Date

Approval Date N/A

Effective Date 9/1/2021

Superseded SPA 20-0034

ID

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Categories of Individuals and Populations Provided Health Homes Services

The state will make Health Homes services available to the following categories of Medicaid Participants

Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups

Medically Needy Eligibility Groups

Mandatory Medically Needy

Medically Needy Pregnant Women

Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population)

Families and Adults

Medically Needy Children Age 18 through 20

Medically Needy Parents and Other Caretaker Relatives

Aged, Blind and Disabled

Medically Needy Aged, Blind, Disabled

Medically Needy Blind, Disabled Individuals Eligible in 1973

Population Criteria

The State elects to offer Health Homes services to individuals with

Two or more chronic conditions**Specify the conditions included**

- Mental Health Condition**
- Substance Use Disorder**
- Asthma**
- Diabetes**
- Heart Disease**
- BMI over 25**
- Other (specify)**

| Name | Description |
|-------------|---|
| BMI over 25 | BMI is defined as at or above 25 for adults and BMI at or above the 85 percentile for children. |

 One chronic condition and the risk of developing another**Specify the conditions included**

- Mental Health Condition**
- Substance Use Disorder**
- Asthma**
- Diabetes**
- Heart Disease**
- BMI over 25**
- Other (specify)**

| Name | Description |
|----------------------------|-----------------------|
| HIV/AIDS | see description below |
| One Serious Mental illness | see description below |
| SED/Complex Trauma | see description below |
| Sickle Cell Disease | see description below |

Specify the criteria for at risk of developing another chronic condition

HIV, Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) and complex trauma are each single qualifying conditions for which NYS was approved.

Providers do not need to document a risk of developing another condition in these cases.

New York's Medicaid program serves over 5 million enrollees with a broad array of health care needs and challenges. While many Medicaid enrollees are relatively healthy and access practitioners to obtain episodic and preventive health care, the Medicaid program also has several population groups who have complex medical, behavioral and long term care needs that drive a high volume of high cost services including inpatient and long term institutional care.

Of the 5.4M Medicaid enrollees who access services on a fee for service or managed care basis, 975,000 (including dual eligibles) have been identified as high cost/high need enrollees with two or more chronic conditions and/or a Serious Persistent Mental Illness. These high cost/high need enrollees are categorized into four groups representing enrollees with intellectual disabilities, enrollees in need of long term care services, enrollees with behavioral health issues, and enrollees with two or more chronic medical conditions. One of NY's first health home initiatives ~~with~~ focused on enrollees with behavioral health and/or chronic medical conditions.

The NYS Medicaid program plans to certify health homes that build on current provider partnerships. Applicant health home providers will be required to meet State defined health home requirements that assure access to primary, specialty, behavioral health care that support the integration and coordination of all care. Recently passed New York State Law provides the Commissioners of Mental Health, Alcoholism and Substance Abuse Services, and People with Developmental Disabilities the authority to integrate care delivery by synching health care, substance abuse services and mental health certification requirements for health homes. Approved health homes will directly provide, or contract for, health home services to the identified eligible beneficiaries. To meet this goal, it is expected that health home providers will develop health home networks with primary, medical, specialty and mental health providers, substance abuse service providers, community based organizations, managed care plans and others to provide enrollees access to needed services.

To facilitate the use of health information technology by health homes to improve service delivery and coordination across the care continuum, NY has developed initial and final HIT standards for health homes that are consistent with NYS' Operational Plan for Health Information Technology and Exchange approved by CMS. Providers must meet initial HIT standards to implement a health home. Furthermore, applicants must provide a plan to achieve the final standards within eighteen months of program initiation in order to be approved as a health home provider.

To the extent possible health home providers will be encouraged to utilize regional health information organizations or qualified entities to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. hospitals, TCMs). Health home providers will be encouraged to utilize HIT as feasible to create, document, execute and update a plan of care that is accessible to the interdisciplinary team of providers for every patient. Health home providers will also be encouraged to utilize HIT as feasible to process and follow up on patient testing, treatments, community based services and provider referrals.

NY will target populations for health homes services in the major categories and the associated 3M Clinical Risk Group categories of chronic behavioral and medical conditions listed below:

Major Category: Alcohol and Substance Abuse 3M Clinical Risk Group (3M CRGs) Category

1. Alcohol Liver Disease
2. Chronic Alcohol Abuse
3. Cocaine Abuse
4. Drug Abuse- Cannabis/NOS/NEG
5. Substance Abuse
6. Opioid Abuse
7. Other Significant Drug Abuse

Major Category: Mental Health 3M Clinical Risk Group (3M CRGs) Category

1. Bi-Polar Disorder
2. Conduct, Impulse Control, and Other Disruptive Behavior Disorders
3. Dementing Disease
4. Depressive and Other Psychoses
5. Eating Disorder
6. Major Personality Disorders
7. Psychiatric Disease (Except Schizophrenia)
8. Schizophrenia

Major Category: Cardiovascular Disease 3M Clinical Risk Group (3M CRGs) Category

1. Advanced Coronary Artery Disease
2. Cerebrovascular Disease
3. Congestive Heart Failure
4. Hypertension
5. Peripheral Vascular Disease

Major Category: HIV/AIDS 3M Clinical Risk Group (3M CRGs) Category

1. HIV Disease

Major Category: Metabolic Disease 3M Clinical Risk Group (3M CRGs) Category

1. Chronic Renal Failure
2. Diabetes

Major Category: Respiratory Disease 3M Clinical Risk Group (3M CRGs) Category

1. Asthma
2. Chronic Obstructive Pulmonary Disease

Major Category: Other 3M Clinical Risk Group (3M CRGs) Category

1. Other Chronic Disease –conditions listed above as well as other specific diagnoses of the population.

Description of population selection criteria

The target population to receive health home services under this amendment includes categorically needy and medically needy beneficiaries served by Medicaid managed care or fee for service and Medicare/Medicaid dual eligible beneficiaries who meet health home selection criteria. NY will offer Health Home services to individuals with two or more Chronic conditions, individuals with HIV/AIDS, individuals with one serious mental illness, individuals with SED, individuals with complex trauma and individuals with Sickle Cell Disease,.

Enrollees in the behavioral health category have been identified through claims and encounter data analysis as having received mental health substance abuse services and/or having select mental health diagnoses. These enrollees often have co-morbid, chronic medical conditions. In

addition, based on experience in working with this population, many of these enrollees have social issues, such as lack of permanent housing that take priority to these individuals over their health care conditions. Enrollees in the chronic medical condition category have been identified through claims and encounter data analysis as having two or three chronic medical conditions.

Complex trauma exposure in childhood has been shown to impair brain development and the ability to learn and develop social and emotional skills during childhood, consequently increasing the risks of developing serious or chronic diseases in adolescence and adulthood. Children who have experienced complex trauma and who are not old enough to have experienced long-term impacts are uniquely vulnerable. Childhood exposure to child maltreatment, including emotional abuse and neglect, exposure to violence, sexual and physical abuse are often traumatic events that continue to be distressing for children even after the maltreatment has ceased, with negative physical, behavioral, and/or psychological effects on the children. Since child maltreatment occurs in the context of the child's relationship with a caregiver, the child's ability to form secure attachment bonds, sense of safety and stability, are disrupted. Without timely and effective intervention during childhood, a growing body of research shows that a child's experience of these events (simultaneous or sequential maltreatment) can create wide-ranging and lasting adverse effects on developmental functioning, and physical, social, emotional or spiritual well-being. Enrolling children who are experiencing complex trauma in Health Homes will work to prevent, while an individual is still in childhood, the development of other more complex chronic conditions in adulthood.

Enrollees in the complex trauma category will be identified for referral to Health Homes by various entities, including child welfare systems (i.e., foster care and local departments of social services) health and behavioral health care providers and other systems (e.g. education) that impact children.

Enrollees in the behavioral health category have been identified through claims and encounter data analysis as having received mental health or substance abuse services and/or having select mental health diagnoses. These enrollees often have co-morbid chronic, medical conditions. In addition, based on experience in working with this population, many of these enrollees have social issues such as lack of permanent housing that take priority to these individuals over their health care conditions. Enrollees in the chronic medical condition category have been identified through claims and encounter data analysis as having two or three chronic medical conditions.

One serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition

The guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as co-morbidities or multiple diagnoses. 1. Definition of Complex Trauma a. the term complex trauma incorporates at least i. infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature and ii. The wide ranging long-term impact of this exposure b. Nature of the traumatic events: i. often is severe and pervasive, such as abuse or profound neglect ii. usually begins early in life iii. Can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.) iv. often occur in the context of the child's relationship with a caregiver and v. can interfere with the child's ability to form a secure attachment bond which is considered a prerequisite for healthy social-emotional functioning. c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability d. wide-ranging, long-term adverse effects can include impairments in i. physiological responses and related neurodevelopment, ii. emotional responses, iii. cognitive processes including the ability to think, learn and concentrate iv. Impulse control and other self-regulating behavior, v. self-image vi. relationships with others and vii. dissociation. Effective October, 1 2016 complex trauma and SED will each be a single qualifying condition.

Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid Individuals into a Health Home

- Opt-In to Health Homes provider**
- Referral and assignment to Health Homes provider with opt-out**
- Other (describe)**

Describe the process used

Any individual, including those for which consent to enroll in a health home will be provided by a parent or guardian, will be referred to health homes by health homes, care managers, managed care plans, and other providers and entities, including local departments of social services, and local government units. Referrals will be processed for assignment, and such assignments will take into account existing relationships with health care providers or health care delivery system relationships, geography, and/or qualifying condition. Such individuals/parent/guardians will be given the option to choose another health home when available or opt out of enrollment of a health home.

The state provides assurance that it will clearly communicate individual's right to opt out of the Health Homes benefit or to change Health Homes providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individuals of the Health Homes benefit and the rights to choose or change Health Homes providers or to elect not to receive the benefit.

| Name | Date Created | Type |
|-------------------------|--------------|--------------|
| NY Health Home Brochure | 9/14/2016 | 10:08 AM EDT |

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Health Homes Geographic Limitations

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

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Package Header

Package ID

SPA ID NY- 21-0026

Submission Type

Initial Submission Date

Approval Date

Effective Date 9/1/2021

Superseded SPA 20-0034

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- Health Homes services will be available statewide
- Health Homes services will be limited to the following geographic areas
- Health Homes services will be provided in geographic phased-in approach

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Records/Submission Packages

NY- Submission Package- (NY-21-0026)

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[RequestSystem Help](#)[All Reviewable Units](#)**Health Homes Services**

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

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Package Header**Package ID****SPA ID** NY- 21-0026**Submission Type** Draft**Initial Submission Date****Approval Date****Effective Date** 9/1/2021**Superseded SPA** 20-0034ID[View implementation Guide](#)[View All Responses](#)**Service Definitions**

Provide the state's definitions of the following Health Homes services and the specific activities performed under each service

Comprehensive Care Management Definition**Definition**

A comprehensive individualized patient center care plan will be required for all health home enrollees. The care plan will be developed based on the information obtained from a comprehensive health risk assessment used to identify the enrollee's physical, mental health, chemical dependency and social service needs. The individualized care plan will be required to include and integrate the individual's medical and behavioral health services, rehabilitative, long term care, social service needs, as applicable. The care plan will be required to clearly identify the primary care physician/nurse practitioner, specialist(s), behavioral health care provider(s), care manager and other providers directly involved in the individual's care. The individual's plan of care must also identify community networks and supports that will be utilized to address their needs. Goals and timeframes for improving the patient's health, their overall health care status and the interventions that will produce this effect, must also be included in the plan of care.

The care manager will be required to make sure that the individual (or their guardian) plays a central and active part in the development and execution of their plan of care, and that they are in agreement with the goals, interventions and time frames contained in the plan. Family members and other supports involved in the patient's care should be identified and included in the plan and execution of care as requested by the individual.

The care plan must also include outreach and engagement activities which will support engaging the patient in their own care and promote continuity of care. In addition, the plan of care will include periodic reassessment of the individual's needs and goals and clearly identify the patient's progress in meeting goals. Changes in the plan of care will be made based on changes in patient need.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

To facilitate the use of health information technology by health homes to improve service delivery and coordination across the care continuum, NY has developed initial and final HIT standards. Providers must meet the initial HIT standard to implement a health home, as feasible. NY anticipates that a portion of health home providers may not utilize HIT in their current programs. These providers will be encouraged to utilize regional health information organizations (RHIO's) or a qualified entity to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. Hospitals, TCMs). Applicants must provide a plan in order to achieve the final HIT standards within eighteen months of program initiation in order to be approved as a health home providers. Health home providers will be encouraged to utilize HIT as feasible to create, document and execute and update a plan of care for every patient that is accessible to the interdisciplinary team of providers.

Health home providers will also be encouraged to utilize HIT as feasible to process and follow up on patient testing, treatments, services and referrals.

Scope of service

The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type

Multidisciplinary teams

Description

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care.

Care Coordination

Definition

The health home provider will be accountable for engaging and retaining health home enrollees in care, as well as coordinating and arranging for the provision of services, supporting adherence to treatment recommendations, and monitoring and evaluating the enrollee's needs. The individualized plan of care will identify all of the services necessary to meet goals needed for care management of the enrollee such as prevention, wellness, medical treatment by specialists and behavioral health providers, transition of care from provider to provider, and social and community services where appropriate.

In order to fulfill the care coordination requirements, the health home provider will assign each individual enrollee one dedicated care manager who is responsible for overall management of the enrollee's plan of care. The enrollee's health home care manager will be clearly identified in the patient record and will have overall responsibility and accountability for coordinating all aspects of the individual's care. The health home provider will be responsible to assure that communication will be fostered between the dedicated care manager and treating clinicians to discuss as needed enrollee's care needs, conflicting treatments, change in condition etc. which may necessitate treatment change (i.e., written orders and/or prescriptions).

The health home provider will be required to develop and have policies, procedures and accountabilities (contractual agreements) in place, to support and define the roles and responsibilities for effective collaboration between primary care, specialist, behavioral health providers and community-based organizations. The health home providers policies and procedures will direct and incorporate successful collaboration through use of evidence-based referrals, follow-up consultations, and regular, scheduled case review meetings with all members of the interdisciplinary

team. The health home provider will have the option of utilizing technology conferencing tools including audio, video and/or web deployed solutions when security protocols and precautions are in place to protect PHI to support care management coordination activities.

The health home provider will be required to develop and utilize a system to track and share patient information and care needs across providers, monitor patient outcomes, and initiate changes in care as necessary to address patient need.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Health home providers will be encouraged to utilize RHIOs or a qualified entity to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. hospitals, TCMs). Health home providers will utilize HIT as feasible to create, document and execute and update a plan of care for every patient that is accessible to the interdisciplinary team of providers. Health home providers will also be encouraged to utilize HIT as feasible to monitor patient outcomes, initiate changes in care and follow up on patient testing, treatments, services and referrals.

Scope of Service

The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type

Multidisciplinary teams

Description

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care.

Health Promotion

Definition

Health promotion begins for eligible health home enrollees with the commencement of outreach and engagement activities. NYS' health home plan for outreach and engagement will require a health home provider to actively seek to engage patients in care by phone, letter, HIT and community "in reach" and outreach. Each of these outreach and engagement functions will include aspects of comprehensive care management, care coordination, and referral to community and social support services. All of the activities are built around the notion of linkages to care that address all of the clinical and non-clinical care needs of an individual and health promotion. The health home provider will support continuity of care and health promotion through the development of a treatment relationship with the individual and the interdisciplinary team of providers. The health home provider will promote evidence based wellness and prevention by linking health home enrollees with resources for smoking cessation, diabetes, asthma, hypertension, self-help recovery resources, and other services based on individual needs and preferences. Health promotion activities will be utilized to promote patient education and self-management of their chronic condition.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Health Home providers will be encouraged to utilize RHIOs or a qualified entity to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e.: Hospitals, TCMs). The health home providers will utilize HIT as feasible to promote, link, manage and follow up on enrollee health promotion activities.

Scope of service

The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type

Multidisciplinary teams

Description

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care.

Comprehensive Transitional Care from Inpatient to Other Settings (including appropriate follow up)

Definition

Comprehensive transitional care will be provided to prevent enrollee avoidable readmission after discharge from an inpatient facility (hospital, rehabilitative, psychiatric, skilled nursing or treatment facility) and to ensure proper and timely follow up care. To accomplish this, the health home provider will be required to develop and have a system in place with hospitals and residential/rehabilitation facilities in their network to provide the health home care manager prompt notification of an enrollee's admission and/or discharge to/from an emergency room, inpatient, or residential rehabilitation setting.

The health home provider will also have policies and procedures in place with local practitioners, health facilities including emergency rooms, hospitals, and residential rehabilitation settings, providers and community-based services to ensure coordinated, and safe transition in care for its patients who require transfer to/from sites of care.

The health home provider will be required to develop and have a systematic follow-up protocol in place to assure timely access to follow-up care post discharge that includes at a minimum receipt of a summary care record from the discharging entity, medication reconciliation, and a plan for timely scheduled appointments at recommended outpatient providers.

The health home care manager will be an active participant in all phases of care transition including discharge planning and follow-up to assure that enrollees received follow up care and services and re-engagement of patients who have become lost to care.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Health home providers will be encouraged to utilize RHIOs or a qualified entity to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. hospitals, TCMs). The health home provider will utilize HIT as feasible to communicate with health facilities and to facilitate interdisciplinary collaboration among all providers, the patient, family, caregivers, and local supports.

Scope of service**The service can be provided by the following provider types**

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type

Multidisciplinary teams

Description

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a

dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care.

Individual and Family Support (which includes authorized representatives)

Definition

The patient's individualized plan of care will reflect and incorporate the patient and family or caregiver preferences, education and support for self-management, self-help recovery, and other resources as appropriate. The provider will share and make accessible to the enrollee, their families or other caregivers (based on the individual's preferences), the individualized plan of care by presenting options for accessing the enrollee's clinical information.

Peer supports, support groups, and self-care programs will be utilized by the health home provider to increase patients' and caregivers knowledge about the individual's disease(s), promote the enrollee's engagement and self-management capabilities, and help the enrollee improve adherence to their prescribed treatment. The provider will discuss and provide the enrollee, the enrollee's family and caregivers, information on advance directives in order to allow them to make informed end-of-life decisions ahead of time.

The health home provider will ensure that all communication and information shared with the enrollee, the enrollee's family and caregivers is language, literacy and culturally appropriate so it can be understood.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Health Home providers will be encouraged to utilize RHIOs or a qualified entity to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. hospitals, TCMs). The health home provider will utilize HIT as feasible to provide the patient access to care plans and options for accessing clinical information.

Scope of service

The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type

Description

Multidisciplinary teams

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care.

Referral to Community and Social Support Services

Definition

The health home provider will identify available community based resources and actively manage appropriate referrals, access to care, engagement with other community and social supports, coordinate services and follow-up post engagement with services. To accomplish this, the health home provider will develop policies, procedures and accountabilities (through contractual agreements) to support effective collaboration with community based resources that clearly define the roles and responsibilities of the participants.

The plan of care will include community-based and other social support services. Appropriate and ancillary healthcare services that address and respond to the patient's needs and preferences, and contribute to achieving the patient's goals.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Health Home providers will be encouraged to utilize RHIOs or a qualified entity to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. Hospitals, TCMs). The health home providers will utilize HIT as feasible to initiate, manage, and follow-up on community-based and other social service referrals.

Scope of service

The service can be provided by the following provider types

- Behavioral Health Professionals or Specialists
- Nurse Practitioner
- Nurse Care Coordinators
- Nurses
- Medical Specialists
- Physicians
- Physician's Assistants
- Pharmacists
- Social Workers
- Doctors of Chiropractic
- Licensed Complementary and alternative Medicine Practitioners
- Dieticians
- Nutritionists
- Other (specify)

Provider Type

Multidisciplinary teams

Description

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social

workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care.

Health Homes Patient Flow

Describe the patient flow through the state's Health Homes system. Submit with the state plan amendment flow-charts of the typical process a Health Homes Individual would encounter

See NY Health Home Patient flow chart below

| Name | Date Created | Type |
|------------------------------------|-----------------------|------|
| NY Health Home Patient Flow Charts | 9/19/2016 3:56 PM EDT | |

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Records/Submission Packages

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Health Homes Providers

MEDICAID- Health Homes- NYS Health Home Program

Not Started

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Package Header

Package ID

SPA ID 21-0026

Submission Type Draft

Initial Submission Date

Approval Date

Effective Date 9/1/2021

Superseded SPA 20-0034 ID

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Types of Health Homes Providers

Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards.

