



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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 R. 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

The following proposals have not yet been approved by CMS:

21-0055 CTFSS/29I- ENHANCED FMAP | 21-0058 ACT | 21-0061 PROS
21-0062 Advanced Training Initiative | 21-0064 OASAS Rate Increase
21-0066 Private Duty Nursing | 21-0068 OMH Rehab Program Min. Wage Increases



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MARY T. BASSETT, M.D., M.P.H.
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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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MARY T. BASSETT, M.D., M.P.H.
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December 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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Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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MARY T. BASSETT, M.D., M.P.H.
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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Chief Patterson:

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MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Chief Wallace:

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MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Mr. Halftown:

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MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Chief Cook:

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Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Chief Thompson:

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Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Mr. Cuffee:

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Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 15, 2021

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

Dear Mr. Twoguns:

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December 15, 2021

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

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Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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KRISTIN M. PROUD
Acting Executive Deputy Commissioner

December 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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SUMMARY
SPA #21-0054

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

DRAFT

State/Territory: New York

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

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

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

This provision is effective April 1, 2021.

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

Request for Waivers under Section 1135

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

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

TN: 21-0054
Supersedes TN: NEW

Approval Date: _____
Effective Date: April 1, 2021

State/Territory: New York

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

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

Section A – Eligibility

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

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

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

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

Income standard: _____

-or-

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

Income standard: _____

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

Less restrictive income methodologies:

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State/Territory: New York

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

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

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

Section C – Premiums and Cost Sharing

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

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

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

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Please list the applicable eligibility groups or populations.

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

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

Section D – Benefits

Benefits:

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

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

3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

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Telehealth:

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

Please describe.

Drug Benefit:

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

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

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

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

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

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:
- a. Published fee schedules –
- Effective date (enter date of change): _____

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Location (list published location): _____

b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

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

Please list all that apply. Based upon the NYS Department of Health submitted Spending Plan for Implementation of American Rescue Plan Act of 2021, section 9817; increased rates for State Plan Services of Children and Family Treatment and Support Services (CFTSS) – PSR, CPST, Crisis, Family Peer Support Services and Youth Peer Support and Training and for Voluntary Foster Care Agencies 29I Health Facilities.

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

Please describe criteria. All claims for the identified services within the period of time of April 1, 2021 through September 30, 2021 for both CFTSS and 29I Health Facilities. NYSDOH has already submitted Federal Public Notice for a State Plan Amendment with a start date of October 1, 2021 under NY SPA 21-0055 to continue NYS Spending Plan for these rate adjustments.

b. Payments are increased through:

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

ii. An increase to rates as described below.

Rates are increased:

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Uniformly by the following percentage: 25% on CFTSS (an additional 14% above the current 11% authorized under NY SPA 20-0036) CFTSS and 25% on 29I Health Facilities (based upon existing current rates).

Through a modification to published fee schedules –

Effective date (enter date of change): April 1, 2021

Location (list published location): [REDACTED]

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Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

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

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

Describe telehealth payment variation.

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

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

Other:

4. Other payment changes:

Please describe.

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Section F – Post-Eligibility Treatment of Income

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

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

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

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

Based upon the NYS Spending Plan for Implementation of the American Rescue Plan Act of 2021, section 9817, the following supplemental payment/grants will be provided to Children and Family Treatment and Support Services (CFTSS) and 29I Volunteer Foster Care Agencies Health Center providers:

1. Supporting & Strengthening the Direct Care Workforce
 - a. Enhance the Children's Service Workforce \$2.55M Enhanced Funding
Eligible Providers: CFTSS and 29I
Description: Due to provider diversity and differing needs of agencies regarding staffing, as well as to ensure the maximum ability to maintain or build service capacity, a model is recommended that would offer eligible providers flexibility in utilizing the enhanced FMAP. Specific goals will be attached to this funding to impact capacity building and eliminate waitlists, and the awardees will be evaluated for specific outcomes. To that end, the following list of workforce development strategies will be offered for qualifying providers to access through a Children's Services Workforce Development Fund:
 1. Tuition Reimbursement
 2. Loan Forgiveness
 3. Hiring and Sign-on Bonuses
 4. Longevity pay for existing frontline staff and supervisors
 5. Support of student placements and internships to create a workforce pipeline
 6. Training funding inclusive of Continuing Education Unit (CEU), professional licenses, and maintenance of professional certifications