- Physicians
- Clinical Practices or Clinical Group Practices
- Rural Health Clinics
- Community Health Centers
- Community Mental Health Centers
- Home Health Agencies
- Case Management Agencies
- Community/Behavioral Health Agencies
- Federally Qualified Health Centers (FQHC)

Other (specify)

Provider Type

Description

Designated Providers as described in section 1945 (h)(5)

Please see text below

Teams of Health Care Professionals

Health Teams

Provider Infrastructure

Describe the Infrastructure of provider arrangements for Health Home Services

New York's health home provider infrastructure will include designated providers working with multidisciplinary teams as described below. NYS Medicaid providers eligible to become health homes include managed care plans, hospitals, medical, mental and chemical dependency treatment teams, primary care practitioner practices, PCMHs, FQHCs, Targeted Case Management (TCM) providers, certified home health care agencies and any other Medicaid enrolled provider that meet health home provider standards. To assure that NY health homes meet the proposed

federal health home model of service delivery and NYS standards, health home provider qualification standards were developed. The standards were developed with input from a variety of stakeholders, including hospitals, clinics, physicians, mental health experts, chemical dependency treatment experts and housing providers. Representatives from the Department of Health's Offices of Health Systems Management Health IT Transformation and the AIDS Institute and the NYS Offices of Mental Health and Office of Addiction Services and Supports also participated in the development of these standards. The standards set the ground work for assuring that health home enrollees will receive appropriate and timely access to medical, behavioral, and social services in a coordinated and integrated manner.

NY health homes will use multidisciplinary teams of medical, mental health, chemical dependency treatment providers, social workers, nurses and other care providers led by a dedicated care manager who will assure that enrollees receive needed medical, behavioral, and social services in accordance with a single plan of care. Optional team members may include nutritionists/dietitians, pharmacists, outreach workers, including peer specialists and other representatives as appropriate to meet the enrollee needs (housing representatives, entitlement, employment). All members of the team will be responsible for reporting back to the care manager on patient status, treatment options, actions taken and outcomes as a result of those interventions. All members of the team will also be responsible for ensuring that care is person centered, culturally competent and linguistically capable.

A single care management record will be agreed to and shared by all team professionals and case reviews will be conducted on a regular basis. The care manager will be responsible for overall management and coordination of the enrollee's care plan which will include both medical/behavioral health, and social service needs and goals.

In order to ensure the delivery of quality health home services, the State will provide educational opportunities for health home providers, such as webinars, regional meetings and/or learning collaboratives to foster shared learning, information sharing and problem solving. Educational opportunities will be provided to support the provision of timely comprehensive, high-quality health homes services that are whole person focused and that integrate medical, behavioral health, and other needed supports and social services. The State will maintain a highly collaborative and coordinated working relationship with individual health home providers through frequent communication and feedback. Learning activities and technical assistance will also support providers of health homes services to address the following health home functional components:

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services.
2. Coordinate and provide access to high-quality health care services informed by evidence-based clinical practice guidelines.
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders:
4. Coordinate and provide access to mental health and substance abuse services:
5. Coordinate and provide access to comprehensive care management care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care.
6. Coordinate and provide access to chronic disease management including self-management support to individuals and their families.
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services.
8. Coordinate and provide access to long-term care supports and services.
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health care related needs and services.
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate, and
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

The Department of Health in partnership with the Office of Mental Health and the Office of Addiction Services and Supports will closely monitor health home providers to ensure that health home services are being provided that meet the NYS health home provider standards and CMS' health home core functional requirements. Oversight activities will include, but not be limited to: medical chart and care management record review, site audits, team composition analysis, and review of types and number of contacts, etc.

Supports for Health Homes Providers

Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services.

2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines.
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to and adult system of health care.
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families.
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services.
8. Coordinate and provide access to long-term care supports and services.
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services.
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, and quality of care outcomes at the population level.

Description

Other Health Homes Provider Standards

The state's requirements and expectations for Health Homes providers are as follows

The state's minimum requirements and expectations for Health Home providers are as follows: Under New York State's approach to health home implementation, a health home provider is the central point for directing patient-centered care and is accountable for reducing avoidable healthcare costs, specifically preventable hospital admissions/readmissions and avoidable emergency room visits; providing timely post discharge follow-up, and improving patient outcomes by addressing primary medical, specialist and behavioral health care through direct provision, or through contractual arrangements with appropriate service providers of comprehensive integrated services.

General Qualifications

1. Health home providers/plans must be enrolled (or be eligible for enrollment) in the NYS Medicaid program and agree to comply with all Medicaid program requirements.
2. Health home providers can either directly provide, or subcontract for the provision of health home services. The health home provider remains responsible for all health home program requirements, including services performed by the subcontractor.
3. Care coordination and integration of health care services will be provided to all health home enrollees by an interdisciplinary team of providers where each individual's care is under the direction of a dedicated care manager who is accountable for assuring access to medical and behavioral health care services, and community social supports as defined in the enrollee care plan.
4. Hospitals that are part of a health home network must have procedures in place for referring any eligible individual with chronic conditions who seek or need treatment in a hospital emergency department to a DOH designated health home provider.
5. Health home providers must demonstrate their ability to perform each of the eleven CMS health home core functional components. (Refer to section iii Provider Infrastructure) Including:
 - i. processes used to perform these functions.
 - ii. processes and timeframes used to assure service delivery takes place in the described manner, and
 - iii. description of multifaceted health home service interventions that will be provided to promote patient engagement, participation in their plan of care and that ensures patients appropriate access to the continuum of physical and behavioral health care and social services.
6. Health home providers must meet the following core health home requirements in the manner described below. Health home providers must provide written documentation that clearly demonstrates how the requirements are being met

Please note whenever the individual patient /enrollee is stated when applicable the term is interchangeable with guardian.

I. Comprehensive Care Management

Policies and procedures are in place to create, document, execute and update an individualized, patient centered plan of care for each individual.

1a. A comprehensive health assessment that identifies medical, mental health, chemical dependency and social service needs is developed.

1b. The individual's plan of care integrates the continuum of medical, behavioral health services, rehabilitative, long term care and social service needs and clearly identifies the primary care physician/nurse practitioner, specialist(s), behavioral health care provider(s), care manager and other providers directly involved in the individual's care.

1c. The individual (or their guardian) play a central and active role in the development and execution of their plan of care and should agree with the goals, interventions and time frames contained in the plan.

1d. The individual plan of care clearly identifies primary, specialty, behavioral health and community networks and supports that address their needs.

1e. The individual's plan of care clearly identifies family members and other supports involved in the patient's care. Family and other supports are included in the plan and execution of care as requested by the individual.

1f. The individual's plan of care clearly identifies goals and timeframes for improving the patient's health and health care status and the interventions that will produce this effect.

1g. The individual's plan of care must include outreach and engagement activities that will support engaging patients in care and promoting continuity of care. 1h. The individual's plan of care includes periodic reassessment of the individual's needs and clearly identifies the patient's progress in meeting goals and changes in the plan of care based on changes in patient's need.

II. Care Coordination and Health Promotion

2a. The health home provider is accountable for engaging and retaining health home enrollees in care coordinating and arranging for the provision of services, supporting adherence to treatment recommendations and monitoring and evaluating a patient's needs, including prevention, wellness, medical, specialist and behavioral health treatment, care transitions, and social and community services where appropriate through the creation of an individual plan of care.

2b. The health home provider will assign each individual a dedicated care manager who is responsible for overall management of the patient's care plan. The health home care manager is clearly identified in the patient record. Each individual enrolled with a health home will have one dedicated care manager who has overall responsibility and accountability for coordinating all aspects of the individual's care. The individual cannot be enrolled in more than one care management program funded by the Medicaid program.

2c. The health home provider must describe the relationship and communication between the dedicated care manager and the treating clinicians that assure that the care manager can discuss with clinicians on an as needed basis, changes in patient condition that may necessitate treatment change (i.e. written orders and/or prescriptions).

2d. The health home provider must define how patient care will be directed when conflicting treatment is being provided.

2e. The health home provider has policies and procedures and accountabilities (contractual agreements) to support effective collaborations between primary care, specialist and behavioral health, evidence-based referrals and follow-up and consultations that clearly define roles and responsibilities.

2f. The health home provider supports continuity of care and health promotion through the development of a treatment relationship with the individual and the interdisciplinary team of providers.

2g. The health home provider supports care coordination and facilitates collaboration through the establishment of regular case review meetings, including all members of the interdisciplinary team on a schedule determined by the health home provider. The health home provider has the option of utilizing technology conferencing tools including audio, video, and/or web deployed solutions when security protocols and precautions are in place to protect PHI.

2h. The health home provider ensures 24 hours/seven days a week availability to a care manager to provide information and emergency consultation services.

2i. The health home provider will ensure the availability of priority appointments for health home enrollees to medical and behavioral health care services within their health home provider network to avoid unnecessary, inappropriate utilization of emergency room and inpatient hospital services.

2j. The health home provider promotes evidence based wellness and prevention by linking health home enrollees with resources for smoking cessation. Diabetes, asthma, hypertension, self-help recovery resources, and other services based on individual needs and preferences.

2k. The health home provider has a system to track patient information and care needs across providers and to monitor patient outcomes and initiate changes in care as necessary, to address patient need.

III. Comprehensive Transitional Care

3a. The health home provider has a system in place with hospitals and residential rehabilitation facilities in their network to provide the health home prompt notification of an individual's admission and/or discharge to/from an emergency room, inpatient, or residential/rehabilitation setting.

3b. The health home provider has policies and procedures in place with local practitioners, health facilities, including emergency rooms, hospitals, and residential/rehabilitation settings, providers and community-based services to help ensure coordinated, safe transitions in care for its patients who require transfers in the site of care.

3c. The health home provider utilizes HIT as feasible to facilitate interdisciplinary collaboration among all providers, the patient, family, care givers, and local supports.

3d. The health home provider has a systematic follow-up protocol in place to assure timely access to follow-up care post discharge that includes at a minimum receipt of a summary care record from the discharging entity, medication reconciliation, timely scheduled appointments at recommended outpatient providers, care manager verification with outpatient provider that the patient attended the appointment, and a plan to outreach and reengage the patient in care if the appointment was missed.

IV. Patient and Family Support

4a. Patient's individualized plan of care reflects patient and family or caregiver preferences, education and support for self-management: self-help recovery, and other resources as appropriate.

4b. Patient's individualized plan of care is accessible to the individual and their families or other caregivers based on the individual's preference.

4c. The health home provider utilizes peer supports, support groups and self-care programs to increase patient's knowledge about their disease, engagement and self-management capabilities, and to improve adherence to prescribed treatment

4d. The health home provider discusses advance directives with enrollees and their families or caregivers.

4e. The health home provider communicates and shares information with individuals and their families and other caregivers with appropriate consideration for language, literacy and cultural preferences.

4f. The health home provider gives the patient access to care plans and options for accessing clinical information.

V. Referral to Community and Social Support Services

5a. The health home provider identifies available community-based resources and actively manages appropriate referrals, access, engagement, follow-up and coordination of services.

5b. The health home provider has policies, procedures and accountabilities (contractual agreements) to support effective collaborations with community-based resources, which clearly define roles and responsibilities.

5c. The plan of care should include community-based and other social support services as well as healthcare, that respond to the patient's needs and preferences and contribute to achieving the patient's goals.

VI. Use of Health Information Technology to Link Services

Health home providers will make use of available HIT and accesses data through the regional health information organization (RHIOs)/Qualified Entities (QE) to conduct these processes as feasible to comply with the initial standards cited in items 6a.--6d for implementation of health homes. In order to be approved as health home provider, applicants must provide a plan to achieve the final standards cited in items 6e.-6i within eighteen (18) months of program initiation.

Initial Standards

6a. Health home provider has structured information systems, policies, procedures and practices to create, document, execute and update a plan of care for every patient

6b. Health home provider has a systematic process to follow-up on tests, treatments, services and referrals which is incorporated into the patient's plan of care

6c. Health home provider has a health record system which allows the patient's health information and plan of care to be accessible to the interdisciplinary team or providers and which allows for population management and identification of gaps in care including preventive services.

6d. Health home provider makes use of available HIT and accesses data through the RHIO/QE to conduct these processes as feasible.

Final Standards

6e. Health home provider has structured interoperable health information technology systems, policies, procedures and practices to support the creation, documentation, execution and ongoing management of a plan of care for every patient.

6f. Health home provider uses an electronic health record system that qualifies under the Meaningful Use provisions of the HITECH Act which allows the patient's health information and plan of care to be accessible to the interdisciplinary team of providers. If the provider does not currently have such a system they will provide a plan for when and how they will implement it.

6g. Health home provider will be required to comply with the current and future version of the Statewide Policy Guidance (http://health.ny.gov/technology/statewide_policy_guidance.hlm) which includes common information policies, standards and technical approaches governing health information exchange.

6h. Health home provider commits to joining regional health information networks or qualified health IT entities for data exchange and includes a commitment to share information with all providers participating in a care plan. RHIOs/QE provides policy and technical services required for health information exchange through the Statewide Health Information Network of New York (SHIN-NY).

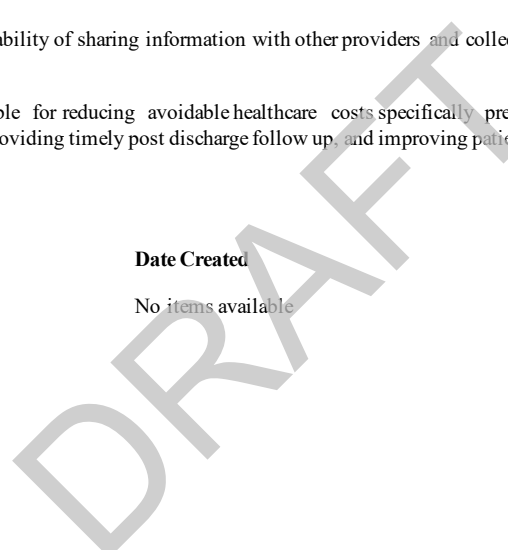
6i. Health home provider supports the use of evidence based clinical decision making tools, consensus guidelines, and best practices to achieve optimal outcomes and cost avoidance. One example of such a tool is PSYCKES.

VII. Quality Measures Reporting to State

7a. The health home provider has the capability of sharing information with other providers and collecting and reporting specific quality measures as required by NYS and CMS.

7b. The health home provider is accountable for reducing avoidable healthcare costs specifically preventable hospital admissions/readmissions and avoidable emergency room visits, providing timely post discharge follow up, and improving patient outcomes as measured by NYS and CMS required quality measures.

| Name | Date Created | Type |
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| No items available | | |



Records/Submission Packages

NY- Submission Package- NY2016MH00020- (NY-21-0026)

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-All Reviewable Units

Health Homes Service Delivery Systems

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

Package ID

SPA ID 21-0026

Submission Type Draft

Initial Submission Date

Approval Date

Effective Date 9/1/2021

Superseded SPA 20-0034

ID

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Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

- Fee for Service
- PCCM
- Risk Based Managed Care
- Other Service Delivery System

Describe if the providers in this other delivery system will be a designated provider or part of the team of health care professionals and how payment will be delivered to these providers:

Managed Care Considerations

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post-discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

- The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

| Name | Date Created | Type |
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|--|----------------------|--|
| Unit 8 – Material on Quality Measures from previously approved 15-20 SPA | 9/9/2016 3:43 PM EDT | |
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| Unit 8 – Material on Monitoring omitted from MMDLY p. 54 | 9/14/2016 9:40 AM EDT | |
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Records/Submission Packages

NY- Submission Package- (NY-21-0026)

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-All Reviewable Units

Health Homes Payment Methodologies

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

Package ID

SPA ID 21-0026

Submission Type Draft

Initial Submission

Approval Date

Effective Date 9/1/2021

Superseded SPA 20-0034

ID

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Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual/Rates Per Service

Per Member, Per Month Rates

Fee for Service Rates based on

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team.

Other (Describe Below)

See text box below regarding rates.

Comprehensive Methodology Included in the Plan

Incentive Payment Reimbursement

Describe any variations in payment based on provider qualification individual care needs, or the intensity of the services provided

See text below

PCCM (description included in Service Delivery section)

Risk Based Managed Care (description included in Service Delivery section)

Alternative models of payment other than Fee for Service or PMPM payments (describe below)

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive Methodology included in the plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

7/1/2020

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care within your description please explain the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Provider Type

NYS Medicaid providers eligible to become health homes include: managed care plans, hospitals, medical, mental and chemical dependency treatment clinics, primary care practitioner practices, PCMHs, FQHCs, Targeted Case Management (TCM) providers, certified home health care agencies and any other Medicaid enrolled providers that meet health home provider standards.

Care Management Fee

Health Homes meeting State and federal standards will be paid a per member per month care management fee that is adjusted based on region and case mix method for adults or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for children age 0 through 20. The total cost relating to a care manager (salary, fringe benefits, non-personal services, capital and administration costs) in conjunction with caseload assumptions were used to develop the Health Home rates. The state periodically reviews the Health Home payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services.

Effective May 1, 2018, the per member per month care management fee for adults will be based on region and case mix defined by population as indicated below. Health Home rates for children will continue to be determined by an algorithm applied to the CANS-NY assessment. The risk adjusted payments will allow providers to receive a diverse population of patients and assign patients to various levels of care management intensity without having to meet preset standards for contact counts. Providers will be able to respond to and adjust the intensity and frequency of intervention based on patient's current condition and needs (from tracking to high touch). All rates will be published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Rates for Health Home services to children are effective October 1, 2016 and apply to services furnished on and after October 1, 2016 through September 30, 2018.

For dates of service beginning June 1, 2018 through December 31, 2018, the per member per month care management fee for Health Homes that are, as of June 1, 2018, designated to serve children only, or designated to serve children in 43 counties and adults and children in one county, shall be adjusted to provide \$4 million in payments to supplement care management fees. The supplemental payments shall be paid no later than March 31, 2019 and will be allocated proportionately among such Health Homes based on services provided between June 1, 2018 and December

1, 2018. The supplemental payments will provide development funds to Health Homes that did not materially benefit from the Health Home Development Rate Add On paid to other Health Homes over the March 2015 to December 2016 period. The supplement shall be a lump sum payment.

Rates for Health Home services furnished to other populations are effective as noted below and apply to services furnished on and after such dates.

State Health Home Rates and Rate Codes Effective October 1, 2017 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_effective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective May 1, 2018 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_effective_october_2018.xlsx

State Health Home Rates and Rate Codes Effective October 1, 2018 can be found at:

https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018.xlsx

State Health Home Rates and Rate Codes Effective July 1, 2021, can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_july_2020.pdf Population Case Mix Definitions for Health Home Adult Rates

Health Home Plus/Care Management Rates includes Adults with active AOT order or expired AOT order within last year; adults stepping down from State PC and ACT; Health and Recovery Plan (HARP) members that meet High risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home High Risk/Need Care Management Rates, include adults that are HARP enrolled members not included in the Health Home Plus/Care Management; any adult member meeting High risk criteria based on the high, medium and low, Clinical and Functional Assessment; and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home Care Management Rates, include all other adults not meeting criteria for Health Home Services Adult Home Transition Rates, Adult Home Plus Rates, Health Home Plus/Care Management or High Risk/High Need Care Management Rates .

Health Home Services Adult Home Transition Rates apply to individuals, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, that are Adult Home Residents with serious mental illness (SMI) that are required to be transition from Adult Homes located in New York City to the community.

Effective, July 1, 2021, the PMPM for case finding will be reduced to \$0 as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above.

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month health home providers must at a minimum, provide one of the core health home services per month. The monthly payment will be paid via active care management PMPM. Once a patient has consented to received services and been assigned a care manager and is enrolled in the health home program the active care management PMPM may be billed. Care managers must document all services provided to the member in the member's care plan.

Managed Care Considerations

Similar to the NY patient centered Medical Home program it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract will be modified at the next scheduled amendment to include language similar to that outlined below which will address any duplication of payment between the MCO capitation payments and health home payments. The delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care

- The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks to include additional State designated health home providers to ensure appropriate access.

- Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes
- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its network.

The State has a health home advisory committee of providers and managed care plans through which any issues with payment would be raised and addressed. Directions have been given to health plans to match health home payment to providers based on relative health home care management effort. Further information on specific construction on health home rates includes specific administration compensation to guide rate differential construct.

Targeted Case Management (TCM) Conversion Considerations:

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

Health Home care management services may be provided to children that are eligible and enrolled in both the Early Intervention Program and Health Home and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the Early Intervention Program.

All payments will be made under the health home payment detailed above in the care management fee section if they convert to or become part of a health home. Effective October 1, 2017, the case finding PMPM will be paid under the provisions described in the care management fee section.

Children's Transitional Rates

Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915c B2H waivers, who shall provide Health Home Care Management services in accordance with this section effective on January 1, 2019, shall be eligible for a transition rate add-on for two years to enable providers to transition to Health Home rates. Health Home Care Management Services eligible for the transition rate add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the Health Home rate without the add-on. The transition methodology is set forth in the transitional rate chart.

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 7926: SED (L) \$948.00 \$992.00 SED (L) \$1,173.00 \$1,232.00 1870: Medium \$450.00 \$479.00 7925: SED (M) \$723.00 \$753.00 SED (M) \$1,173.00 \$1,232.00 1871: High \$750.00 \$799.00 7924: SED (H) \$423.00 \$433.00 SED (H) \$1,173.00 \$1,232.00 July 1, 2019 through December 31, 2019 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 7926: SED (L) \$711.00 \$744.00 SED (L) \$936.00 \$984.00 1870: Medium \$450.00 \$479.00 7925: SED (M) \$542.00 \$565.00 SED (M) \$992.00 \$1,044.00 1871: High \$750.00 \$799.00 7924: SED (H) \$317.00 \$325.00 SED (H) \$1,067.00 \$1,124.00 January 1, 2020 through June 30, 2020 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 7926: SED (L) \$474.00 \$496.00 SED (L) \$699.00 \$736.00 1870: Medium \$450.00 \$479.00 7925: SED (M) \$362.00 \$377.00 SED (M) \$812.00 \$856.00 1871: High \$750.00 \$799.00 7924: SED (H) \$212.00 \$217.00 SED (H) \$962.00 \$1,016.00 July 1, 2021 through December 31, 2020 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 7926: SED (L) \$237.00 \$248.00 SED (L) \$462.00 \$488.00 1870: Medium \$450.00 \$479.00 7925: SED (M) \$181.00 \$188.00 SED (M) \$631.00 \$667.00 1871: High \$750.00 \$799.00 7924: SED (H) \$106.00 \$108.00 SED (H) \$856.00 \$907.00 January 1, 2019 through June 30, 2019 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 8002: B2H (L) \$925.00 \$960.00 B2H (L) \$1,150.00 \$1,200.00 1870: Medium \$450.00 \$479.00 8001: B2H (M) \$700.00 \$721.00 B2H (M) \$1,150.00 \$1,200.00 1871: High \$750.00 \$799.00 8000: B2H (H) \$400.00 \$401.00 B2H (H) \$1,150.00 \$1,200.00 July 1, 2019 through December 31, 2019 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 8002: B2H (L) \$694.00 \$720.00 B2H (L) \$919.00 \$960.00 1870: Medium \$450.00 \$479.00 8001: B2H (M) \$525.00 \$541.00 B2H (M) \$975.00 \$1,020.00 1871: High \$750.00 \$799.00 8000: B2H (H) \$300.00 \$301.00 B2H (H) \$1,050.00 \$1,100.00 January 1, 2020 through June 30, 2020 Health Home Add-On Transitional Rate Upstate Downstate Upstate Downstate Upstate Downstate 1869: Low \$225.00 \$240.00 8002: B2H (L) \$463.00 \$480.00 B2H (L) \$688.00 \$720.00 1870: Medium \$450.00 \$479.00 8001: B2H (M) \$350.00 \$361.00 B2H (M) \$800.00 \$840.00 1871: High \$750.00 \$799.00

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 (H) \$100.00 \$100.00 B2H (H) \$850.00 \$899.00

Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority such as 1915(c) waivers or targeted case management

Describe below how non-duplication of payment will be achieved

- All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services. Coverage code compatibility is posted here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_coverage_codes.htm

The State meets the requirements of 42 CFR Part 447, Subpart A and sections 1902(a)(4), 1902(a)(6), 1902(a)(30)(A), and 1903 with respect to non-payment of provider-preventable conditions.

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Records/Submission Packages

NY- Submission Package- (NY-21-0026)

Follow

[RequestSystem Help](#)

-All Reviewable Units

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID- Health Homes- NYS Health Home Program

Not Started

In Progress

Complete

Package Header

Package ID

SPA ID 21-0026

Submission Type**Initial Submission Date****Approval Date****Effective Date** 9/1/2021**Superseded SPA ID** 20-0034[View implementation Guide](#)

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually In Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates.

NYS will monitor cost savings from health homes through measures or preventable events, including PPRs, potentially preventable hospital admissions and potentially avoidable ER visits. These metrics are the same metrics for evaluation in section IX. Measures of preventable hospitalizations and avoidable ER will be calculated for the entire Medicaid program. Similar to Section VII. A. NYS will use health home rosters to calculate potential cost savings for enrollees in health homes.

NYS will also compare total costs of care for enrollees in health homes, including all services costs, health home costs and managed care capitation to similar cohorts that are not receiving health home services.

Describe how the state will use Health Information Technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

To facilitate the use of health information technology by health homes to improve service delivery and coordination across the care continuum. NY has developed initial and final HIT standards. Providers must meet the initial HIT standard to implement a health home. In addition, provider applicant must provide a plan in to achieve the final standards within eighteen months of program initiation in order to be approved as a health home provider.

The initial standards require health home providers to make use of available HIT for the following processes, as feasible:

1. Have a structured information systems, policies, procedures and practices to create, document, execute and update a plan or care for every patient
2. Have a systematic process to follow-up on tests, treatments, services and referrals which is incorporated into the patient's plan or care:
3. Have a health record system which allows the patient health information and plan of care to be accessible to the interdisciplinary team of providers and allow for population management and identification of gaps in care including preventive services: and
3. Is required to make use of available HIT and access members' data through the RHIO or OE to conduct all processes as feasible

The final standards require health home provider to use HIT for the following:

1. Have structured interoperable health information technology systems, policies, procedures and practices to support the creation, documentation, execution and ongoing management of a plan of care for every patient;

2. Utilize an electronic health record system that qualifies under the Meaningful Use provisions or the HITECH Act that allows the patients' health information and plan of care to be accessible to the interdisciplinary team of providers. If the provider does not currently have such a system, they will have to provide a plan for when and how they will implement it. Health home providers will comply with all current and future versions of the Statewide Policy Guidance (http://health.ny.gov/technology/statewide_policy_guidance.htm) which includes common information policies, standards and technical approaches governing health information exchange;

3. Join regional health information networks or qualified health IT entities for data exchange and make a commitment to share information with all providers participating in a care plan. Regional Health Information Organization/Qualified Entities will be provided policy and technical services required for health information exchange through the Statewide Health Information Network of New York (SHIN-NY); and

4. Support the use of evidence based clinical decision making tools, consensus guidelines and best practices to achieve optimal outcomes and cost avoidance. For example, in New York, the Office of Mental Health has a web and evidence based practices system known as Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) which utilizes informatics to improve the quality of care accountability, and cost effectiveness of mental health prescribing practices in psychiatric centers.

NY health home providers will be encouraged to use wireless technology as available to improve coordination and management of care and patient adherence to recommendations made by their provider. This may include the use of cell phones, peripheral monitoring devices, and access patient care management records, as feasible

To facilitate state reporting requirements to CMS, NY is working toward the development of a single portal to be used by health homes for submission of functional assessment and quality measure reporting to the State. Consideration is being given to also include a care management record, also accessed via the portal as an option for health home providers who currently do not have an electronic care management record system.

Significant investment has been made in New York's Health Information Infrastructure to ensure that medical information is in the hands of clinicians and New Yorkers to guide medical decisions and supports the delivery of coordinated, preventive, patient-centered and high quality care. Ongoing statewide evaluation designed to evaluate the impact of HIT on quality and outcomes of care is underway by the Office of Health Information Technology and Transformation.

Quality Measurement and Evaluation

The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.

The state provides assurance that it will identify measurable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.

The state provides assurance that it will report to CMS information submitted by Health Homes providers to inform evaluations, as well as reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS.

The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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 Amendment for non-institutional services to improve health outcomes for individuals with Sickle Cell Disease. The following changes are proposed:

- Effective on or after September 1, 2021, the Health Home Program will expand single-qualifying conditions to include Sickle Cell Disease. This will allow adults and children diagnosed with Sickle Cell Disease to enroll in the program in the absence of another qualifying condition. This update is in response to the recommendation made by an expert panel convened to improve outcomes for people with Sickle Cell Disease in New York State as a result of the 2020 Medicaid Redesign Team II initiative.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$1.29 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Office of Mental Health and the Department of Health propose to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to Article 28 Hospitals that are undergoing a restructuring to protect and enhance access to care, quality of care and the health care delivery system. These payments are currently authorized by Section 2826 of the New York Public Health Law. The following changes are proposed:

Institutional Services:

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

- SUNY Upstate Medical University

The aggregate payment amounts total up to \$252,500 for the period September 1, 2021 through March 31, 2022.

The aggregate payment amounts total up to \$1,611,403 for the period April 1, 2022 through March 31, 2023.

The aggregate payment amounts total up to \$1,333,803 for the period April 1, 2023 through March 31, 2024.

The aggregate payment amounts total up to \$1,002,294 for the period April 1, 2024 through March 31, 2025.

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

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

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

3220 Northern Boulevard
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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

Islip Resource Recovery Agency

Pursuant to section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, the Islip Resource Recovery Agency hereby gives notice of the following:

The Islip Resource Recovery Agency, Islip, NY is soliciting proposals from qualified administrative service agencies and/or financial organizations for trust and accounting services and administration in connection with a Deferred Compensation Plan for employees of the Islip Resource Recovery Agency that will meet the requirements of Section 457 of the Internal Revenue Code and section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Nancy S. Blanco, CPA, Treasurer, Islip Resource Recovery Agency, 401 Main St., Rm. 301, Islip, NY 11752 or via e-mail to nblanco@islipny.gov

All proposals must be submitted not later than September 24, 2021.

PUBLIC NOTICE

New York City

Deferred Compensation Plan and NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide Auditing Services for the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Wednesday, July 28, 2021. Responses are due no later than 4:30 p.m. Eastern Time on Wednesday, August 25, 2021. To obtain a copy of the RFP, please visit the Plan's website at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents.

If you have any questions, please email them to: Georgette Gestely, Director, at RPretax@nyceplans.org

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

PUBLIC NOTICE

Department of State

The New York State Appearance Enhancement Advisory Committee will hold an open board meeting on September 13, 2021 at 10:30 a.m. at the New York State Department of State, 99 Washington Avenue, 5th Floor Conference Room, Albany; and, 123 William Street, 2nd Floor Conference Room, New York City.

Should you require further information, please contact: Denise Tidings at Denise.Tidings@dos.ny.gov or (518) 402-4921.

PUBLIC NOTICE

Department of State F-2021-0477

Date of Issuance - August 25, 2021

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

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

In F-2021-0477, The Town of Smithtown is proposing to rehabilitate and elevate approximately 1,600LF section of Long Beach Road and construct a hybrid living shoreline will partially below Spring High Water (SHW) to stabilize and prevent undermining the roadway.

Town of Smithtown, Suffolk County, Stony Brook Harbor

The stated purpose of the proposed action is to reduce the frequency with which this section of roadway becomes impassable due to Stony Brook Harbor inundating the roadway.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/august/f-2021-0477consist.cert.pdf>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or September 9, 2021.

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

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

PUBLIC NOTICE

Department of State F-2021-0535

Date of Issuance - August 25, 2021

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

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

In F-2021-0535, Blind Sodus Bay Western Bluff REDI Project, the applicant, Wayne County Soil and Water Conservation District, is proposing construct a 900 linear foot reinforced earth full height stepped gabion wall, soil nailing to stabilize a 190 linear foot existing bulkhead and placement of extra-large rip rap at the toe of both the new gabions and existing bulkhead. The purpose of the proposed activity is to stabilize the existing 12 foot to 42 foot high lake shore bluff to protect existing public infrastructure and further property loss at the top of the embankment.

The site is located at the western bluff at Blind Sodus Bay in Town of Wolcott, Wayne County, along Blind Sodus Bay and Lake Ontario.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/08/f-2021-0535a.pdf> and <https://dos.ny.gov/system/files/documents/2021/08/f-2021-0535b.pdf>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department

SUMMARY
SPA #21-0029

This State Plan Amendment proposes to apply a 10% reduction to the both the budgeted and actual inpatient capital add-ons for rates beginning on or after October 1, 2021.

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- 5. *Payment for budgeted allocated capital costs.*
 - a. Capital per diems for exempt units and hospitals will be calculated by dividing the budgeted capital costs allocated to such rates pursuant to paragraph (4) above by budgeted exempt unit days, reconciled to rate year days and actual rate year exempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per diem rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per diem rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Additionally, for capital per diem rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%).
 - b. Capital payments for APR-DRG case rates will be determined by dividing the budgeted capital allocated to such rates pursuant to paragraph (4) above by the hospital's budgeted, nonexempt unit discharges, reconciled to rate year discharges and actual rate year nonexempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per APR-DRG case rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Additionally, for capital per APR-DRG case rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%).
 - c. Capital payments for transferred patients will be the determined by dividing the budgeted capital allocated to the APR-DRG case rate by the hospital's budgeted non-exempt unit days, reconciled to rate year days and actual rate year non-exempt unit or hospital approved capital expense.

- 6. *Depreciation.*
 - a. Reported depreciation based on historical cost is recognized as a proper element of cost. Useful lives will be the higher of the reported useful life or those useful lives from the Estimated Useful Lives of Depreciable Hospital Assets, American Hospital Association, consistent with title XVIII provisions. Copies of this publication are available from the American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611, and a copy is available for inspection and copying at the offices of the Records Access Officer of the Department of Health, Corning Tower, Empire State Plaza, Albany, NY 12237.
 - b. In the computation of rates for voluntary facilities, depreciation will be included on a straight line method on plant and non-movable equipment.

TN #21-0029

Approval Date _____

Supersedes TN #20-0035

Effective Date October 1, 2021

Institutional Services

Effective April 1, 2021 this amendment proposes to eliminate the Public Indigent Care Pool disproportionate share hospital (DSH) payment of \$130.8 million gross made to major public general hospitals.

Effective on or after April 1, 2021, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues 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.

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

For state fiscal year beginning April 1, 2021 through March 31, 2022, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Effective on or after April 1, 2021 and each state fiscal year thereafter, the hospital inpatient capital rate add-ons will be reduced by 10 percent.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$8.0 million.

Long Term Care Services

Effective on or after April 1, 2021, this proposals 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 2019 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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

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

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

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

3220 Northern Boulevard
Long Island City, New York 11101

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

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

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

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, 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 Social Services Law 365-a(x)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2021 in accordance with Social Services Law 365-a(x)(i), Medicaid will amend the coverage of lactation counseling services for pregnant and post-partum women by expanding the list of those able to provide lactation services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$100,000.

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

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

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

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

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

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

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

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

SUMMARY
SPA #21-0044

SPA 21-0044 submitted with the purpose of obtaining Federal approval to implement a 1% Cost of Living Adjustment to the reimbursement fees for NYS Office of Mental Health licensed Outpatient and Rehabilitative programs, effective June 1, 2021.

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

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

VIII. Quality Improvement (QI) Program

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

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

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

| Peer Group | [Base Rates Effective 01/01/20] | Base Rates Effective [04/01/20] <u>07/01/21</u> |
|--|---------------------------------|---|
| Upstate freestanding clinics without quality improvement enhancement | \$139.89 | [\$140.97] <u>\$142.40</u> |
| Downstate freestanding clinics without quality improvement enhancement | \$155.40 | [\$156.60] <u>\$158.19</u> |
| Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement | \$194.97 | [\$196.47] <u>\$198.47</u> |
| Upstate freestanding clinics including quality improvement enhancement | \$145.27 | [\$146.39] <u>\$147.88</u> |
| Downstate freestanding clinics including quality improvement enhancement | \$161.37 | [\$162.62] <u>\$164.27</u> |
| Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement | \$202.45] | [\$204.01] <u>\$206.09</u> |

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Supersedes TN #20-0014 Effective Date July 1, 2021

**New York
3(j.1)**

▪ **Units of Service –**

Half Day – minimum two hours

Full Day – minimum four hours

Collateral Visit – minimum of 30 minutes

Preadmission and Group Collateral Visits – minimum of one hour

Crisis Visit – any duration

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

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

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

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

| Rate Code | Description | Downstate Region | Western Region | Upstate Region |
|------------------|---------------------------------|-------------------------|-----------------------|-----------------------|
| 4310 | Half Day 1-40 Cumulative Hours | \$31.78 | \$28.64 | \$28.14 |
| 4311 | Half Day 41-64 Cumulative Hours | \$23.84 | \$23.86 | \$23.88 |
| 4312 | Half Day 65+ Cumulative Hours | \$17.57 | \$17.59 | \$17.60 |
| 4316 | Full Day 1-40 Cumulative Hours | \$63.58 | \$57.26 | \$56.25 |
| 4317 | Full Day 41-64 Cumulative Hours | \$47.69 | \$47.73 | \$47.77 |
| 4318 | Full Day 65+ Cumulative Hours | \$35.13 | \$35.16 | \$35.21 |
| 4325 | Collateral Visit | \$31.78 | \$28.64 | \$28.14 |
| 4331 | Group Collateral Visit | \$31.78 | \$28.64 | \$28.14 |
| 4337 | Crisis Visit | \$31.78 | \$28.64 | \$28.14 |
| 4346 | Preadmission Visit | \$31.78 | \$28.64 | \$28.14] |

**New York
3(j.1a)**

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

Effective [April 1, 2020] July 1, 2021, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

| Rate Code | Description | Downstate Region | Western Region | Upstate Region |
|------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 4310 | Half Day 1-40 Cumulative Hours | [\$32.20] <u>\$32.58</u> | [\$29.02] <u>\$29.36</u> | [\$28.51] <u>\$28.85</u> |
| 4311 | Half Day 41-64 Cumulative Hours | [\$24.15] <u>\$24.44</u> | [\$24.17] <u>\$24.46</u> | [\$24.19] <u>\$24.48</u> |
| 4312 | Half Day 65+ Cumulative Hours | [\$17.80] <u>\$18.01</u> | [\$17.82] <u>\$18.03</u> | [\$17.83] <u>\$18.04</u> |
| 4316 | Full Day 1-40 Cumulative Hours | [\$64.42] <u>\$65.18</u> | [\$58.01] <u>\$58.70</u> | [\$56.99] <u>\$57.66</u> |
| 4317 | Full Day 41-64 Cumulative Hours | [\$48.32] <u>\$48.89</u> | [\$48.36] <u>\$48.93</u> | [\$48.40] <u>\$48.97</u> |
| 4318 | Full Day 65+ Cumulative Hours | [\$35.59] <u>\$36.01</u> | [\$35.62] <u>\$36.44</u> | [\$35.67] <u>\$36.10</u> |
| 4325 | Collateral Visit | [\$32.20] <u>\$32.58</u> | [\$29.02] <u>\$29.36</u> | [\$28.51] <u>\$28.85</u> |
| 4331 | Group Collateral Visit | [\$32.20] <u>\$32.58</u> | [\$29.02] <u>\$29.36</u> | [\$28.51] <u>\$28.85</u> |
| 4337 | Crisis Visit | [\$32.20] <u>\$32.58</u> | [\$29.02] <u>\$29.36</u> | [\$28.51] <u>\$28.85</u> |
| 4346 | Preadmission Visit | [\$32.20] <u>\$32.58</u> | [\$29.02] <u>\$29.36</u> | [\$28.51] <u>\$28.85</u> |

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**New York
3(j.2)**

Continuing Day Treatment Services:**Reimbursement Methodology for Outpatient Hospital Services****Definitions:**