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7. Evidence Based Practices (EBP): maintenance of certification and fidelity to the model
8. Provide start-up funds for evidence-based program modalities
9. Differential Pay for nights and weekends
10. Retirement contributions, extending health insurance benefits, or other fringe benefits for

staff

Evaluation and Reporting: In accessing these funds, eligible providers would report to DOH regarding the specific goals attached to this funding and how the funds have been used to build capacity and eliminate waitlists. DOH would evaluate each eligible provider's use of the funding to achieve these outcomes. This evaluation would be part of the quarterly reports submitted by DOH to CMS regarding use of this funding.

2. Digital Infrastructure Investments

- a. Advance Children's Services IT Infrastructure \$4.4M Enhanced Funding

Eligible Providers: HCBS and HHSC

Description: To allow for maximum flexibility, a list of infrastructure and administrative assistance strategies is provided for providers to pick from through a development fund or grant process. It would be important to have specific goals attached to this funding to impact capacity building and lower waitlist, and the funding would be evaluated for specific outcomes. The aggregate amount of all provider awards is limited to a total funding allocation.

1. Integrate EHR systems;
2. Develop billing platforms / hire billing vendors;
3. Health Homes build system to take oversight of Modifications;
4. HCBS Requirements, POC, and Linkage to Services Oversight;
5. EVV reimbursement for equipment and software;
6. Funding for administrative staff;
7. Funding for training staff, including onboarding and orientation;
8. Telehealth equipment and enhancement for providers or the members they serve;
9. Necessary facility changes or other activities to comply with the HCBS Settings Final Rule; and
10. A funding pool to incentivize Article 29-J providers meeting established performance targets and criteria (e.g., completing initial intake assessments timely, reducing polypharmacy).

Evaluation and Reporting: In accessing these funds, eligible providers would report to DOH regarding the specific goals attached to this funding and how the funds have been used to building capacity, improve administrative function and compliance with performance targets and requirements. DOH would evaluate each eligible provider's use of the funding to achieve these outcomes.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form,

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Effective Date: April 1, 2021

SUMMARY
SPA #21-0055

This State Plan Amendment proposes to revise the State Plan to enhance the State established rates for the period of October 1, 2021 to September 30, 2022, for Children and Family Treatment and Support Services (CFTSS) by an additional 14% based upon the Federal stimulus funding under the American Rescue Act to aid providers in the recovery of the COVID emergency. The following CFTSS will be affected: Other Licensed Practitioner, (OLP), Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation Supports (PSR), Crisis Intervention (CI), Youth Peer Supports and Training (YPS) and Family Peer Support Services (FPSS).

State established rates for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive residential treatment (PRT) services and rehabilitative residential treatment (RRT) will be enhanced by an additional twenty-five (25) percent for the period October 1, 2021 through September 30, 2022 to aid providers in the recovery of the COVID emergency.

DRAFT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**STATE: New York****METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE****Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)**

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. The agency's fee schedule rate was set as of 4/2/2020 and is effective for services provided on or after that date. The rates were updated for the period October 1, 2021 through September 30, 2022.

All rates are published on the Department of Health website:

Crisis Intervention Rates:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child-family_rate_summary.htm

Family Peer Supports Services and Youth Peer Supports Rates:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/fpps_bh_kids_ffs_rates.htm

Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/bh_kids_ffs_rates.htm

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Approval Date _____

Supersedes TN # 20-0036

Effective Date October 1, 2021

**New York
1(a)(ii)(b)**

The Fee Schedule is as follows:

Provider Type	2/1 to 9/30/2021 EPSDT PRT/RRT Fee	10/1/2021 to 9/30/2022 EPSDT PRT/RRT Fee	10/1/2022 to 6/30/2023 [2022] EPSDT PRT/RRT Fee	2023 EPSDT PRT/RRT Fee	2024 EPSDT PRT/RRT Fee
ABH	\$ 27.43	\$ 34.29	\$ 27.99	\$ 28.57	\$ 29.15
Diagnostic	\$ 100.76	\$ 125.95	\$ 102.82	\$ 104.93	\$ 107.08
FBH	\$ 12.36	\$ 15.45	\$ 12.62	\$ 12.87	\$ 13.14
GH	\$ 27.43	\$ 34.29	\$ 27.99	\$ 28.57	\$ 29.15
GR	\$ 45.23	\$ 56.54	\$ 46.16	\$ 47.10	\$ 48.07
Hard/Place	\$ 78.37	\$ 97.96	\$ 79.97	\$ 81.61	\$ 83.29
Inst	\$ 49.36	\$ 61.70	\$ 50.38	\$ 51.41	\$ 52.46
Maternity	\$ 27.43	\$ 34.29	\$ 27.99	\$ 28.57	\$ 29.15
Medically Fragile	\$ 54.20	\$ 67.75	\$ 55.31	\$ 56.44	\$ 57.60
Other NC	\$ 39.72	\$ 49.65	\$ 40.53	\$ 41.36	\$ 42.21
Raise the Age	\$ 78.37	\$ 97.96	\$ 79.97	\$ 81.61	\$ 83.29
SILP	\$ 27.43	\$ 34.29	\$ 27.99	\$ 28.57	\$ 29.15
Special Needs	\$ 39.72	\$ 49.65	\$ 40.53	\$ 41.36	\$ 42.21
Special Other	\$ 78.37	\$ 97.96	\$ 79.97	\$ 81.61	\$ 83.29
Therapeutic	\$ 34.73	\$ 43.41	\$ 35.44	\$ 36.17	\$ 36.91

Effective October 1, 2021 through September 30, 2022, the 2021 EPSDT PRT/RRT Fees will be twenty-five (25) percent higher. Agencies whose current rates are higher than the fee schedule, and who require a blended methodology to the Fee Schedule will follow the methodology below:

	February 2021 EPSDT PRT/RRT Blended Fee	July 2021 EPSDT PRT/RRT Blended Fee	2022 EPSDT PRT/RRT Blended Fee	2023 EPSDT PRT/RRT Blended Fee	2024 EPSDT PRT/RRT Blended Fee
Current Rate	100%	75%	50%	25%	0%
Future Rate	0%	25%	50%	75%	100%

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private providers. All years of rates, including current rates are published on the Department of Health website at:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/cfc/

Draft Rates pending approval for the above schedule are published on the Department of Health website at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_tra ns.htm

TN # 21-0055

Approval Date _____

Supersedes TN # 21-0003

Effective Date October 1, 2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE
Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019 for Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. The agency's fee schedule rate was set as of 4/2/2020 and is effective for services provided on or after that date. The rates were updated for the period October 1, 2021 through September 30, 2022.

All rates are published on the Department of Health website:

Crisis Intervention Rates:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child-family_rate_summary.htm

Family Peer Supports Services and Youth Peer supports Rates:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/fpps_bh_kids_ffs_rates.htm

Other Licensed Practitioner, Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports Rates:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/bh_kids_ffs_rates.htm

The rate development methodology will primarily be composed of provider cost modeling, through New York provider compensation studies and cost data. Rates from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN # **#21-0055**

Approval Date _____

Supersedes TN # **20-0036**

Effective Date **October 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 for non-institutional services to comply with enacted federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the state's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on home and community-based services (HCBS). The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the state, effective on or after October 1, 2021, this notice proposes to enhance (increase) state established reimbursement rates as follows:

State established rates will be enhanced for state-plan approved Children and Family Treatment and Support Services (CFTSS) by an additional 14 percent for the period October 1, 2021 through March 31, 2022 based to aid providers in the recovery of the COVID emergency. The following CFTSS will be enhanced: Other Licensed Practitioners (OLP), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Youth Peer Support (YPS), Crisis Intervention (CI) and Family Peer Support Services (FPSS).