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

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

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

Reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

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

| Rate Code | Description | [Statewide Rate Effective 01/01/2020 | Statewide Rate Effective [04/01/2020] 07/01/2021 |
|-----------|--------------------------------|--|---|
| 4310 | Half Day 1-40 Cumulative Hours | \$42.66 | [\$43.22] <u>\$43.81</u> |
| 4311 | Half Day 41+ Cumulative Hours | \$32.00 | [\$32.42] <u>\$32.80</u> |
| 4316 | Full Day 1-40 Cumulative Hours | \$63.67 | [\$64.51] <u>\$65.27</u> |
| 4317 | Full Day 41+ Cumulative Hours | \$47.75 | [\$48.38] <u>\$48.95</u> |
| 4325 | Collateral Visit | \$42.66 | [\$43.22] <u>\$43.73</u> |
| 4331 | Group Collateral Visit | \$42.66 | [\$43.22] <u>\$43.73</u> |
| 4337 | Crisis Visit | \$42.66 | [\$43.22] <u>\$43.73</u> |
| 4346 | Preadmission Visit | \$42.66] | [\$43.22] <u>\$43.73</u> |

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**New York
3k(1a)**

Reserved

[Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital

Partial Hospitalization Services effective January 1, 2020

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

Crisis effective January 1, 2020

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

Preadmission effective January 1, 2020

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

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**New York
3k(1b)**

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital
Partial Hospitalization Services effective [April 1, 2020] July 1, 2021**

| Rate Code | Description | Long Island Region | NYC Region | Hudson River Region | Central Region | Western Region |
|-----------|--------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 4349 | Service Duration 4 hours | [\$120.18] \$121.39 | [\$157.88] \$159.46 | [\$132.59] \$133.92 | [\$91.38] \$92.30 | [\$112.69] \$113.82 |
| 4350 | Service Duration 5 hours | [\$150.24] \$151.75 | [\$197.36] \$199.34 | [\$165.73] \$167.40 | [\$114.23] \$115.37 | [\$140.85] \$142.26 |
| 4351 | Service Duration 6 hours | [\$180.28] \$182.08 | [\$236.83] \$239.20 | [\$198.88] \$200.88 | [\$137.08] \$138.45 | [\$169.02] \$170.72 |
| 4352 | Service Duration 7 hours | [\$210.32] \$212.43 | [\$276.3] \$279.06 | [\$232.04] \$234.36 | [\$159.92] \$161.53 | [\$197.19] \$199.17 |
| 4353 | Collateral 1 hour | [\$30.05] \$30.35 | [\$39.47] \$39.86 | [\$33.14] \$33.47 | [\$22.85] \$23.08 | [\$28.16] \$28.44 |
| 4354 | Collateral 2 hours | [\$60.10] \$60.70 | [\$78.94] \$79.73 | [\$66.29] \$66.96 | [\$45.70] \$46.15 | [\$56.34] \$56.91 |
| 4355 | Group Collateral 1 hour | [\$30.05] \$30.35 | [\$39.47] \$39.86 | [\$33.14] \$33.47 | [\$22.85] \$23.08 | [\$28.16] \$28.44 |
| 4356 | Group Collateral 2 hours | [\$60.10] \$60.70 | [\$78.94] \$79.73 | [\$66.29] \$66.96 | [\$45.70] \$46.15 | [\$56.34] \$56.91 |

Crisis effective [April 1, 2020] July 1, 2021

| Rate Code | Description | Long Island Region | NYC Region | Hudson River Region | Central Region | Western Region |
|-----------|----------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 4357 | Crisis 1 hour | [\$30.05] \$30.35 | [\$39.47] \$39.86 | [\$33.14] \$33.47 | [\$22.85] \$23.08 | [\$28.16] \$28.44 |
| 4358 | Crisis 2 hours | [\$60.10] \$60.70 | [\$78.94] \$79.73 | [\$66.29] \$66.96 | [\$45.7] \$46.15 | [\$56.34] \$56.91 |
| 4359 | Crisis 3 hours | [\$90.14] \$91.05 | [\$118.42] \$119.60 | [\$99.44] \$100.44 | [\$68.53] \$69.22 | [\$84.50] \$85.35 |
| 4360 | Crisis 4 hours | [\$120.18] \$121.39 | [\$157.88] \$159.46 | [\$132.59] \$133.92 | [\$91.38] \$92.30 | [\$112.69] \$113.82 |
| 4361 | Crisis 5 hours | [\$150.24] \$151.75 | [\$197.36] \$199.34 | [\$165.73] \$167.40 | [\$114.23] \$115.37 | [\$140.85] \$142.26 |
| 4362 | Crisis 6 hours | [\$180.28] \$182.08 | [\$236.83] \$239.20 | [\$198.88] \$200.88 | [\$137.08] \$138.45 | [\$169.02] \$170.72 |
| 4363 | Crisis 7 hours | [\$210.32] \$212.43 | [\$276.3] \$279.06 | [\$232.04] \$234.36 | [\$159.92] \$161.53 | [\$197.19] \$199.17 |

[Preadmission effective April 1, 2020

| Rate Code | Description | Long Island Region | NYC Region | Hudson River Region | Central Region | Western Region |
|-----------|---------------------|--------------------|------------|---------------------|----------------|----------------|
| 4357 | Preadmission 1 hour | [\$30.05] | [\$39.47] | [\$33.14] | [\$22.85] | [\$28.16] |

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Supersedes TN 20-0014 Effective Date July 1, 2021

**New York
3k(1b.1)**

Preadmission effective July 1, 2021

| Rate Code | Description | Long Island Region | NYC Region | Hudson River Region | Central Region | Western Region |
|------------------|----------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 4357 | Preadmission 1 hour | <u>[\$30.05]</u> \$30.35 | <u>[\$39.47]</u> \$39.86 | <u>[\$33.14]</u> \$33.47 | <u>[\$22.85]</u> \$23.08 | <u>[\$28.16]</u> \$28.44 |
| 4358 | Preadmission 2 hours | <u>[\$60.10]</u> \$60.70 | <u>[\$78.94]</u> \$79.73 | <u>[\$66.29]</u> \$66.96 | <u>[\$45.7]</u> \$46.15 | <u>[\$56.34]</u> \$56.91 |
| 4359 | Preadmission 3 hours | <u>[\$90.14]</u> \$91.05 | <u>[\$118.42]</u> \$119.60 | <u>[\$99.44]</u> \$100.44 | <u>[\$68.53]</u> \$69.22 | <u>[\$84.50]</u> \$85.35 |
| 4349 | Preadmission 4 hours | <u>[\$120.18]</u> \$121.39 | <u>[\$157.88]</u> \$159.46 | <u>[\$132.59]</u> \$133.92 | <u>[\$91.38]</u> \$92.30 | <u>[\$112.69]</u> \$113.82 |
| 4350 | Preadmission 5 hours | <u>[\$150.24]</u> \$151.75 | <u>[\$197.36]</u> \$199.34 | <u>[\$165.73]</u> \$167.40 | <u>[\$114.23]</u> \$115.37 | <u>[\$140.85]</u> \$142.26 |
| 4351 | Preadmission 6 hours | <u>[\$180.28]</u> \$182.08 | <u>[\$236.83]</u> \$239.20 | <u>[\$198.88]</u> \$200.88 | <u>[\$137.08]</u> \$138.45 | <u>[\$169.02]</u> \$170.72 |
| 4352 | Preadmission 7 hours | <u>[\$210.32]</u> \$212.43 | <u>[\$276.3]</u> \$279.06 | <u>[\$232.04]</u> \$234.36 | <u>[\$159.92]</u> \$161.53 | <u>[\$197.19]</u> \$199.17 |

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**New York
3k(2)**

Day Treatment Services for Children:

Reimbursement Methodology for Freestanding Clinics

Definitions:

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

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

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

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

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

| Rate Code | Description | New York City | Rest of State |
|------------------|-----------------------|----------------------|----------------------|
| 4060 | Full Day | \$100.61 | \$97.26 |
| 4061 | Half Day | \$50.32 | \$48.63 |
| 4062 | Brief Day | \$33.55 | \$32.36 |
| 4064 | Crisis Visit | \$100.61 | \$97.26 |
| 4065 | Preadmission Full Day | \$100.61 | \$97.26 |
| 4066 | Collateral Visit | \$33.55 | \$32.36 |
| 4067 | Preadmission Half Day | \$50.32 | \$48.63] |

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**New York
3k(2a)**

Day Treatment Services for Children:

Effective [April 1, 2020] July 1, 2021, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

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

| Rate Code | Description | New York City | Rest of State |
|------------------|-----------------------|----------------------------|---------------------------|
| 4060 | Full Day | [\$102.48] <u>\$103.51</u> | [\$99.07] <u>\$100.17</u> |
| 4061 | Half Day | [\$51.26] <u>\$51.77</u> | [\$49.53] <u>\$50.09</u> |
| 4062 | Brief Day | [\$34.17] <u>\$34.52</u> | [\$32.96] <u>\$33.33</u> |
| 4064 | Crisis Visit | [\$102.48] <u>\$103.51</u> | [\$99.07] <u>\$100.17</u> |
| 4065 | Preadmission Full Day | [\$102.48] <u>\$103.51</u> | [\$99.07] <u>\$100.17</u> |
| 4066 | Collateral Visit | [\$34.17] <u>\$34.52</u> | [\$32.96] <u>\$33.33</u> |
| 4067 | Preadmission Half Day | [\$51.26] <u>\$51.77</u> | [\$49.53] <u>\$50.09</u> |

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**New York
3k(4)**

**Regional Day Treatment for Children Rates for Outpatient Hospital Services
(Non-State Operated)**

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

| Rate Code | Description | New York City | Rest of State |
|------------------|------------------------|----------------------|----------------------|
| 4060 | Full Day | \$100.61 | \$97.26 |
| 4061 | Half Day | \$50.32 | \$48.63 |
| 4062 | Brief Day | \$33.55 | \$32.36 |
| 4064 | Crisis Visit | \$100.61 | \$97.26 |
| 4065 | Pre-Admission Full Day | \$100.61 | \$97.26 |
| 4066 | Collateral Visit | \$33.55 | \$32.36 |
| 4067 | Pre-Admission Half Day | \$50.32 | \$48.63] |

Effective [April 1, 2020] July 1, 2021, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

| Rate Code | Description | New York City | Rest of State |
|------------------|------------------------|----------------------------|---------------------------|
| 4060 | Full Day | [\$102.48] <u>\$103.51</u> | [\$99.07] <u>\$100.17</u> |
| 4061 | Half Day | [\$51.26] <u>\$51.77</u> | [\$49.53] <u>\$50.09</u> |
| 4062 | Brief Day | [\$34.17] <u>\$34.52</u> | [\$32.96] <u>\$33.33</u> |
| 4064 | Crisis Visit | [\$102.48] <u>\$103.51</u> | [\$99.07] <u>\$100.17</u> |
| 4065 | Pre-Admission Full Day | [\$102.48] <u>\$103.51</u> | [\$99.07] <u>\$100.17</u> |
| 4066 | Collateral Visit | [\$34.17] <u>\$34.52</u> | [\$32.96] <u>\$33.33</u> |
| 4067 | Pre-Admission Half Day | [\$51.26] <u>\$51.77</u> | [\$49.53] <u>\$50.09</u> |

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

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Supersedes TN 20-0014 **Effective Date** July 1, 2021

New York
3L-4

Intensive Rehabilitation (IR):

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

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

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

Ongoing Rehabilitation and Support (ORS):

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

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

Pre-admission Screening Services:

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

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

PROS Rates of Payment: [PROS rates of payment are adjusted, effective January 1, 2020 for the minimum wage increase and direct care compensation increases.] PROS rates of payment are adjusted, effective [April 1, 2020] July 1, 2021, for [direct care and clinical compensation increases] a one percent cost of living adjustment increase.

PROS rates of payment are available on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

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

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

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

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

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

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

PUBLIC NOTICE
Department of Health

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

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

All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2021 one percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2022 is \$16.4 million.

Long Term Care Services

Effective on or after July 1, 2021, a demonstration program for young adults with medical fragility shall be established.

The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 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, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2021-0161

Date of Issuance – June 31, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

SUMMARY
SPA #21-0045

This State Plan Amendment proposes an across the board adjustment of a 1% Cost of Living Adjustment (COLA) per the enacted 2022 Budget to the following institutional services, Residential Treatment Facility (RTF) and Specialty Hospitals.

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**New York
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- (ii) April 1, 2018, Increase: In addition to the compensation funding effective January 1, 2018, providers will receive a compensation increase targeted to direct care, support and clinical employees. The compensation increase funding will include associated fringe benefits. The April 1, 2018, direct care and support employee compensation funding will be applied after the January 1, 2018 increase is applied for a compounded compensation increase. The compensation increase funding will be included in the provider's rate issued for April 1, 2018, or in a subsequent rate with the inclusion of funding in the amount necessary to achieve the same funding impact.
 - (iii) No trend factor adjustments are currently included in the rate calculation.
 - (iv) Effective July 1, 2021 through March 31, 2022, operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated as the funding necessary to support a one percent (1.0%) annual aggregate payment increase.
- (b) The allowable capital costs used in the provider rate development will be based on paragraphs (2)(b)(ii)(1)(a) and a capital schedule developed to provide supporting documentation of the capital rate development.
- (i) OPWDD regulations under 14 NYCRR Subpart 635-6, as in effect on January 1, 2018, establish standards and criteria that describes the capital acquisition and lease of real property assets which require approval by OPWDD. Any adjustments to the provider's property schedule developed in paragraph (2)(b)(ii)(2)(b) will require a prior property approval (PPA) completed by OPWDD.
 - (ii) A property cost verification (PCV) will be performed to reconcile the costs submitted on a PPA by requiring the provider to submit to NYS supporting documentation of actual costs. Actual costs will be verified by the Department within NYS that is reviewing the supporting documentation of such costs. A provider submitting such actual costs will certify that the reimbursement requested reflects allowable capital costs and that such costs were actually expended by the provider. Under no circumstances will the amount included in the rate under this subparagraph exceed the amount authorized in the PPA process. A PCV will be performed on all PPAs prior to any capital costs being included in reimbursement rates.
 - (iii) Capital rates will be reviewed and adjusted for PCVs twice a year. The effective date of the rate adjustments will be on the January 1 or July 1 date that is subsequent to the PCV date, however, the adjustment will incorporate the capital change from the initial effective date of the capital change. This update may require NYS to annualize the PPA, which could include more than twelve months of costs in the first year.

TN #21-0045 _____ **Approval Date** _____
Supersedes TN #18-0012 _____ **Effective Date** July 1, 2021

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

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

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

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Staten Island, New York 10301

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

PUBLIC NOTICE
Department of Health

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

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

All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2021 one percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2022 is \$16.4 million.

Long Term Care Services

Effective on or after July 1, 2021, a demonstration program for young adults with medical fragility shall be established.

The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 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.

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PUBLIC NOTICE
Department of State
F-2021-0161

Date of Issuance – June 31, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

SUMMARY
SPA #21-0046

This State Plan Amendment proposes an across the board adjustment of a 1% Cost of Living Adjustment (COLA) per the enacted 2022 Budget to the following long term care service, Intermediate Care Facility (ICF/IID).

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**New York
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- d. The January 1, 2020 and April 1, 2020 Direct Support Professional and April 1, 2020 Clinical compensation increase funding formula will be as follows:
 - 1. Utilizing CFR 2014-15 or 2015, follow the calculation as stated in paragraph iii.a. and iii.b.
 - 2. Additionally, the difference in paragraph iii.a.5. and iii.b.5 will be applied to the rate in effect on December 31, 2019.

- e. Effective July 1, 2021 through March 31, 2022, operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated as the funding necessary to support a one percent (1.0%) annual aggregate payment increase.

DRAFT

TN #21-0046

Approval Date _____

Supersedes TN #20-0013

Effective Date July 1, 2021

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

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All Services

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The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

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12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2021-0161

Date of Issuance – June 31, 2021

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Comments should be addressed to: 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

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

SUMMARY
SPA #21-0047

This State Plan Amendment proposes an across the board adjustment of a 1% Cost of Living Adjustment (COLA) per the enacted 2022 Budget to the following non-institutional services, Day Treatment, Article 16 Clinic services, and Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD).

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VI. APG Base Rates for OPWDD certified or operated clinics.

| Peer Group | Base Rate | Effective Date of Base Rate |
|---------------------|------------------|------------------------------------|
| Peer Group A | \$180.95 | 7/1/11 |
| Peer Group B | \$186.99 | 7/1/11 |
| Peer Group C | \$270.50 | 7/1/11 |
| Peer Group A | \$182.21 | 4/1/15 |
| Peer Group B | \$189.07 | 4/1/15 |
| Peer Group C | \$272.70 | 4/1/15 |
| Peer Group A | \$182.57 | 4/1/16 |
| Peer Group B | \$189.45 | 4/1/16 |
| Peer Group C | \$273.24 | 4/1/16 |
| Peer Group A | \$184.65 | 4/1/18 |
| Peer Group B | \$192.90 | 4/1/18 |
| Peer Group C | \$276.88 | 4/1/18 |
| Peer Group A | \$185.97 | 4/1/20 |
| Peer Group B | \$195.09 | 4/1/20 |
| Peer Group C | \$279.20 | 4/1/20 |
| <u>Peer Group A</u> | <u>\$188.45</u> | <u>7/1/21</u> |
| <u>Peer Group B</u> | <u>\$197.69</u> | <u>7/1/21</u> |
| <u>Peer Group C</u> | <u>\$282.92</u> | <u>7/1/21</u> |
| <u>Peer Group A</u> | <u>\$187.83</u> | <u>4/1/22</u> |
| <u>Peer Group B</u> | <u>\$197.04</u> | <u>4/1/22</u> |
| <u>Peer Group C</u> | <u>\$281.99</u> | <u>4/1/22</u> |

TN # 21-0047

Approval Date

Supersedes TN #20-0050

Effective Date July 1, 2021

**New York
3h12.1**

Reserved

[OPWDD Freestanding Clinic – Day Treatment

Effective January 1, 2017, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

| Corp Name | Site | Rate Codes | | | | |
|--|---------------------------|------------------|------------------|-----------------------------|----------------|-----------------------------------|
| | | 4170 Full Day | 4171 Half Day | 4172 Collocated Model | 4173 Intake | 4174 Diagnosis & Evaluation |
| Family Residence & Essential Enterprises | 28 Research Way | \$128.16 | \$64.08 | \$0.00 | \$128.16 | \$128.16 |
| Family Residence & Essential Enterprises | 120 Plant Avenue | \$203.94 | \$101.97 | \$0.00 | \$203.94 | \$203.94 |
| Monroe County ARC | 1651 Lyell Avenue | \$0.00 | \$0.00 | \$36.84 | \$0.00 | \$0.00 |
| Otsego County ARC | 3 Chenango Road | \$98.49 | \$49.25 | \$0.00 | \$98.49 | \$98.49 |
| Rehabilitation Center of Cattaraugus | 3799 South Nine Mile Road | \$106.52 | \$53.26 | \$0.00 | \$106.52 | \$106.52 |
| UCP Nassau | 380 Washington Avenue | \$169.06 | \$84.53 | \$0.00 | \$169.06 | \$169.06 |
| UCP Putnam & Southern Dutchess Counties | 40 Jon Barret Road | \$141.54 | \$70.77 | \$0.00 | \$141.54 | \$141.54 |
| UCP Niagara | 2103 McKenna Avenue | \$0.00 | \$0.00 | \$35.06 | \$0.00 | \$0.00 |
| UCP Suffolk | 250 Marcus Boulevard | \$151.05 | \$75.53 | \$0.00 | \$151.05 | \$151.05 |
| UCP Westchester | 1186 King Street | \$191.36 | \$95.68 | \$0.00 | \$191.36 | \$191.36] |

TN #21-0047 Approval Date _____

Supersedes TN 10-0018 Effective Date July 1, 2021

**New York
3h12.2**

Effective July 1, 2021, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

| Corp Name | Site | Rate Codes | | | | |
|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------|--|
| | | 4170 Full Day | 4171 Half Day | 4172 Collocated Model | 4173 Intake | 4174 Diagnosis & Evaluation |
| <u>Family Residence & Essential Enterprises</u> | <u>120 Plant Avenue</u> | <u>\$206.66</u> | <u>\$103.33</u> | <u>\$0.00</u> | <u>\$206.66</u> | <u>\$206.66</u> |
| <u>Monroe County ARC</u> | <u>1651 Lyell Avenue</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$37.33</u> | <u>\$0.00</u> | <u>\$0.00</u> |
| <u>Otsego County ARC</u> | <u>3 Chenango Road</u> | <u>\$99.80</u> | <u>\$49.91</u> | <u>\$0.00</u> | <u>\$99.80</u> | <u>\$99.80</u> |
| <u>UCP Nassau</u> | <u>380 Washington Avenue</u> | <u>\$171.31</u> | <u>\$85.66</u> | <u>\$0.00</u> | <u>\$171.31</u> | <u>\$171.31</u> |
| <u>UCP Suffolk</u> | <u>250 Marcus Boulevard</u> | <u>\$153.06</u> | <u>\$76.54</u> | <u>\$0.00</u> | <u>\$153.06</u> | <u>\$153.06</u> |

Effective April 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

| Corp Name | Site | Rate Codes | | | | |
|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------|--|
| | | 4170 Full Day | 4171 Half Day | 4172 Collocated Model | 4173 Intake | 4174 Diagnosis & Evaluation |
| <u>Family Residence & Essential Enterprises</u> | <u>120 Plant Avenue</u> | <u>\$205.98</u> | <u>\$102.99</u> | <u>\$0.00</u> | <u>\$205.98</u> | <u>\$205.98</u> |
| <u>Monroe County ARC</u> | <u>1651 Lyell Avenue</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$37.21</u> | <u>\$0.00</u> | <u>\$0.00</u> |
| <u>Otsego County ARC</u> | <u>3 Chenango Road</u> | <u>\$99.47</u> | <u>\$49.74</u> | <u>\$0.00</u> | <u>\$99.47</u> | <u>\$99.47</u> |
| <u>UCP Nassau</u> | <u>380 Washington Avenue</u> | <u>\$170.75</u> | <u>\$85.38</u> | <u>\$0.00</u> | <u>\$170.75</u> | <u>\$170.75</u> |
| <u>UCP Suffolk</u> | <u>250 Marcus Boulevard</u> | <u>\$152.56</u> | <u>\$76.29</u> | <u>\$0.00</u> | <u>\$152.56</u> | <u>\$152.56</u> |

TN #21-0047

Approval Date _____

Supersedes TN NEW

Effective Date July 1, 2021

**New York
5(a)(ii)**

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
- (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
- (i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
 - (ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm
 - (iii) IPSIDD fee schedule effective January 1, 2018 through December 31, 2018:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm
 - (iv) IPSIDD fee schedule effective January 1, 2019 through December 31, 2019:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm
 - (v) IPSIDD fee schedule effective January 1, 2020 [and forward] through June 30, 2021:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_ipsidd.htm
 - (vi) ~~IPSIDD fee schedule effective July 1, 2021 through March 31, 2022:~~
~~https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2021/2021_07_01_ipsidd.htm~~
 - (vii) ~~IPSIDD fee schedule effective April 1, 2022 and forward:~~
~~https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2022/2022_04_01_ipsidd.htm~~
- (2) IPSIDD is available for the following services:
- (i) Occupational Therapy;
 - (ii) Physical Therapy;
 - (iii) Speech and Language Pathology;
 - (iv) Psychotherapy.

TN #21-0047 **Approval Date** _____
Supersedes TN #20-0012 **Effective Date** July 1, 2021

New York County
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All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2021 one percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2022 is \$16.4 million.

Long Term Care Services

Effective on or after July 1, 2021, a demonstration program for young adults with medical fragility shall be established.

The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 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, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2021-0161

Date of Issuance – June 31, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

SUMMARY
SPA #21-0048

This State Plan Amendment proposes to establish a demonstration program for two eligible pediatric residential health care facilities to construct a new facility or repurpose part of an existing facility to operate as a young adult residential health care facility for the purpose of improving the quality of care for young adults, aged 18-35, with medical fragility.

DRAFT

New York
110(d)(30.1)

Young Adult Special Populations Demonstration

Effective August 17, 2021 through August 16, 2023, the State will establish a demonstration program for two eligible pediatric residential health care facilities, as defined in section 4 below, to construct a new facility or repurpose part of an existing facility to operate as a young adult residential health care facility for the purpose of improving the quality of care for young adults with medical fragility.

1. "Children with medical fragility" shall mean children up to twenty-one years of age who have a chronic or conditions, are at risk of hospitalization, are technology-dependent for life or health sustaining functions, require complex medication regimens or medical interventions to maintain or to improve their health status, and/or are in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk.
2. "Young adults with medical fragility" shall mean individuals who meet the definition of children with medical fragility, but for the fact such individuals are aged between eighteen and thirty-five years old.
3. "Pediatric residential health care facility" shall mean a residential health care facility or discrete unit of a residential health care facility providing services to children under the age of twenty-one.
4. "Eligible pediatric residential health care facilities" shall mean pediatric health care facilities that meet the following eligibility criteria for the demonstration program: (i) has over one hundred and sixty licensed pediatric beds; or (ii) is currently licensed for pediatric beds, is co-operated by a system of hospitals licensed, and such hospitals qualify for funds pursuant to a vital access provider assurance program or a value based payment incentive program, as administered by the department in accordance with all requirements set forth in the state's federal 1115 Medicaid waiver standard terms and conditions.

Any child with medical fragility who has resided for at least thirty consecutive days in an eligible pediatric residential health care facility and who has reached the age of twenty-one while a resident, may continue residing at such eligible pediatric residential health care facility and receiving such services from the facility, provided that such young adult with medical fragility remains eligible for nursing home care, and provided further that the eligible pediatric residential health care facility has prepared, applied for, and submitted to the commissioner, a proposal for a new residential health care facility for the provision of extensive nursing, medical, psychological and counseling support services to young adults with medical fragility.

TN #21-0048 _____

Approval Date _____

Supersedes TN New _____

Effective Date August 17, 2021

New York
110(d)(30.2)

A young adult with medical fragility may remain in such eligible pediatric residential health care facility until such time that the young adult with medical fragility attains the age of thirty-five years or the young adult residential health care facility is constructed and becomes operational, whichever is sooner.

A young adult facility may admit, from the community-at-large or upon referral from an unrelated facility, young adults with medical fragility who prior to reaching age twenty-one were children with medical fragility, and who are eligible for nursing home care and in need of extensive nursing, medical, psychological and counseling support services, provided that the young adult facility, to promote continuity of care, undertakes to provide priority admission to young adults with medical fragility transitioning from the pediatric residential health care facility or unit operated by the entity that proposed the young adult facility and ensure sufficient capacity to admit such young adults as they approach or attain twenty-one years of age.

For inpatient services provided to any young adults with medical fragility eligible for medical assistance pursuant to title eleven of article five of the social services law residing at any eligible pediatric residential health care facility or young adult facility, the operating component of rates of reimbursement will be the same as the methodology used to establish the operating component of the rates pursuant to section twenty-eight hundred eight of the public health law for pediatric residential health care facilities with an increase or decrease adjustment as appropriate to account for any discrete expenses associated with caring for young adults with medical fragility, including addressing their distinct needs as young adults for psychological and counseling support services.

TN #21-0048 _____

Approval Date _____

Supersedes TN New _____

Effective Date August 17, 2021

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

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The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 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.

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PUBLIC NOTICE

Department of State

F-2021-0161

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The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

SUMMARY
SPA #21-0049

This State Plan Amendment (SPA) proposes to add pharmacy interns to Other Practitioner Services, under section Pharmacists and Pharmacy Interns as Immunizers with July 1, 2021 effective date, to align with state statute. Also, effective on or after October 1, 2021, the SPA proposes to reimburse for Diabetes Self-Management Training (DSMT) services for persons diagnosed with diabetes when such services are ordered by a physician, registered physician assistant, registered nurse practitioner, or licensed midwife and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health who is affiliated with a DSMT program that has been certified by the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Indian Health Services, or any other National Accreditation Organization approved by the federal centers for Medicare and Medicaid services.

DRAFT

New York
2(xiv)(a)

6d. Other Practitioner Services (Continued)

Pharmacists and Pharmacy Interns as Immunizers

1. Reimbursement will be provided to pharmacies for vaccines and anaphylaxis agents administered by certified pharmacists and effective on or after July 1, 2021, certified pharmacy interns within the scope of their practice.
2. Service setting.
Services will be provided by a certified pharmacist or a certified pharmacy intern under the supervision of a certified pharmacist in a pharmacy or in other locations where mass immunization may take place, such as retail stores/outlets, assisted living centers, and health fairs.
3. Provider qualifications.
Pharmacists must be currently licensed, registered and certified by the NYS Education Department [of Education Board of Pharmacy] to administer immunizations. Pharmacy interns must currently possess an active limited permit and a certification to administer immunizations, both of which must be issued by the NYS Education Department.

Diabetes Self-Management Training by Pharmacists

1. Reimbursement will be provided to pharmacies for Diabetes Self-Management Training (DSMT) when provided by licensed pharmacists within the scope of their practice.
2. Service setting: Services will be provided by a licensed pharmacist in a pharmacy that is accredited by a CMS approved national accreditation organization (NAO), such as the American Diabetes Association (ADA), the American Association of Diabetes Educators (AADE), or Indian Health Services (IHS).
3. Provider qualifications: Pharmacists must be currently licensed and registered by the NYS Department of Education Board of Pharmacy. Pharmacies must be accredited by a CMS approved national accreditation organization.
4. Coverage parameters: A beneficiary with newly diagnosed diabetes or a beneficiary with diabetes who has a medically complex condition will be allowed up to 10 hours of Diabetes Self-Management Training (DSMT) during a continuous 6-month period. A beneficiary with diabetes who is medically stable may receive up to 1 hour of DSMT in a continuous 6-month period.

Diabetes Self-Management Training (DSMT)

Effective on or after October 1, 2021, Medicaid will reimburse DSMT services for persons diagnosed with diabetes when such services are ordered by a physician, registered physician assistant, registered nurse practitioner, or licensed midwife, and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health who is affiliated with a DSMT program that has been accredited, or recognized, by a CMS-approved National Accreditation Organization (NAO). Currently, CMS recognizes the American Diabetes Association (ADA), the Association of Diabetes Care & Education Specialists (ADCES) (formerly known as the American Association of Diabetes Educators), and Indian Health Services as approved NAOs. The ADCES uses the term "accreditation," while ADA uses the term "recognition."

TN #21-0049 Approval Date _____

Supersedes TN #11-73 Effective Date July 1, 2021

New York
2(xiv)(a)

6d. Other Practitioner Services (Continued)

Pharmacists and Pharmacy Interns as Immunizers

1. Reimbursement will be provided to pharmacies for vaccines and anaphylaxis agents administered by certified pharmacists and effective on or after July 1, 2021, certified pharmacy interns within the scope of their practice.
2. Service setting.
Services will be provided by a certified pharmacist or a certified pharmacy intern under the supervision of a certified pharmacist in a pharmacy or in other locations where mass immunization may take place, such as retail stores/outlets, assisted living centers, and health fairs.
3. Provider qualifications.
Pharmacists must be currently licensed, registered and certified by the NYS Education Department [of Education Board of Pharmacy] to administer immunizations. Pharmacy interns must currently possess an active limited permit and a certification to administer immunizations, both of which must be issued by the NYS Education Department.

Diabetes Self-Management Training by Pharmacists

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3. Provider qualifications: Pharmacists must be currently licensed and registered by the NYS Department of Education Board of Pharmacy. Pharmacies must be accredited by a CMS approved national accreditation organization.
4. Coverage parameters: A beneficiary with newly diagnosed diabetes or a beneficiary with diabetes who has a medically complex condition will be allowed up to 10 hours of Diabetes Self-Management Training (DSMT) during a continuous 6-month period. A beneficiary with diabetes who is medically stable may receive up to 1 hour of DSMT in a continuous 6-month period.

Diabetes Self-Management Training (DSMT)

Effective on or after October 1, 2021, Medicaid will reimburse DSMT services for persons diagnosed with diabetes when such services are ordered by a physician, registered physician assistant, registered nurse practitioner, or licensed midwife, and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health who is affiliated with a DSMT program that has been accredited, or recognized, by a CMS-approved National Accreditation Organization (NAO). Currently, CMS recognizes the American Diabetes Association (ADA), the Association of Diabetes Care & Education Specialists (ADCES) (formerly known as the American Association of Diabetes Educators), and Indian Health Services as approved NAOs. The ADCES uses the term "accreditation," while ADA uses the term "recognition."

TN #21-0049 Approval Date _____

Supersedes TN #11-73 Effective Date July 1, 2021

New York
Page 4(f)(1)

Pharmacists and Pharmacy Interns as Immunizers

The fee schedule is developed by the Department of Health and approved by the Division of Budget. State developed fee schedules are the same as the fee schedule established for Physicians. Pharmacies participating in the New York State Medicaid program are reimbursed a vaccine administration fee established at the same rate paid to physicians. The reimbursement to the pharmacy is on behalf of the [employed pharmacist, who as the licensed practitioner is the vaccine administrator] employee who is certified, either the licensed pharmacist or effective on or after July 1, 2021, permitted pharmacy intern, who administers the vaccine. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State pharmacy provider manual, which can be found at:

[http://nyhealth.gov/health_care/medicaid/program/pharmacists_as_immunizers/fact_sheet_10-14-10.htm]

https://www.health.ny.gov/health_care/medicaid/program/phar_immun_fact.htm

The agency's fee schedule is effective for services provided on or after October 15, 2009.

Diabetes Self-Management Training (DSMT)

The fee schedule is developed by the Department of Health and approved by the Division of Budget. State-developed fee schedules are the same as the fee schedule established for physicians. The fee schedule and any annual/periodic adjustments to the fee schedule are published in the official New York State physician provider manual, which can be found at:

https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sept2.xls

The agency's fee schedule is effective for services provided on or after July 1, 2011.

Pharmacies participating in the New York State Medicaid program are reimbursed for Diabetes Self-Management Training (DSMT) at the same rate paid to physicians. The reimbursement to the pharmacy, which is accredited by a CMS approved national accreditation organization (NAO) such as the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE) or Indian Health Services (IHS) is on behalf of the employed pharmacist who, as the licensed practitioner, is the DSMT Educator.

TN #21-0049

Approval Date _____

Supersedes TN #11-73

Effective Date July 1, 2021

New York
Page 4(f)(1)(i)

Diabetes Self-Management Training (DSMT) (continued)

Effective on or after October 1, 2021, DSMT services are reimbursable in an office-based setting to physicians, nurse practitioners, licensed midwives, clinical psychologists, optometrists, and podiatrists when provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health who is affiliated with the office-based practice that has been accredited, or recognized, by a CMS-approved NAO.

Physicians, nurse practitioners, licensed midwives, clinical psychologists, optometrists, and podiatrists are reimbursed for DSMT services via their professional fee schedules. The professional fee schedules are developed by the Department of Health and approved by the Division of Budget. The fee schedules and any annual/periodic adjustments to the fee schedules can be found at:

- https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sect2.xls;
- https://www.emedny.org/ProviderManuals/NursePractitioner/PDFS/Nurse_Practitioner_Fee_Schedule.xls;
- https://www.emedny.org/ProviderManuals/Midwife/PDFS/Midwife_Fee_Schedule.xls;
- https://www.emedny.org/ProviderManuals/ClinicalPsych/PDFS/Clinical_Psychology_Fee_Schedule.pdf;
- https://www.emedny.org/ProviderManuals/Podiatry/PDFS/Podiatry_Fee_Schedule.xls; and
- https://www.emedny.org/ProviderManuals/VisionCare/PDFS/VisionCare_Fee_Schedule.xls

DSMT services are also reimbursable to Article 28 clinics that have been accredited or recognized by a CMS-approved NAO when services are provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health who is affiliated with the clinic.

TN #21-0049

Approval Date _____

Supersedes TN #NEW

Effective Date July 1, 2021

ated or owned governmental hospitals;

- Certain managed care payments pursuant to section 3-d of Part B of the Chapter 58 of the Laws of 2010; and
- Services provided to inmates of local correctional facilities.
- Other Payments that are not subject to the reduction include:
 - Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
 - Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
 - Early Intervention;
 - Payments for services provided by Other State Agencies including Office of Children and Family Services, State Education Department, and the Department of Corrections and Community Supervision;
 - Vital Access Providers and Vital Access Provider Assurance Program;
 - Physician Administered Drugs;
 - Children and Family Treatment and Support Services (CFTSS);
 - Court orders and judgments; and
 - Family Planning services.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for SFY 2020-21 is (\$438 million).

Non-Institutional Services

Care Management

Effective on or after April 1, 2020 and SFY thereafter, these proposals will:

- Implement Health Home Improvement, Efficiency, Consolidation and Standardization: These efficiencies include eliminating outreach payments, reducing unnecessary documentation, revising the criteria for admission, and re-evaluating the benchmarks for stepping patients down to lower levels of care management or graduation from a Health Home. Finally, placing the most seriously mentally ill clients in care management arrangements with appropriate caseload sizes – overseen by the Office of Mental Health – while moving lower acuity members into less intensive care management arrangements will both improve program quality and achieve efficiencies.
- Promote Further Adoption of Patient-Centered Medical Homes (PCMH): Continues incentive payments at current levels for lower cost, higher value PCMH programs while incorporating a tiered quality component into the incentive payments to align with other State initiatives such as the Prevention Agenda.
- Comprehensive Prevention and Management of Chronic Disease: Advances the use of evidence-based prevention strategies to manage highly prevalent chronic diseases, including diabetes, hypertension, asthma, smoking, osteoarthritis, chronic kidney disease, HIV/AIDS, and sickle cell disease. Specifically, the proposal will: (1) promote the use of evidence-based, self-care education, and prevention strategies; (2) implement an awareness campaign to educate Medicaid Managed Care (MMC) Plans, providers, and Medicaid members on the various resources and programs that are available; (3) educate the provider community relative to adherence to established evidence-based practice guidelines; (4) optimize services that are already covered by Medicaid, including expanding who can provide services; (5) optimize pharmacist services and leverage the frequency of patient visits to the pharmacy by expanding Collaborative Drug Therapy Management (CDTM) to the community setting, enable pharmacists to administer point-of-care testing for designated CLIA-waived tests and to initiate prescriptions for certain medications; (6) focus on chronic condition management within Patient-Centered Medical Homes (PCMHs) and Health Homes; initially, focus treatment and care management resources on adults with diabetes and hypertension, and children with asthma.
- Children's Preventive Care and Care Transitions: Promotes behavioral health integration in pediatrics by continuing ongoing pilot work focused on pregnancy and early childhood (e.g., preschool screening and universal, light-touch home visits) and leverages participation in CMMI's Integrated Care for Kids (InCK) model of

integration of medical and behavioral health care, using resources already available in the community. In addition, this proposal improves care transitions for children with chronic medical and behavioral conditions, with a special focus on children with sickle cell disease (SCD) moving from pediatric to adult care settings.

- Children and Family Treatment and Support Services (CFTSS) - Restores specialized transition rates for CFTSS.
 - Invest in Medically Fragile Children: Invests Medicaid resources to improve access to private duty nursing (PDN) for medically fragile children in order to prevent hospitalization and emergency visits, by leveraging additional utilization of telehealth, commercial insurance coverage for PDN, further PDN network development and enhanced rates. Specifically, the proposal would increase fee-for-service PDN rates over a three year period to benchmark to the current Medicaid Managed Care rates; create a PDN Network whereby PDN providers would receive a negotiated enhanced rate of payment for PDN services.
 - Preventive Dentistry: Promotes evidence-based preventative dentistry using fluoride varnish and silver diamine fluoride. Specifically, the proposal increases the application of fluoride varnish by primary care providers, including Registered Nurses, which will decrease early childhood decay and associated restorative costs. In addition, the proposal expands Medicaid dental coverage to include silver diamine fluoride which stops tooth decay and prevents additional oral complications.
 - Emergency Room Avoidance and Cost Reductions: this proposal reduces unnecessary Emergency Department (ED) utilization and/or cost by redesigning care pathways for high ED utilizing patients and transitions navigation to community services by: allowing sharing of individualized patient treatment plans for chronic conditions (through Qualified Entity (QEs)); expanding access to Urgent Care Centers by increasing co-location with Emergency Rooms; requiring Urgent Care Centers to accept Medicaid; and exploring a lower ED triage fee for non-emergency conditions.
 - Addressing Barriers to Opioid Care: Implements a series of Opioid related interventions to address certain barriers to care for Medicaid members, including but not limited to, better bundled payments that support opiate treatment through the adjustment of Ambulatory Patient Groups (APG) payments to eliminate unnecessary volume incentive and to promote more appropriate access including take home medication, when clinically appropriate; reduced Medicaid Coverage Limits for Rehabilitation Services as pathway to nonpharmacologic treatment alternative for pain management, and increased utilization of the Opioid Medical Maintenance (OMM) Model.
 - Promote Maternal Health to Reduce Maternal Mortality: Focuses on optimizing the health of individuals of reproductive age, including discussions on comprehensive family planning and patient centered primary and preventive care. The proposal aims to improve access to quality prenatal care, free from implicit bias, and ensuring postpartum home visits are available to all individuals who agree have a home visit after giving birth, by working with Medicaid Managed Care plans to identify and address the barriers to achieving these goals. The proposal also includes ensuring all pregnant individuals have access to childbirth education and supports the participation of birthing centers in the Perinatal Quality Collaborative.
- The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for SFY 2020-2021 is \$86 million and for SFY 2021-2022 is \$140 million.