State established rates for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive residential treatment (PRT) services and rehabilitative residential treatment (RRT) will be enhanced by an additional twenty-five (25) percent for the period October 1, 2021 through March 31, 2022 to aid providers in the recovery of the COVID emergency.

The estimated annual net aggregate increase in gross Medicaid

expenditures as a result of the proposed amendments for both CFTSS and EPSDT PRT and RRT services is \$15,400,000.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

Commissioner's Determination on Indoor Masking

Pursuant to 10 NYCRR 2.60

Pursuant to 10 NYCRR 2.60, I hereby issue the following determination, which includes findings of necessity, to support the face masking/covering requirements set forth below:

Findings of necessity:

The Centers for Disease Control and Prevention (CDC) has identified a concerning national trend of increasing circulation of the Delta COVID-19 variant, which is approximately twice as transmissible as the SARS-CoV-2 strain. Since early July, cases have risen 10-fold, and 95 percent of sequenced recent positives in New York State were the Delta variant.

Certain settings and areas (e.g., healthcare, schools, and public places located in CDC-identified areas of substantial or high community transmission) pose increased challenges and urgency for controlling the spread of this disease because of the vulnerable populations served, the disproportionate percentage of individuals (e.g.,

children) who are not yet eligible for the COVID-19 vaccination, and/or the substantial to high levels of community transmission.

The above findings demonstrate the necessity for the implementation of layered prevention strategies, which includes face coverings/masks. COVID-19 spreads through respiratory droplets, and several studies have shown that appropriate face coverings/masks reduce the spray of droplets when worn correctly, fully covering one's nose and mouth. Additionally, as noted by the CDC, multiple real-world studies have shown a substantial decrease in SARS-CoV-2 transmission, including:

- Mask use during an outbreak aboard the USS Theodore Roosevelt, a close, congregate environment, was associated with 70% decrease in risk of infection.
- A study from Thailand documented that those who reported mask use during high-risk exposures experienced a more than 70% reduced risk of acquiring the disease compared to those who did not report such mask use during high-risk exposures.
- A study in China demonstrated that mask use by both the index patient and family contacts before symptom onset reduced secondary transmission within households by 79%.

Further, as also reported by the CDC, research supports that there are no significant health effects or changes in oxygen or carbon dioxide levels from mask wear.

Accordingly, based on the foregoing findings of necessity, I hereby issue the following masking requirements:

Face Covering/Masking Requirements¹

1. Healthcare settings:

a. Personnel: After careful review and consideration of CDC recommendations for face masks in healthcare settings regulated by the Department, I hereby adopt such recommendations, imposing them as requirements, where applicable. Accordingly, all personnel, regardless of vaccination status, in a healthcare setting (i.e., facilities or entities regulated under Articles 28, 36 and 40 of the Public Health Law) shall wear an appropriate face mask in accordance with applicable CDC exceptions, until this determination is modified or rescinded.

b. Visitors to Healthcare Facilities: After careful review and consideration of CDC recommendations, all visitors over age two and able to medically tolerate a face covering/mask shall be required to wear a face covering/mask in health care facilities, regardless of vaccination status, subject to applicable CDC exceptions, and until this determination is modified or rescinded.

2. Adult care facilities (ACFs) regulated by the Department:

a. Personnel: After careful review and consideration of the core principles for infection control to protect the health and safety of both fully vaccinated and unvaccinated residents, all ACF personnel, regardless of vaccination status, shall wear an appropriate face mask if providing direct medical care and at a minimum, a cloth face covering by other staff in such settings, in accordance with any applicable CDC exceptions, until this determination is modified or rescinded.

b. Visitors: After careful review and consideration of CDC recommendations, unvaccinated visitors, who are over age two and able to medically tolerate a face covering/mask shall be required to wear a face covering/mask in such setting, subject to CDC exceptions, and until this determination is modified or rescinded.

3. P-12 school settings:

a. After careful review and consideration of CDC recommendations for face coverings/masks in school settings, I hereby adopt such recommendations, imposing them as requirements, where applicable, until this determination is modified or rescinded². Accordingly, universal masking of teachers, staff, students, and visitors to P-12 schools over age two and able to medically tolerate a face covering/mask and regardless of vaccination status, is required until this determination is modified or rescinded. Such requirement is subject to applicable CDC-recommended exceptions.