Pharmacy

Effective on or after April 1, 2020 and SFY thereafter, these proposals would:

- Reduce Drug Cap Growth by Enhancing Purchasing Power to Lower Drug Costs by providing the ability to negotiate supplemental rebates for new blockbuster drugs and gene therapies that do not yet have utilization; and the authority to negotiate value-based agreements with manufacturers.
- Reducing coverage of certain OTC products and increasing copayments (with exceptions for the most vulnerable populations).

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Columbia County

Columbia County, New York is soliciting proposals from Administrative Service Agencies, Trustees, and Financial Organizations for services in connection with a Deferred Compensation Plan that will meet the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Michael Williams-Riordon, Director of Human Resources, Columbia County, 401 State Street, Hudson, NY 12534, mwr@columbiacountyny.com

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

PUBLIC NOTICE Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2021, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Education Law Article 137 § 6806. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2021, pharmacy interns will be included in the New York State Plan in order to comply with state statute. The legislation enacted, December 7, 2018, allows pharmacy interns under the direct supervision of a licensed pharmacist and upon receipt of a certificate of administration to administer vaccinations. Medicaid-enrolled pharmacies that employ or contract with pharmacists and/or interns certified by the New York State Board of Pharmacy to administer vaccines will receive reimbursement for immunization services and products.

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

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12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

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

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

All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2021 one percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2022 is \$16.4 million.

Long Term Care Services

Effective on or after July 1, 2021, a demonstration program for young adults with medical fragility shall be established.

The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 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.

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Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY
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PUBLIC NOTICE

Department of State

F-2021-0161

Date of Issuance – June 31, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

Summary
SPA #21-0050

This State Plan Amendment proposes to establish a new methodology for the Minimum Data Set (MDS) data in the calculation of the case mix index.

Effective for rate periods on or after July 1, 2021, the case mix index used to adjust the direct component price will be based on all Medicaid-only case mix data submitted by NYS nursing facilities to CMS applicable to the previous six-month period (e.g., April – September for the January case mix adjustment; October – March for the July case mix adjustment).

DRAFT

New York
110(d)(13)

| Calculation of 2007 All Payer Base Year Case Mix | | | |
|--|-------------------------------------|-----------------------|--|
| Peer Group | Case Mix Total (Count x Weight)* | Total Patient Days | Weighted Average Case Mix (Case Mix Total/ Patient Days) |
| NSHB/NS300+ | 12,385,293 | 13,623,548 | 0.9091 |
| NS300- | 22,137,438 | 24,403,182 | 0.9072 |
| Statewide/All Non-Specialty Facilities | 34,522,731 | 38,026,730 | 0.9079 |
| 2007 Base Year Case Mix = NSHB/NS300+ (50% NSHB/NS300+ / 50% Statewide) | | | 0.9085 |
| 2007 Base Year Case Mix = NS300- (50% NS300- / 50% Statewide) | | | 0.9075 |

*Count is defined as the number of patients in each Resource Utilization Group and Weight is calculated and defined as described above in paragraph g(1) and g(2).

- 4) (a) Subsequent case mix adjustments to the direct component of the price for rate periods effective after January 1, 2012, [shall] will be made in July and January of each calendar year and [shall] will use Medicaid-only case mix data applicable to the previous case mix period (e.g., July 1, 2012, case mix adjustment will use January 2012 case mix data, and January 1, 2013, case mix adjustment will use July 2012 case mix data).
- 4) (b) The case mix adjustment to the direct component of the price for rate periods effective July 1, 2021 and thereafter, will be made in January and July of each calendar year and will use all Medicaid-only case mix data submitted to CMS applicable to the previous six-month period (e.g., April – September for the January case mix adjustment; October – March for the July case mix adjustment).

TN 21-0050

Approval Date _____

Supersedes TN #11-23-A

Effective Date July 1, 2021

**New York
110(d)(14)**

- 5) Case mix adjustments to the direct component of the price for facilities for which facility-specific case mix data is unavailable or insufficient [shall] will be equal to the [base year] previous case mix of the peer group applicable to such facility.
- 6) The adjustments and related patient classifications for each facility [shall] will be subject to audit review by the Office of Medicaid Inspector General, and/or other agents as authorized by the Department.
- h) The indirect component of the price [shall] will consist of a blended rate to be determined as follows:
 - 1) For NSHB/NS300+ the indirect component of the price [shall] will consist of a blended rate equal to:
 - i) 50% of the Statewide indirect NSF price which [shall] will be the allowable operating costs and statistical data for the indirect component of the price as reported by all non-specialty facilities in its cost reports for the 2007 calendar year, reduced by the allowable costs percent reduction, and divided by total 2007 patient days; and
 - ii) 50% of the indirect NSHB/NS300+ price which [shall] will be the allowable operating costs and statistical data for the indirect component of the price as reported by all non-specialty hospital-based facilities and all non-specialty freestanding facilities with certified bed capacity of 300 beds or more in its cost reports for the 2007 calendar year, reduced by the allowable costs percent reduction, and divided by total 2007 patient days; or
 - 2) For NS300- the indirect component of the price [shall] will consist of a blended rate equal to:
 - i) 50% of the Statewide indirect NSF price which [shall] will be the allowable operating costs and statistical data for the indirect component of the price as reported by all non-specialty facilities in its cost reports for the 2007 calendar year, reduced by the allowable costs percent reduction, and divided by total 2007 patient days; and
 - ii) 50 % of the indirect NS300- prices which [shall] will be the allowable operating costs and statistical data for the indirect component of the price as reported by all non-specialty facilities with certified bed capacity of less than 300 beds in its cost reports for the 2007 calendar year, reduced by the allowable costs percent reduction, and divided by total 2007 patient days.

TN 21-0050 Approval Date _____

Supersedes TN #11-23-A Effective Date July 1, 2021

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 July 2021 will be conducted on July 14th and July 15th 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

Office of Fire Prevention and Control

Pursuant to Section 176-b of the Town Law, the Office of Fire Prevention and Control hereby gives notice of the following:

Application for Waiver of the Limitation of Non-resident Members of Volunteer Fire Companies

An application for a waiver of the requirements of paragraph a of subdivision 7 of section 176-b of the Town Law, which limits the membership of volunteer fire companies to forty-five per centum of the actual membership of the fire company, has been submitted by the Delmar Fire District, County of Albany.

Pursuant to section 176-b of the Town Law, the non-resident membership limit shall be waived provided that no adjacent fire department objects within sixty days of the publication of this notice.

Objections shall be made in writing, setting forth the reasons such waiver should not be granted, and shall be submitted to: Francis J. Nerney, Jr., State Fire Administrator, Office of Fire Prevention and Control, 1220 Washington Ave., Bldg. 7A, Fl. 2, Albany, NY 12226

Objections must be received by the State Fire Administrator within sixty days of the date of publication of this notice.

In cases where an objection is properly filed, the State Fire Administrator shall have the authority to grant a waiver upon consideration of (1) the difficulty of the fire company or district in retaining and recruiting adequate personnel; (2) any alternative means available to the fire company or district to address such difficulties; and (3) the impact of the waiver on adjacent fire departments.

For further information, please contact: Deputy Chief William H. Rifenburgh, Office of Fire Prevention and Control, 1220 Washington Ave., Bldg. 7A, Fl. 2, Albany, NY 12226, (518) 474-6746, William.Rifenburgh@dhses.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Long Term Care Services

Effective for rate periods on or after July 1, 2021, the case mix index used to adjust the direct component price will be based on all Medicaid-only case mix data submitted by NYS nursing facilities to CMS applicable to the previous six-month period (e.g., April – September for the January case mix adjustment; October – March for the July case mix adjustment). This amendment allows for the inclusion of all assessments submitted by nursing homes which will achieve a higher degree of accuracy in case mix reimbursement, and the reimbursement will be appropriate for the acuity levels.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to the change in case mix methodology for State Fiscal Year 2022 is \$132 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
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Richmond County, Richmond Center
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Staten Island, New York 10301

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

PUBLIC NOTICE

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The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to the change in case mix methodology for State Fiscal Year 2022 is \$132 million.

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

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

PUBLIC NOTICEDepartment of State
Program Change

STATEWIDE — Pursuant to 15 CFR 923, the New York State Department of State (DOS) hereby gives notice that the National

SUMMARY
SPA #21-0051

This State Plan Amendment proposes to revise the Ambulatory Patient Group (APG) methodology for freestanding clinic and ambulatory surgery center services to reflect the recalculated weights with component updates.

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 01/01/19:

http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay Procedures."

Modifiers; updated as of 07/01/18:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of [01/01/20] ~~07/01/21~~:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of [01/21/21] ~~07/01/21~~:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of 01/01/20:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of 01/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No-Blend Procedures."

No Capital Add-on APGs; updated as of 01/01/20:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

**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 07/01/20:**
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on
"Non-50% Discounting APG List."
- Rate Codes Carved Out of APGs; updated as of 01/01/15:**
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on
"Rate Codes Carved Out of APGs for Article 28 facilities."
- Rate Codes Subsumed by APGs; updated as of 01/01/11 and 07/01/11:**
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on
"Rate Codes Subsumed by APGs – Freestanding Article 28."
- Statewide Base Rate APGs; updated as of 01/01/20:**
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on
"Statewide Base Rate APGs."
- Packaged Ancillaries in APGs; updated as of [01/01/20] 07/01/21:**
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on
"Packaged Ancillaries in APGs."

TN #21-0051

Approval Date _____

Supersedes TN #20-0057

Effective Date July 1, 2021

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Columbia County

Columbia County, New York is soliciting proposals from Administrative Service Agencies, Trustees, and Financial Organizations for services in connection with a Deferred Compensation Plan that will meet the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Michael Williams-Riordon, Director of Human Resources, Columbia County, 401 State Street, Hudson, NY 12534, mwr@columbiacountyny.com

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

PUBLIC NOTICE Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2021, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

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

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. 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-2021-0161

Date of Issuance – June 31, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

SUMMARY
SPA #21-0052

This State Plan Amendment proposes to revise the Ambulatory Patient Group (APG) methodology for hospital-based clinic and ambulatory surgery services, including emergency room services, to reflect the recalculated weights with component updates.

DRAFT

New York
1(e)(2)

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 [3.15] 3.16; updated as of [01/21/21 and 04/01/21] 07/01/21 and 10/01/21:

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 [10/01/20] 07/01/21 and 10/01/21:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "[2020] 2021"

APG 3M Definitions Manual Versions; updated as of [01/21/21 and 04/01/21] 07/01/21 and 10/01/21:

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 [01/21/21] 07/01/21:

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 01/01/20:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

TN #21-0052

Approval Date

Supersedes TN #21-0011

Effective Date July 1, 2021

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE Columbia County

Columbia County, New York is soliciting proposals from Administrative Service Agencies, Trustees, and Financial Organizations for services in connection with a Deferred Compensation Plan that will meet the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Michael Williams-Riordon, Director of Human Resources, Columbia County, 401 State Street, Hudson, NY 12534, mwr@columbiacountyny.com

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

PUBLIC NOTICE Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2021, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Education Law Article 137 § 6806. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2021, pharmacy interns will be included in the New York State Plan in order to comply with state statute. The legislation enacted, December 7, 2018, allows pharmacy interns under the direct supervision of a licensed pharmacist and upon receipt of a certificate of administration to administer vaccinations. Medicaid-enrolled pharmacies that employ or contract with pharmacists and/or interns certified by the New York State Board of Pharmacy to administer vaccines will receive reimbursement for immunization services and products.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

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

All Services

Effective on or after July 1, 2021, the Department of Health will adjust rates statewide to reflect a one percent Cost of Living Adjustment for the following Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) services: OMH Licensed Mental Health Outpatient Hospital, Freestanding Clinic and Other Rehabilitative Services, Residential Treatment Facilities for Children and Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, and Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2021 one percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2022 is \$16.4 million.

Long Term Care Services

Effective on or after July 1, 2021, a demonstration program for young adults with medical fragility shall be established.

The young adult demonstration will certify two young adult facilities for the purpose of improving the quality of care for young adults with medical fragility. These facilities shall support the continuing needs for youth with medical fragility residing in pediatric facilities as they age beyond 21 years old, pending the establishment of a young adult unit. The State intends to utilize its current pediatric nursing home reimbursement rates for those patients between the ages of 18 and 35 years old in the newly certified young adult facility.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the establishment of a young adult program contained in the budget for state fiscal year 2021/2022 is \$17.5 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, spa_inquiries@health.ny.gov

PUBLIC NOTICE Department of State F-2021-0161

Date of Issuance – June 31, 2021

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: <https://dos.ny.gov/system/files/documents/2021/06/f-2021-0161.pdf>

In F-2021-0161, or the "Pultneyville Yacht Club Jetty Construction", the applicant – Pultneyville Yacht Club proposes to place large (4-5 ton) limestone rocks to restore jetty structure, resulting in an approximate height of 251 feet, 12 feet of width at top, and a 1:2 slope on the north side of the E-W structure that suffers from wave and ice damage. The planned work will not exceed either width or length of the structure. Existing degraded jetty is about 200' long.

The purpose of the proposed work is "repair and reinforce the existing jetty as required by sustained Lake Ontario high water levels and seasonal ice damage". The proposed project is located at 7852 Hamilton Street Extension in the Town of Williamson, Wayne County on Lake Ontario.

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, July 15, 2021.

Comments should be addressed to: 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

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

SUMMARY
SPA #21-0056

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

DRAFT

SPA 21-0056
Attachment A
Annotated Pages

Annotated Pages: 136(c), 136(c.1)

DRAFT

**New York
136(c)**

[Hospitals (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---------------------------------------|---------------------------------------|------------------------------|
| Lewis County General Hospital* | \$ 65,564 | 01/01/2014 – 03/31/2014 |
| | \$262,257 | 04/01/2014 – 03/31/2015 |
| | \$262,257 | 04/01/2015 – 03/31/2016 |
| Lincoln Medical Center | \$963,687 | 04/01/2012 – 03/31/2013 |
| | \$963,687 | 04/01/2013 – 03/31/2014 |
| Little Falls Hospital* | \$ 21,672 | 01/01/2014 – 03/31/2014 |
| | \$ 86,688 | 04/01/2014 – 03/31/2015 |
| | \$ 86,688 | 04/01/2015 – 03/31/2016 |
| Long Island Jewish Medical Center | \$1,000,000 | 04/01/2020 - 03/31/2021 |
| Maimonides Medical Center | \$2,500,000 | 11/01/2014 – 03/31/2015 |
| Montefiore Medical Center | \$6,000,000 | 11/01/2013 – 03/31/2014 |
| | \$ 750,000 | 10/01/2016 – 03/31/2017 |
| | \$ 454,545 | 04/01/2017 – 03/31/2018 |
| | \$ 454,546 | 04/01/2018 – 03/31/2019 |
| | \$ 340,909 | 04/01/2019 – 09/30/2019 |
| New York Methodist Hospital | \$3,005,000 | 01/01/2014 – 03/31/2014 |
| | \$3,201,500 | 04/01/2014 – 03/31/2015 |
| | \$3,118,500 | 04/01/2015 – 03/31/2016 |
| Niagara Falls Memorial Medical Center | \$228,318 | 04/01/2012 – 03/31/2013 |
| | \$171,238 | 04/01/2013 – 12/31/2013 |
| | \$318,755 | 01/01/2014 – 03/31/2014 |
| | \$501,862 | 04/01/2014 – 03/31/2015 |
| | \$260,345 | 04/01/2015 – 03/31/2016 |
| Nassau University Medical Center | \$4,000,000 | 04/01/2012 – 03/31/2013 |
| | \$6,500,000 | 04/01/2013 – 03/31/2014 |
| | \$7,000,000 | 04/01/2014 – 03/31/2015 |
| Richmond University Medical Center | \$8,897,955 | 01/01/2013 – 03/31/2013 |
| | \$2,355,167 | 04/01/2013 – 03/31/2014 |
| | \$1,634,311 | 04/01/2014 – 03/31/2015 |
| | \$9,966,329 | 07/01/2018 – 03/31/2019 |
| | \$9,869,000 | 04/01/2019 – 03/31/2020 |
| | \$9,711,500 | 04/01/2020 – 03/31/2021 |

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

**New York
136(b)**

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

Hospitals:

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---------------------------------------|--------------------------------|
| Beth Israel Medical Center | \$15,000,000 | 11/01/2014 – 03/31/2015 |
| | \$33,200,000 | 04/01/2015 – 03/31/2016 |
| | \$33,200,000 | 04/01/2016 – 03/31/2017 |
| Brookdale University Hospital and Medical Center | \$14,000,000 | 02/01/2014 – 03/31/2014 |
| Brooklyn Hospital Center | \$5,000,000 | 02/01/2014 – 03/31/2014 |
| | \$5,000,000 | 04/01/2014 – 03/31/2015 |
| Canton Potsdam Hospital/EJ Noble | \$2,000,000 | 01/01/2014 – 03/31/2014 |
| | \$400,000 | 04/01/2014 – 03/31/2015 |
| Catskill Regional Medical Center | \$889,105 | 01/01/2014 – 03/31/2014 |
| | \$1,040,305 | 04/01/2014 – 03/31/2015 |
| | \$1,164,505 | 04/01/2015 – 03/31/2016 |
| Champlain Valley Physicians Hospital Medical Center | \$1,450,852 | 05/01/2017 - 03/31/2018 |
| | \$ 981,422 | 04/01/2018 - 03/31/2019 |
| | \$ 660,708 | 04/01/2019 - 03/31/2020 |
| Eastern Niagara Hospital | \$1,425,000 | 07/01/2018 – 03/31/2019 |
| | \$1,575,000 | 04/01/2019 – 03/31/2020 |
| | <u>\$2,000,000</u> | <u>08/19/2021 – 03/31/2022</u> |
| | <u>\$2,000,000</u> | <u>04/01/2022 – 09/30/2022</u> |
| Healthalliance Mary's Ave Campus Benedictine Hospital | \$2,500,000 | 02/01/2014 – 03/31/2014 |
| Interfaith Medical Center | \$12,900,000 | 11/01/2013 – 03/31/2014 |
| | \$11,110,190 | 07/01/2018 – 03/31/2019 |
| | \$13,505,285 | 04/01/2019 – 03/31/2020 |
| | \$13,384,525 | 04/01/2020 – 03/31/2021 |
| Jamaica Hospital Medical Center | \$8,365,000 | 07/01/2018 – 03/31/2019 |
| Kingsbrook Jewish Medical Center | \$1,480,000 | 11/01/2013 – 12/31/2013 |
| | \$2,320,000 | 01/01/2014 – 03/31/2014 |
| Kings County Hospital Center | \$1,000,000 | 01/01/2014 – 03/31/2014 |