4. Correctional facilities and detention centers:

a. Incarcerated/Detained Persons and Staff: After careful review and consideration of CDC recommendations for face coverings/masks, all incarcerated/detained Persons and staff shall wear an appropriate

face covering/mask when social distancing cannot be maintained, and in accordance with applicable CDC exceptions (e.g., eating and sleeping), until this determination is modified or rescinded.

b. Visitors: After careful review and consideration of CDC recommendations for face coverings/masks in correctional facilities and detention centers, all visitors over age two and able to medically tolerate a face covering/mask shall wear an appropriate face covering/mask in accordance with applicable CDC exceptions, until this determination is modified or rescinded. Correctional facilities and detention centers may impose their own policies for private visitation.

5. Homeless Shelters (including overnight emergency shelters, day shelters, and meal service providers):

a. After careful review and consideration of CDC recommendations, all clients, visitors, staff, and volunteers over age two and able to medically tolerate a face covering/mask shall wear an appropriate face mask/covering regardless of vaccination status, when social distancing cannot be maintained and in accordance with applicable CDC exceptions (e.g., eating and sleeping), until this determination is modified or rescinded.

6. Public Transportation Conveyances and at Transportation Hubs

a. After careful review and consideration of CDC recommendations for face coverings/masks on public transportation conveyances and at transportation hubs, all persons, over age two and able to medically tolerate a face covering/mask, regardless of vaccination status, shall wear an appropriate face covering/mask while in indoor areas of conveyances or while indoors at transportation hubs, in accordance with applicable CDC exceptions, until this determination is modified or rescinded.

Updates to the above referenced CDC recommendations will not necessarily require issuance of a revised or modified determination. However, such CDC recommendations will be continuously monitored by the Department, and updated determinations issued, as appropriate.

¹ Nothing in this determination shall be interpreted as inconsistent with the Americans with Disabilities Act (ADA), workplace safety guidelines, or applicable federal regulations.

² Guidance from American Academy of Pediatrics was also reviewed when making face covering/masking determinations in school settings, which is consistent with the above referenced CDC recommendations.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Long Term Care services to comply with 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.

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

SUMMARY
SPA #21-0058

This State Plan Amendment proposes to see four separate rate increases borne out of enhanced FMAP under ARPA. Increases will be for: 1) program enhancement 2) workforce training, recruitment, and retention 3) enhanced funding for Youth ACT teams and 4) enhanced funding for Young Adult ACT teams.

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13d. Rehabilitative Services
Assertive Community Treatment (ACT) Reimbursement

ACT services are reimbursed regional monthly fees per individual for ACT teams serving either 36, 48, or 68 individuals, as follows. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. ACT fees are updated, effective October 7, 2021. Up-to-date ACT service reimbursement rates can be found at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx

Monthly fees are based on projected costs necessary to operate an ACT team of each size and are calculated by dividing allowable projected annual costs by 12 months and by team size. Such monthly fee is then adjusted by a vacancy factor to account for actual fluctuations in case load or when the provider cannot submit full or partial month claims because the minimum contact threshold cannot be met.

ACT services are reimbursed either the full, partial/stepdown, or inpatient fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided. Providers may not bill more than one monthly fee, including the full, partial/stepdown, and inpatient fees, for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one face-to-face contact with an individual and one collateral contact.

TN #21-0058
Supersedes TN #21-0015

Approval Date _____
Effective Date October 7, 2021

switch Mine Discharge), Duncan Township, Tioga County, Pa. Applications for renewal of surface water withdrawal of up to 1.872 mgd (peak day) and for consumptive use of up to 1.872 mgd (30-day average) (Docket No. 20090902).

9. Project Sponsor and Facility: Project Sponsor and Facility: Mifflin County Municipal Authority (formerly The Municipal Authority of the Borough of Lewistown), Armagh Township, Mifflin County, Pa. Applications for groundwater withdrawals (30-day averages) of up to 0.770 mgd from McCoy Well 1, 1.152 mgd from McCoy Well 2, and 0.770 mgd from the Milroy Well.