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

TN #21-0056

Approval Date _____

Supersedes TN #18-0054

Effective Date August 19, 2021

New York
136(c)**Hospitals (Continued):**

| <u>Provider Name</u> | <u>Gross Medicaid Rate Adjustment</u> | <u>Rate Period Effective</u> |
|--|---------------------------------------|--------------------------------|
| <u>Lewis County General Hospital*</u> | <u>\$ 65,564</u> | <u>01/01/2014 – 03/31/2014</u> |
| | <u>\$262,257</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$262,257</u> | <u>04/01/2015 – 03/31/2016</u> |
| <u>Lincoln Medical Center</u> | <u>\$963,687</u> | <u>04/01/2012 – 03/31/2013</u> |
| | <u>\$963,687</u> | <u>04/01/2013 – 03/31/2014</u> |
| <u>Little Falls Hospital*</u> | <u>\$ 21,672</u> | <u>01/01/2014 – 03/31/2014</u> |
| | <u>\$ 86,688</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$ 86,688</u> | <u>04/01/2015 – 03/31/2016</u> |
| <u>Long Island Jewish Medical Center</u> | <u>\$1,000,000</u> | <u>04/01/2020 - 03/31/2021</u> |
| <u>Maimonides Medical Center</u> | <u>\$2,500,000</u> | <u>11/01/2014 – 03/31/2015</u> |
| <u>Mercy Hospital of Buffalo</u> | <u>\$5,400,000</u> | <u>08/19/2021 - 03/31/2022</u> |
| | <u>\$5,400,000</u> | <u>04/01/2022 – 03/31/2023</u> |
| <u>Montefiore Medical Center</u> | <u>\$6,000,000</u> | <u>11/01/2013 – 03/31/2014</u> |
| | <u>\$ 750,000</u> | <u>10/01/2016 – 03/31/2017</u> |
| | <u>\$ 454,545</u> | <u>04/01/2017 – 03/31/2018</u> |
| | <u>\$ 454,546</u> | <u>04/01/2018 – 03/31/2019</u> |
| | <u>\$ 340,909</u> | <u>04/01/2019 – 09/30/2019</u> |
| <u>Mount St. Mary’s Hospital and Health Center</u> | <u>\$1,600,000</u> | <u>08/19/2021 – 03/31/2022</u> |
| | <u>\$1,600,000</u> | <u>04/01/2022 – 03/31/2023</u> |
| <u>New York Methodist Hospital</u> | <u>\$3,005,000</u> | <u>01/01/2014 – 03/31/2014</u> |
| | <u>\$3,201,500</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$3,118,500</u> | <u>04/01/2015 – 03/31/2016</u> |
| <u>Niagara Falls Memorial Medical Center</u> | <u>\$228,318</u> | <u>04/01/2012 – 03/31/2013</u> |
| | <u>\$171,238</u> | <u>04/01/2013 – 12/31/2013</u> |
| | <u>\$318,755</u> | <u>01/01/2014 – 03/31/2014</u> |
| | <u>\$501,862</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$260,345</u> | <u>04/01/2015 – 03/31/2016</u> |
| <u>Nassau University Medical Center</u> | <u>\$4,000,000</u> | <u>04/01/2012 – 03/31/2013</u> |
| | <u>\$6,500,000</u> | <u>04/01/2013 – 03/31/2014</u> |
| | <u>\$7,000,000</u> | <u>04/01/2014 – 03/31/2015</u> |

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

**New York
136(c.1)**

Hospitals (Continued):

| <u>Provider Name</u> | <u>Gross Medicaid Rate Adjustment</u> | <u>Rate Period Effective</u> |
|---|---------------------------------------|--------------------------------|
| <u>Richmond University Medical Center</u> | <u>\$8,897,955</u> | <u>01/01/2013 – 03/31/2013</u> |
| | <u>\$2,355,167</u> | <u>04/01/2013 – 03/31/2014</u> |
| | <u>\$1,634,311</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$9,966,329</u> | <u>07/01/2018 – 03/31/2019</u> |
| | <u>\$9,869,000</u> | <u>04/01/2019 – 03/31/2020</u> |
| | <u>\$9,711,500</u> | <u>04/01/2020 – 03/31/2021</u> |
| <u>St. Barnabas Hospital</u> | <u>\$ 2,588,278</u> | <u>01/01/2013 – 03/31/2013</u> |
| | <u>\$ 1,876,759</u> | <u>04/01/2013 – 03/31/2014</u> |
| | <u>\$ 1,322,597</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$ 2,500,000</u> | <u>01/01/2017 – 03/31/2017</u> |
| | <u>\$10,000,000</u> | <u>04/01/2017 – 03/31/2018</u> |
| | <u>\$10,000,000</u> | <u>04/01/2018 – 03/31/2019</u> |
| | <u>\$ 7,500,000</u> | <u>04/01/2019 – 12/31/2019</u> |
| | <u>\$12,000,000</u> | <u>07/01/2018 – 03/31/2019</u> |
| | <u>\$12,000,000</u> | <u>10/03/2019 – 03/31/2020</u> |
| | <u>\$12,000,000</u> | <u>04/01/2020 – 03/31/2021</u> |
| <u>\$12,000,000</u> | <u>04/01/2021 – 03/31/2022</u> | |
| <u>St. John's Riverside-St. John's Division</u> | <u>\$1,800,000</u> | <u>07/01/2018 – 03/31/2019</u> |
| | <u>\$ 700,000</u> | <u>04/01/2019 – 03/31/2020</u> |
| | <u>\$ 500,000</u> | <u>04/01/2020 – 03/31/2021</u> |
| <u>St. Joseph's Hospital Health Center</u> | <u>\$4,000,000</u> | <u>04/01/2020 – 03/31/2021</u> |
| <u>Soldiers & Sailors Memorial Hospital</u> | <u>\$ 19,625</u> | <u>02/01/2014 – 03/31/2014</u> |
| | <u>\$ 117,252</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$ 134,923</u> | <u>04/01/2015 – 03/31/2016</u> |
| <u>South Nassau Communities Hospital</u> | <u>\$3,000,000</u> | <u>11/01/2014 – 03/31/2015</u> |
| | <u>\$1,000,000</u> | <u>04/01/2015 – 03/31/2016</u> |
| | <u>\$4,000,000</u> | <u>07/01/2018 – 03/31/2019</u> |
| | <u>\$4,000,000</u> | <u>04/01/2019 – 03/31/2020</u> |
| | <u>\$4,000,000</u> | <u>04/01/2020 – 03/31/2021</u> |
| <u>Strong Memorial Hospital</u> | <u>\$4,163,227</u> | <u>04/01/2018 – 03/31/2019</u> |
| | <u>\$4,594,780</u> | <u>04/01/2019 – 03/31/2020</u> |
| | <u>\$4,370,030</u> | <u>04/01/2020 – 03/31/2021</u> |
| | <u>\$1,153,579</u> | <u>01/01/2020 - 03/31/2020</u> |
| | <u>\$2,588,381</u> | <u>04/01/2020 - 03/31/2021</u> |
| | <u>\$2,235,555</u> | <u>04/01/2021 – 03/31/2022</u> |
| <u>Wyckoff Heights Medical Center</u> | <u>\$1,321,800</u> | <u>01/01/2014 – 03/31/2014</u> |
| | <u>\$1,314,158</u> | <u>04/01/2014 – 03/31/2015</u> |
| | <u>\$1,344,505</u> | <u>04/01/2015 – 03/31/2016</u> |

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 Office of General Services

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

Notice is hereby given that the Office of People with Development Disabilities has declared 1471 Teller Avenue in the Borough and County of Bronx, City of New York, New York State, improved with a two-story building, with tax identifier Block 2784, Lot 56, surplus, no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State Land.

For further information, please contact: Frank Pallante, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, Frank.Pallante@ogs.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 provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after August 19, 2021, Medicaid State Plan for Preventive Residential Treatment services will be amended to allow Intradermal Tuberculosis tests, as well as medical language interpreter services for individuals with limited English proficiency (LEP) and communication services for people who are deaf and/or hard of hearing.

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

The public is invited to review and comment on this proposed State

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

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

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

Institutional Services

The temporary rate adjustment has been reviewed and approved for the following three hospitals:

- Eastern Niagara Hospital with aggregate payment amounts totaling up to \$2,000,000 for the period August 19, 2021 through March 31, 2022 and \$2,000,000 for the period April 1, 2022 through September 30, 2022.

- Mercy Hospital of Buffalo with aggregate payment amounts totaling up to \$5,400,000 for the period August 19, 2021 through March 31, 2022 and \$5,400,000 for the period April 1, 2022 through March 31, 2023.

- Mount St. Mary's Hospital and Health Center with aggregate pay-

ment amounts totaling up to \$1,600,000 for the period August 19, 2021 through March 31, 2022 and \$1,600,000 for the period April 1, 2022 through March 31, 2023.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$9,000,000.

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:

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

PUBLIC NOTICE

Monroe County Water Authority

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

A copy of the proposal questionnaire may be obtained www.mcwa.com under 'Procurement'.

All proposals must be submitted no later than 3:00 p.m. on October 1, 2021.

PUBLIC NOTICE

New York City Deferred Compensation Plan and NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide Auditing Services for the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Wednesday, July 28, 2021. Responses are due no later than 4:30 p.m. Eastern Time on Wednesday, August 25, 2021. To obtain a copy of the RFP, please visit the Plan's website at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents. If you have any questions, please email them to Georgette Gestely, Director, at RPretax@nyceplans.org.

Consistent with the policies expressed by the City, proposals from

certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to Title 3, Article 49 of the Environmental Conservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives public notice of the following:

Notice is hereby given, pursuant to Section 49-0305 (9) of the Environmental Conservation Law, of the Office of Parks, Recreation and Historic Preservation's intent to acquire a Conservation Easement from Slopline LLC over certain lands located on Highland Road, Town of Philipstown, in the County of Putnam and the State of New York.

For further information contact: Sandra Burnell, Real Estate Specialist 2, Office of Parks, Recreation and Historic Preservation, Albany, NY 12238, (518) 408-1964, Sandra.burnell@parks.ny.gov

PUBLIC NOTICE

Department of State F-2021-0387

Date of Issuance – August 18, 2021

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 <https://dos.ny.gov/system/files/documents/2021/08/f-2021-0387.pdf>

In F-2020-0387, or the "452 Dune Dock Extension", the applicant – Jodi Scherl – proposes to construct a new 4 foot wide by 67 foot long pier extension to an existing walkway, install a new 3 foot wide by 12 foot long ramp, a 6 foot by 20 foot float, two float securing piles and two mooring piles.

The purpose of this project is to provide access to the waterway and to provide boat dockage. The project is located at 452 Dune Road in the Village of Westhampton Beach, Suffolk County on Moriches Bay.

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, August 19, 2021.

Comments should be addressed to: Department of State, Office of Coastal, Local Government and Community Sustainability, One Commerce Plaza, 99 Washington Ave., Suite, 1010, Albany, NY 12231, (518) 474-6000, Fax (518) 474-6572. This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State F-2021-0475

Date of Issuance - August 18, 2021

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

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

In F-2021-0475, Michael Tubridy, is proposing to install a 10K boat lift and four 10" diameter wood poles attached to an existing dock.

SUMMARY
SPA #21-0057

This State Plan Amendment proposes to amend the Medicaid State Plan for Preventive Residential Treatment services to allow Intradermal Tuberculosis tests, as well as medical language interpreter services for individuals with limited English proficiency (LEP) and communication services for people who are deaf and/or hard of hearing, effective September 1, 2021.

DRAFT

New York
Page 1(a)(iii)(2.1)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

Effective as of February 1, 2021, reimbursement for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services listed below and provided by providers with a 29-I license as described in Attachment 3.1-A, Item 4b and Attachment 3.1-B, Item 4b will be paid based upon a Medicaid fee schedule established by the State of New York Department of Health for the following services:

- Alcohol and/or Drug Screening, Testing, Treatment, 15 min unit, Upstate and Downstate rates
- Developmental Test Administration, 15 min unit, Upstate and Downstate rates
- Psychotherapy (Individual and Family), 15 min unit, Upstate and Downstate rates
- Psychotherapy Group, 15 min unit, Upstate and Downstate rates
- Neuropsychological Testing/Evaluation Services, 15 min unit, Upstate and Downstate rates
- Psychiatric Diagnostic Examination, 15 min unit, Upstate and Downstate rates
- Office Visit, 15 min unit, Upstate and Downstate rates
- Smoking Cessation treatment, 15 min unit, Upstate and Downstate rates
- ECG, per occurrence, statewide rate
- Screening-Developmental/Emotional/Behavioral, per occurrence, Upstate and Downstate rates
- Hearing and Evaluation of Speech, 15 min unit, statewide rate
- Lab Services, statewide rate, see 29-I Health Facility Laboratory Fee Schedule for complete list of waived laboratory services and pricing

The following rates are effective as of September 1, 2021:

- Tuberculosis TB Rate
- Medical Language Interpretation

Payments are made in accordance with a fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedules are the same for both governmental and private providers of these services, which are included under physician, other licensed practitioner, clinic and laboratory services. The agency's fee schedule was set as of February 1, 2021 and is effective for services provided on or after that date. These services are already covered under the State Plan with multiple fee schedules. All fees are published on the Department of Health website at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

TN# 21-0057 _____ **Approval Date** _____
Supersedes TN# 21-0003 _____ **Effective Date** September 1, 2021

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

Office of General Services

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

Notice is hereby given that the Office of People with Development Disabilities has declared 1471 Teller Avenue in the Borough and County of Bronx, City of New York, New York State, improved with a two-story building, with tax identifier Block 2784, Lot 56, surplus, no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State Land.

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

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

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Effective on or after August 19, 2021, Medicaid State Plan for Preventive Residential Treatment services will be amended to allow Intradermal Tuberculosis tests, as well as medical language interpreter services for individuals with limited English proficiency (LEP) and communication services for people who are deaf and/or hard of hearing.

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

The public is invited to review and comment on this proposed State

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

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ment amounts totaling up to \$1,600,000 for the period August 19, 2021 through March 31, 2022 and \$1,600,000 for the period April 1, 2022 through March 31, 2023.

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

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

PUBLIC NOTICE

Monroe County Water Authority

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

A copy of the proposal questionnaire may be obtained www.mcwa.com under 'Procurement'.

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PUBLIC NOTICE

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Consistent with the policies expressed by the City, proposals from

certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to Title 3, Article 49 of the Environmental Conservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives public notice of the following:

Notice is hereby given, pursuant to Section 49-0305 (9) of the Environmental Conservation Law, of the Office of Parks, Recreation and Historic Preservation's intent to acquire a Conservation Easement from Slopeline LLC over certain lands located on Highland Road, Town of Philipstown, in the County of Putnam and the State of New York.

For further information contact: Sandra Burnell, Real Estate Specialist 2, Office of Parks, Recreation and Historic Preservation, Albany, NY 12238, (518) 408-1964, Sandra.burnell@parks.ny.gov

PUBLIC NOTICE

Department of State F-2021-0387

Date of Issuance – August 18, 2021

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 <https://dos.ny.gov/system/files/documents/2021/08/f-2021-0387.pdf>

In F-2020-0387, or the "452 Dune Dock Extension", the applicant – Jodi Scherl – proposes to construct a new 4 foot wide by 67 foot long pier extension to an existing walkway, install a new 3 foot wide by 12 foot long ramp, a 6 foot by 20 foot float, two float securing piles and two mooring piles.

The purpose of this project is to provide access to the waterway and to provide boat dockage. The project is located at 452 Dune Road in the Village of Westhampton Beach, Suffolk County on Moriches Bay.

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, August 19, 2021.

Comments should be addressed to: Department of State, Office of Coastal, Local Government and Community Sustainability, One Commerce Plaza, 99 Washington Ave., Suite, 1010, Albany, NY 12231, (518) 474-6000, Fax (518) 474-6572. This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State F-2021-0475

Date of Issuance - August 18, 2021

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

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

In F-2021-0475, Michael Tubridy, is proposing to install a 10K boat lift and four 10" diameter wood poles attached to an existing dock.

SUMMARY
SPA #21-0059

This State Plan Amendment proposes to provide temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

DRAFT

New York
47(aa)(5)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|--------------------------------|--------------------------------|
| Amsterdam Nursing Home Corp (Amsterdam House)* | \$1,430,938 | 01/01/2015 – 03/31/2015 |
| | \$1,450,213 | 04/01/2015 – 03/31/2016 |
| | \$1,447,006 | 04/01/2016 – 03/31/2017 |
| | \$847,377 | 04/01/2020 – 03/31/2021 |
| | 847,377 423,689 | 04/01/2021 – 03/31/2021 |
| | <u>411,829</u> | <u>10/01/2021 – 03/31/2022</u> |
| Baptist Nursing and Rehabilitation | \$935,000 | 10/01/2018 - 03/31/2019 |
| | \$910,000 | 04/01/2019 - 03/31/2020 |
| | \$347,500 | 04/01/2020 – 03/31/2021 |
| Beth Abraham Health Services* | \$2,460,249 | 01/01/2015 – 03/31/2015 |
| | \$2,493,389 | 04/01/2015 – 03/31/2016 |
| | \$2,487,874 | 04/01/2016 – 03/31/2017 |
| Bronx-Lebanon Special Care Center* | \$788,294 | 01/01/2015 – 03/31/2015 |
| | \$798,912 | 04/01/2015 – 03/31/2016 |
| | \$797,146 | 04/01/2016 – 03/31/2017 |
| | \$521,445 | 04/01/2020 – 03/31/2021 |
| | 521,445 260,723 | 04/01/2021 – 03/31/2021 |
| | <u>254,521</u> | <u>10/01/2021-03/31/2022</u> |

*Denotes provider is part of CINERGY Collaborative.

TN #21-0059

Approval Date _____

Supersedes TN #20-0029-MAEffective Date October 1, 2021

**New York
47(aa)(5.1)**

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---------------------------------------|-------------------------------|
| Brooklyn United Methodist Church Home* | \$702,169 | 01/01/2015 – 03/31/2015 |
| | \$707,212 | 04/01/2015 – 03/31/2016 |
| | \$706,273 | 04/01/2016 – 03/31/2017 |
| | \$384,919 | 04/01/2020 – 03/31/2021 |
| | [\$384,919] <u>192,459</u> | 04/01/2021 – 03/31/2022 |
| | \$201,201 | <u>10/1/2021 – 03/31/2022</u> |
| Buena Vida Continuing Care & Rehab Ctr* | \$970,765 | 01/01/2015 – 03/31/2015 |
| | \$983,841 | 04/01/2015 – 03/31/2016 |
| | \$981,665 | 04/01/2016 – 03/31/2017 |
| | \$642,147 | 04/01/2020 – 03/31/2021 |
| | [\$642,147] <u>321,074</u> | 04/01/2021 – 03/31/2022 |
| | \$307,233 | <u>10/1/2021 – 03/31/2022</u> |
| Cabryni Center for Nursing* | \$1,130,860 | 01/01/2015 – 03/31/2015 |
| | \$1,146,093 | 04/01/2015 – 03/31/2016 |
| | \$1,143,558 | 04/01/2016 – 03/31/2017 |
| Carmel Richmond Healthcare and Rehabilitation Center* | \$1,084,185 | 01/01/2015 – 03/31/2015 |
| | \$1,098,790 | 04/01/2015 – 03/31/2016 |
| | \$1,096,359 | 04/01/2016 – 03/31/2017 |
| | \$632,161 | 04/01/2020 – 03/31/2021 |
| | [\$632,161] <u>316,081</u> | 04/01/2021 – 03/31/2022 |
| | \$307,233 | <u>10/1/2021 – 03/31/2022</u> |
| Center For Nursing & Rehabilitation Inc* | \$1,179,939 | 01/01/2015 – 03/31/2015 |
| | \$1,195,833 | 04/01/2015 – 03/31/2016 |
| | \$1,193,189 | 04/01/2016 – 03/31/2017 |
| | \$746,693 | 04/01/2020 – 03/31/2021 |
| | [\$746,693] <u>373,346</u> | 04/01/2021 – 03/31/2022 |
| | \$237,106 | <u>10/1/2021 – 03/31/2022</u> |
| Chapin Home for the Aging* | \$771,403 | 01/01/2015 – 03/31/2015 |
| | \$781,794 | 04/01/2015 – 03/31/2016 |
| | \$780,065 | 04/01/2016 – 03/31/2017 |
| | \$487,868 | 04/01/2020 – 03/31/2021 |
| | [\$487,868] <u>243,934</u> | 04/01/2021 – 03/31/2022 |
| | \$237,106 | <u>10/1/2021 – 03/31/2022</u> |

*Denotes provider is part of CINERGY Collaborative.