10. Project Sponsor: Nature's Way Purewater Systems, Inc. Project Facility: USHydrations – Dupont Bottling Plant, Dupont Borough, Luzerne County, Pa. Modification to increase consumptive use (peak day) by an additional 0.100 mgd, for a total consumptive use of up to 0.449 mgd (Docket No. 20110618).

11. Project Sponsor and Facility: Shippensburg Borough Authority, Southampton Township, Cumberland County, Pa. Application for renewal of groundwater withdrawal of up to 2.000 mgd (30-day average) from Well 3 (Docket No. 20070305).

12. Project Sponsor and Facility: Walker Township Water Association, Inc., Walker Township, Centre County, Pa. Applications for renewal of groundwater withdrawals (30-day averages) of up to 0.432 mgd from Zion Well 2 and 0.320 mgd from Hecla Well 1 (Docket Nos. 19910302 and 19950906).

Project Scheduled for Action Involving a Diversion:

1. Project Sponsor and Facility: Chester Water Authority, New Garden Township, Chester County, Pa. Applications for renewal of consumptive use and for an out-of-basin diversion of up to 3.000 mgd (30-day average) (Docket No. 19961104).

Commission-Initiated Project Approval Modification:

1. Project Sponsor and Facility: Chester Water Authority, New Garden Township, Chester County, Pa. Applications for renewal of consumptive use and for an out-of-basin diversion of up to 3.000 mgd (30-day average) (Docket No. 19961104).

Opportunity to Appear and Comment:

Interested parties may call into the hearing to offer comments to the Commission on any business listed above required to be the subject of a public hearing. Given the telephonic nature of the meeting, the Commission strongly encourages those members of the public wishing to provide oral comments to pre-register with the Commission by e-mailing Jason Oyler at joyler@srbc.net prior to the hearing date. The presiding officer reserves the right to limit oral statements in the interest of time and to otherwise control the course of the hearing. Access to the hearing via telephone will begin at 6:15 p.m. Guidelines for the public hearing are posted on the Commission's website, www.srbc.net, prior to the hearing for review. The presiding officer reserves the right to modify or supplement such guidelines at the hearing. Written comments on any business listed above required to be the subject of a public hearing may also be mailed to Mr. Jason Oyler, Secretary to the Commission, Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, Pa. 17110-1788, or submitted electronically through <https://www.srbc.net/regulatory/public-comment/>. Comments mailed or electronically submitted must be received by the Commission on or before November 15, 2021, to be considered.

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

Dated: October 7, 2021

Jason E. Oyler

General Counsel and Secretary to the Commission

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for November 2021 will be conducted on November 17 and November 18 commencing at 10:00 a.m. This meet-

ing 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

Division of Criminal Justice Services
DNA Subcommittee

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

Date: November 5, 2021

Time: 10:00 a.m. - 12:00 p.m.

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

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

PUBLIC NOTICE

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 enhance, and increase access to, Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the October 6, 2021 noticed provision that proposed to increase reimbursement rates, as follows:

1) Rates for state-plan approved Assertive Community Treatment (ACT) Services will be increased by 5.0 percent, effective October 7, 2021. However, to allow for the full disbursement of funds available April 1, 2021 – March 31, 2022, the rate increase for the period October 7, 2021 – March 31, 2022 will be, with clarification, an additional 5.4 percent, for a total increase of 10.4 percent. Rates will then be reduced 5.4 percent effective April 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of serving the highest need individuals including but not limited to, dually diagnosed individuals, homeless individuals and those receiving court-ordered treatment.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for ACT Services is \$6,100,000.

2) Rates for state-plan approved ACT Services will be increased, with clarification, by an additional 8.5 percent for the period October 7, 2021 – March 31, 2022. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$4,700,000.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional Services to permit remote delivery of services. The following changes are proposed:

Non-Institutional Services

Effective on and after November 1, 2021, the Office for People With Developmental Disabilities' (OPWDD) will allow reimbursement for the remote delivery of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The State will allow reimbursement for the remote delivery of CSIDD through telephonic or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

There is no estimated annual change to gross Medicaid expenditures as a result of the 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 proposed 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 enacted federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the state's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on home and community-based services (HCBS). The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the state, effective on or after November 1, 2021, this notice proposes to enhance (increase) state established reimbursement rates as follows:

State established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 60 percent for the period November 1, 2021 through March 31, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services is \$13,100,000.