TN #21-0059

Approval Date _____

Supersedes TN #20-0029-MAEffective Date October 1, 2021

New York
47(aa)(6)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|--------------------------------|-------------------------|
| Charles T. Sitrin Health Care Center Inc. | \$2,000,000 | 01/01/2015 – 03/31/2015 |
| | \$591,984 | 06/16/2016 – 03/31/2017 |
| | \$25,817 | 04/01/2017 – 03/31/2018 |
| Cobble Hill Health Center* | \$400,000 | 04/01/2020 – 03/31/2021 |
| | 400,000 200,000 | 04/01/2021 – 03/31/2021 |
| | \$320,596 | 10/1/2021 – 03/31/2022 |
| Concord Nursing Home* | \$2,011,962 | 10/01/2018 – 03/31/2019 |
| | \$2,011,962 | 04/01/2019 – 03/31/2020 |
| | \$250,000 | 04/01/2020 – 03/31/2021 |
| | 250,000 125,000 | 04/01/2021 – 03/31/2021 |
| | \$315,447 | 10/1/2021 – 03/31/2022 |
| Crouse Community Center | \$645,000 | 01/01/2014 – 03/31/2014 |
| | \$710,000 | 04/01/2014 – 03/31/2015 |
| | \$65,000 | 04/01/2015 – 03/31/2016 |
| Eger Health Care and Rehabilitation Center* | \$1,463,808 | 01/01/2015 – 03/31/2015 |
| | \$1,483,526 | 04/01/2015 – 03/31/2016 |
| | \$1,480,245 | 04/01/2016 – 03/31/2017 |
| | \$968,289 | 04/01/2020 – 03/31/2021 |
| | 968,289 484,144 | 04/01/2021 – 03/31/2021 |
| | \$472,628 | 10/1/2021 – 03/31/2022 |

*Denotes provider is part of CINERGY Collaborative.

New York
47(aa)(6.1)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|----------------------------------|-------------------------------|
| Elderwood at North Creek | \$2,434,828 | 04/01/2018 – 03/31/2019 |
| | \$1,129,788 | 04/01/2019 – 03/31/2020 |
| | \$ 435,384 | 04/01/2020 – 03/31/2021 |
| Elizabeth Seton Pediatric Center* | \$927,714 | 01/01/2015 – 03/31/2015 |
| | \$940,211 | 04/01/2015 – 03/31/2016 |
| | \$938,131 | 04/01/2016 – 03/31/2017 |
| | \$613,670 | 04/01/2020 – 03/31/2021 |
| | \$(613,670) 306,835 | 04/01/2021 – 03/31/2022 |
| | <u>\$2,392,542</u> | <u>10/1/2021 – 03/31/2022</u> |
| Ferndiff Nursing Home Co Inc.* | \$3,029,944 | 01/01/2015 – 03/31/2015 |
| | \$1,043,818 | 04/01/2015 – 03/31/2016 |
| | \$1,341,809 | 06/16/2016 – 03/31/2017 |
| | \$1,041,509 | 10/01/2016 – 03/31/2017 |
| | \$ 684,373 | 04/01/2017 – 03/31/2018 |
| | \$ 18,529 | 04/01/2018 – 03/31/2019 |
| | \$681,294 | 04/01/2020 – 03/31/2021 |
| | \$(681,294) 340,647 | 04/01/2021 – 03/31/2022 |
| <u>\$376,697</u> | <u>10/1/2021 – 03/31/2022</u> | |
| Field Home – Holy Comforter | \$534,500 | 04/01/2012 – 03/31/2013 |
| | \$534,500 | 04/01/2013 – 03/31/2014 |
| Good Samaritan Nursing Home* | \$371,698 | 04/01/2020 – 03/31/2021 |
| | \$(371,698) 185,849 | 04/01/2021 – 03/31/2022 |
| | <u>\$186,153</u> | <u>10/1/2021 – 03/31/2022</u> |
| Gurwin Jewish Nursing and Rehabilitation Center* | \$1,778,009 | 01/01/2015 – 03/31/2015 |
| | \$1,801,960 | 04/01/2015 – 03/31/2016 |
| | \$1,797,975 | 04/01/2016 – 03/31/2017 |
| | \$1,110,754 | 04/01/2020 – 03/31/2021 |
| | \$(1,110,754) 555,377 | 04/01/2021 – 03/31/2022 |
| | <u>\$843,867</u> | <u>10/1/2021 – 03/31/2022</u> |
| Hebrew Home for the Aged at Riverdale* | \$1,875,731 | 04/01/2020 – 03/31/2021 |
| | \$(1,875,731) 937,865 | 04/01/2021 – 03/31/2022 |
| | <u>\$1,320,645</u> | <u>10/1/2021 – 03/31/2022</u> |

*Denotes provider is part of CINERGY Collaborative.

New York
47(aa)(6.2)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|--------------------------------|--------------------------------|
| Heritage Commons Residential Health Care | \$976,816 | 01/01/2014 – 03/31/2014 |
| | \$834,744 | 04/01/2014 – 03/31/2015 |
| | \$1,055,223 | 06/16/2016 – 03/31/2017 |
| <u>Incarnation Childrens Center*</u> | <u>\$224,255</u> | <u>10/01/2021 – 03/31/2022</u> |
| Isabella Geriatric Center Inc* | \$2,902,269 | 01/01/2015 – 03/31/2015 |
| | \$2,941,364 | 04/01/2015 – 03/31/2016 |
| | \$2,934,859 | 04/01/2016 – 03/31/2017 |
| | \$1,633,648 | 04/01/2020 – 03/31/2020 |
| | <u>[\$1,633,648]816,824</u> | <u>04/01/2021 – 03/31/2021</u> |
| | <u>\$1,214,439</u> | <u>10/1/2021 – 03/31/2022</u> |
| Island Nursing and Rehab Center* | \$903,195 | 01/01/2015 – 03/31/2015 |
| | \$909,966 | 04/01/2015 – 03/31/2016 |
| | \$908,716 | 04/01/2016 – 03/31/2017 |
| | \$495,250 | 04/01/2020 – 03/31/2021 |
| | <u>[\$495,250]247,625</u> | <u>04/01/2021 – 03/31/2021</u> |
| | <u>\$258,873</u> | <u>10/1/2021 – 03/31/2022</u> |

*Denotes provider is part of CINERGY Collaborative.

New York
47(aa)(7)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|--|--------------------------------|-------------------------------|
| Island Nursing and Rehab | \$3,375,000 | 12/13/2019 – 03/31/2020 |
| | \$4,200,000 | 04/01/2020 – 03/31/2021 |
| | \$4,275,000 | 04/01/2021 – 03/31/2022 |
| Jamaica Hospital Nursing Home Co Inc* | \$764,892 | 01/01/2015 – 03/31/2015 |
| | \$775,195 | 04/01/2015 – 03/31/2016 |
| | \$773,481 | 04/01/2016 – 03/31/2017 |
| | \$505,965 | 04/01/2020 – 03/31/2021 |
| | 505,965 252,983 | 04/01/2021 – 03/31/2021 |
| | <u>246,965</u> | <u>10/1/2021 – 03/31/2022</u> |
| Jefferson’s Ferry* | \$324,023 | 04/01/2020 – 03/31/2021 |
| | 324,023 162,012 | 04/01/2021 – 03/31/2021 |
| | <u>199,799</u> | <u>10/1/2021 – 03/31/2022</u> |
| Jewish Home Lifecare Henry and Jeanette Weinberg Campus Bronx* | \$2,939,255 | 01/01/2015 – 03/31/2015 |
| | 2,978,848 | 04/01/2015 – 03/31/2016 |
| | \$2,972,260 | 04/01/2016 – 03/31/2017 |
| Jewish Home LifeCare Manhattan* | \$1,947,662 | 01/01/2015 – 03/31/2015 |
| | \$1,973,898 | 04/01/2015 – 03/31/2016 |
| | \$1,969,532 | 04/01/2016 – 03/31/2017 |

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TN #21-0059

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Supersedes TN #20-0029-MA

Effective Date October 1, 2021

New York
47(aa)(7.1)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|--------------------------------|-------------------------|
| Jewish Home LifeCare Sarah Neuman Center* | \$1,169,410 | 01/01/2015 – 03/31/2015 |
| | \$1,185,162 | 04/01/2015 – 03/31/2016 |
| | \$1,182,541 | 04/01/2016 – 03/31/2017 |
| Lutheran Augustana Center for Extended Care & Rehab* | \$1,016,961 | 01/01/2015 – 03/31/2015 |
| | \$1,030,660 | 04/01/2015 – 03/31/2016 |
| | \$1,028,381 | 04/01/2016 – 03/31/2017 |
| Margaret Tietz Center For Nursing Care Inc* | \$700,877 | 01/01/2015 – 03/31/2015 |
| | \$710,318 | 04/01/2015 – 03/31/2016 |
| | \$708,747 | 04/01/2016 – 03/31/2017 |
| | \$463,620 | 04/01/2020 – 03/31/2021 |
| | 463,620 231,810 | 04/01/2021 – 03/31/2022 |
| Mary Manning Walsh Nursing Home Co Inc* | \$1,453,160 | 01/01/2015 – 03/31/2015 |
| | \$1,472,735 | 04/01/2015 – 03-31-2016 |
| | \$1,469,478 | 04/01/2016 – 03-31-2017 |
| | \$861,601 | 04/01/2020 – 03-31-2021 |
| | 861,601 430,800 | 04/01/2021 – 03/31/2021 |
| | \$418,742 | 10/1/2021 – 03/31/2022 |
| Menorah Home And Hospital For Rehabilitation and Nursing* | \$1,210,053 | 01/01/2015 – 03/31/2015 |
| | \$1,226,353 | 04/01/2015 – 03/31/2016 |
| | \$1,223,641 | 04/01/2016 – 03/31/2017 |
| | \$800,433 | 04/01/2020 – 03/31/2021 |
| | 800,433 400,217 | 04/01/2021 – 03/31/2021 |
| | \$390,697 | 10/1/2021 – 03/31/2022 |
| Methodist Home for Nursing and Rehabilitation* | \$441,177 | 01/01/2015 – 03/31/2015 |
| | \$447,120 | 04/01/2015 – 03/31/2016 |
| | \$446,131 | 04/01/2016 – 03/31/2017 |
| | \$291,832 | 04/01/2020 – 03/31/2021 |
| | 291,832 145,916 | 04/01/2021 – 03/31/2021 |
| | \$142,445 | 10/1/2021 – 03/31/2022 |

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TN #21-0059

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Effective Date October 1, 2021

New York
47(aa)(8)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|--------------------------------|----------------------------------|
| New York Congregational Nursing Center Inc* | \$717,376 | 01/01/2015 – 03/31/2015 |
| | \$727,040 | 04/01/2015 – 03/31/2016 |
| | \$725,432 | 04/01/2016 – 03/31/2017 |
| Northeast Center for Special Care | \$5,597,952 | 04/01/2012 – 03/31/2013 |
| | \$3,885,888 | 04/01/2013 – 12/31/2013 |
| | \$5,312,562 | 01/01/2014 – 03/31/2014 |
| | \$5,027,984 | 04/01/2014 – 03/31/2015 |
| | \$815,934 | 04/01/2015 – 03/31/2016 |
| Palisade Nursing Home Company Inc* | \$977,614 | 01/01/2015 – 03/31/2015 |
| | \$990,783 | 04/01/2015 – 03/31/2016 |
| | \$988,592 | 04/01/2016 – 03/31/2017 |
| Parker Jewish Institute for Health Care and Rehabilitation* | \$1,929,819 | 01/01/2015 – 03/31/2015 |
| | \$1,955,814 | 04/01/2015 – 03/31/2016 |
| | \$1,951,489 | 04/01/2016 – 03/31/2017 |
| | \$1,276,548 | 04/01/2020 – 03/31/2021 |
| | \$(1,276,548)638,274 | 04/01/2021 – 0[3]9/3[1]0/202[2]1 |
| | \$972,879 | 10/1/2021 – 03/31/2022 |

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TN #21-0059

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Supersedes TN #20-0029-MA

Effective Date October 1, 2021

New York
47(aa)(9)

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|--------------------------------|-------------------------------|
| Samaritan Keep Nursing Home Inc. | \$4,500,000 | 02/01/2014 – 03/31/2014 |
| | \$4,500,000 | 04/01/2014 – 03/31/2015 |
| | \$6,754,384 | 01/01/2017 – 03/31/2017 |
| | \$6,716,384 | 04/01/2017 – 03/31/2018 |
| Sarah Neuman Center for Healthcare* | \$773,173 | 04/01/2020 – 03/31/2021 |
| | [\$773,173] 386,587 | 04/01/2021 – 03/31/2021 |
| | <u>\$389,979</u> | <u>10/1/2021 – 03/31/2022</u> |
| Schaffer Extended Care System* | \$441,290 | 01/01/2015 – 03/31/2015 |
| | \$447,234 | 04/01/2015 – 03/31/2016 |
| | \$446,245 | 04/01/2016 – 03/31/2017 |
| | \$291,907 | 04/01/2020 – 03/31/2021 |
| | [\$291,907] 145,954 | 04/01/2021 – 03/31/2021 |
| | <u>\$142,482</u> | <u>10/1/2021 – 03/31/2022</u> |
| Schervier Nursing Care Center* | \$1,421,550 | 01/01/2015 – 03/31/2015 |
| | \$1,440,698 | 04/01/2015 – 03/31/2016 |
| | \$1,437,512 | 04/01/2016 – 03/31/2017 |
| Schnurmacher Center for Rehabilitation and Nursing* | \$539,168 | 01/01/2015 – 03/31/2015 |
| | \$546,431 | 04/01/2015 – 03/31/2016 |
| | \$545,222 | 04/01/2016 – 03/31/2017 |

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TN #21-0059

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Effective Date October 1, 2021

**New York
47(aa)(9.1)**

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---------------------------------------|--------------------------------|
| Schulman and Schachne Institute for Nursing and Rehabilitation* | \$1,852,978 | 01/01/2015 – 03/31/2015 |
| | \$1,877,938 | 04/01/2015 – 03/31/2016 |
| | \$1,873,785 | 04/01/2016 – 03/31/2017 |
| | \$1,225,719 | 04/01/2020 – 03/31/2021 |
| | [\$1,225,719] 612,860 | 04/01/2021 – 03/31/2022 |
| | <u>\$598,282</u> | <u>10/1/2021 – 03/31/2022</u> |
| Silvercrest* | \$1,293,304 | 01/01/2015 – 03/31/2015 |
| | \$1,310,725 | 04/01/2015 – 03/31/2016 |
| | \$1,307,827 | 04/01/2016 – 03/31/2017 |
| | \$833,785 | 04/01/2020 – 03/31/2021 |
| | [\$833,785] 416,892 | 04/01/2021 – 03/31/2022 |
| | <u>\$405,223</u> | <u>10/1/2021 – 03/31/2022</u> |
| St Cabrini Nursing Home* | \$748,048 | 04/01/2020 – 03/31/2021 |
| | [\$748,048] 374,024 | 04/01/2021 – 03/31/2022 |
| | <u>\$384,351</u> | <u>10/1/2021 – 03/31/2022</u> |
| St Johnland Nursing Center* | \$400,000 | 04/01/2020 – 03/31/2021 |
| | [\$400,000] 200,000 | 04/01/2021 – 03/31/2022 |
| | <u>\$320,596</u> | <u>10/1/2021 – 03/31/2022</u> |
| <u>St. Mary's Center*</u> | <u>\$544,336</u> | <u>10/01/2021 – 03/31/2022</u> |
| St. Mary's Hospital for Children Inc.* | \$1,777,136 | 01/01/2015 – 03/31/2015 |
| | \$1,795,679 | 04/01/2015 – 03/31/2016 |
| | \$1,792,470 | 04/01/2016 – 03/31/2017 |
| | \$1,053,645 | 04/01/2020 – 03/31/2021 |
| | [\$1,053,645] 526,822 | 04/01/2021 – 03/31/2022 |
| | <u>\$517,582</u> | <u>10/1/2021 – 03/31/2022</u> |
| <u>St. Patrick's Home*</u> | <u>\$920,596</u> | <u>10/01/2021 – 03/31/2022</u> |
| St Vincent Depaul Residence* | \$417,641 | 01/01/2015 – 03/31/2015 |
| | \$423,266 | 04/01/2015 – 03/31/2016 |
| | \$422,330 | 04/01/2016 – 03/31/2017 |
| | \$276,263 | 04/01/2021 – 03/31/2022 |
| | [\$276,263] 138,132 | 04/01/2021 – 03/31/2022 |
| | <u>\$210,545</u> | <u>10/1/2021 – 03/31/2022</u> |

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TN #21-0059 Approval Date _____
Supersedes TN #20-0029-MA Effective Date **October 1, 2021**

**New York
47(aa)(10)**

Nursing Homes (Continued):

| Provider Name | Gross Medicaid Rate Adjustment | Rate Period Effective |
|---|---------------------------------------|------------------------------|
| Terence Cardinal Cooke Health Care Ctr* | \$3,130,256 | 01/01/2015 – 03/31/2015 |
| | \$2,665,687 | 04/01/2015 – 03/31/2016 |
| | \$1,013,227 | 06/16/2016 – 03/31/2017 |
| | \$2,659,791 | 10/01/2016 – 03/31/2017 |
| | \$1,449,586 | 04/01/2020 – 03/31/2021 |
| | \$[1,449,586]724,793 | 04/01/2021 – 03/31/2022 |
| | \$872,157 | 10/1/2021 – 03/31/2022 |
| The Jewish Home Hospital* | \$1,248,092 | 04/01/2020 – 03/31/2021 |
| | \$[1,248,092]624,046 | 04/01/2021 – 03/31/2022 |
| | \$895,253 | 10/1/2021 – 03/31/2022 |
| The Wartburg Home* | \$1,020,644 | 01/01/2015 – 03/31/2015 |
| | \$1,034,392 | 04/01/2015 – 03/31/2016 |
| | \$1,032,104 | 04/01/2016 – 03/31/2017 |
| | \$671,170 | 04/01/2020 – 03/31/2021 |
| | \$[671,170]335,585 | 04/01/2021 – 03/31/2022 |
| | \$495,304 | 10/1/2021 – 03/31/2022 |
| Trustees Eastern Star Hall and Home | \$ 938,910 | 10/05/2017 – 03/31/2018 |
| | \$1,530,028 | 04/01/2018 – 03/31/2019 |
| | \$ 760,607 | 04/01/2019 – 03/31/2020 |
| | \$ 754,650 | 04/01/2020 – 09/30/2020 |
| United Hebrew Geriatric Center* | \$1,152,635 | 01/01/2015 – 03/31/2015 |
| | \$1,168,162 | 04/01/2015 – 03/31/2016 |
| | \$1,165,578 | 04/01/2016 – 03/31/2017 |
| | \$762,452 | 04/01/2020 – 03/31/2021 |
| | \$[762,452]381,226 | 04/01/2021 – 03/31/2022 |
| | \$372,158 | 10/1/2021 – 03/31/2022 |

*Denotes provider is part of CINERGY Collaborative.

TN #21-0059

Approval Date _____

Supersedes TN #20-0029-MA

Effective Date October 1, 2021

Public Notice
NYS Department of Health

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

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

Long Term Care Services

Effective on or after October 1, 2021, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021-2022 is \$5.4 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:

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

SUMMARY
SPA #21-0060

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

DRAFT

New York
47(aa)(10.2)

Nursing Homes (Continued):

| <u>Provider Name</u> | <u>Gross Medicaid Rate Adjustment</u> | <u>Rate Period Effective</u> |
|---|--|-------------------------------------|
| <u>United Helpers Canton Nursing Home, Inc.</u> | <u>\$11,781,222.00</u> | <u>09/16/2021 – 03/31/2022</u> |
| | <u>\$ 792,070.00</u> | <u>04/01/2022 – 03/31/2023</u> |
| | | |

*Denotes provider is part of CINERGY Collaborative.

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TN #21-0060 Approval Date _____
Supersedes TN #New Effective Date September 16, 2021

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Long Term Care services to comply with Section 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

Temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustment has been reviewed and approved for United Helpers Canton Nursing Home, Inc. with aggregate payment amounts totaling up to \$11,781,222 for the period September 16, 2021 through March 31, 2022 and \$792,070 for the period April 1, 2022 through March 31, 2023.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$11,781,222 and \$792,070 for state fiscal year 2022/2023.

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

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New York, New York 10018

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

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

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

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

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