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

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 22 Collins Avenue, Village of Spring Valley, Town of Ramapo, County of Rockland, New York State, improved with a Cape Cod style residence, Tax Identifier Section 57.38, Block 1, Lot 75, 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 enhance, and increase access to, Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by

the State, effective on or after October 7, 2021, this notice proposes to increase reimbursement rates, as follows:

1) Rates for state-plan approved Assertive Community Treatment (ACT) Services will be increased by 5.0 percent, effective October 7, 2021. However, to allow for the full disbursement of funds available April 1, 2021 – March 31, 2022, the rate increase for the period October 7, 2021 – March 31, 2022 will be an additional 5.0 percent, for a total increase of 10.0 percent. Rates will then be reduced 5.0 percent effective April 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of serving the highest need individuals including but not limited to, dually diagnosed individuals, homeless individuals and those receiving court-ordered treatment.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for ACT Services is \$6,100,000.

2) Rates for state-plan approved ACT Services will be increased by an additional 8.2 percent for the period October 7, 2021 – March 31, 2022. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$4,700,000.

3) Rates for state-plan approved ACT Services provided by 10 newly-licensed ACT teams serving individuals up to age 21 will be increased by an additional 50.0 percent, effective October 7, 2021 through March 31, 2022. This enhancement will allow for implementation of ten new Youth Assertive Community Treatment teams through start-up, training, and monitoring funds, and pre-discharge Residential Treatment Facility (RTF) transitional services. As part of the Office of Mental Health's mission to reduce reliance on out of home care, Youth ACT Services are an important model that is being implemented across the State to serve children and families with high needs who may not have the supports to successfully engage in more traditional outpatient services, and to divert them from long-term stays in higher levels of care.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$2,300,000.

4) Rates for state-plan approved ACT Services will be increased by an additional 50.0 percent, effective October 7, 2021 through March 31, 2022 for certain ACT programs identified as serving young adults through start-up, training, monitoring funds, and pre-discharge.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for ACT Services is \$319,000.

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
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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

A virtual meeting of the NYS Appearance Enhancement Advisory Committee will be held on Monday, October 25, 2021, at 10:30 a.m.

The public may attend the live meeting remotely using the following link:

<https://meetny-broadcast-pilot.webex.com/meetny-broadcast-pilot/j.php?MTID=mfafe31b55139f883f6b9311ab1f5e28a>

For additional WebEx conferencing instructions and meeting information, please visit the NYS Department of State’s website at www.dos.ny.gov. (Note: An agenda and meeting information will be posted one week prior to the meeting on the Department of State’s Events webpage at <https://dos.ny.gov/events>.)

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

PUBLIC NOTICE

Department of State

Program Change

STATEWIDE — Pursuant to 15 CFR 923, the New York State Department of State (DOS) hereby gives notice that the National Oceanic and Atmospheric Administration’s Office for Coastal Management (OCM) concurred on September 8, 2021 on the incorporation of the Village of Nyack Local Waterfront Revitalization Program (LWRP) amendment into New York State’s Coastal Management Program as a Program Change. As of September 8, 2021, the enforceable policies identified in the Table of Approved Changes below shall be applicable in reviewing federal actions pursuant to the federal consistency requirements of the Coastal Zone Management Act (CZMA) and its implementing regulations found at 15 CFR part 930. DOS requested OCM’s concurrence on this action on August 4, 2021, in a previous notice in the New York State Register, which further described the content of the action.

The Village of Nyack LWRP amendment was prepared in partnership with DOS and in accordance with the New York State Waterfront Revitalization of Coastal Areas and Inland Waterways Act and the

New York State Coastal Management Program. The LWRP is a long-term management program for the waterfront resources of the Village along the Hudson River and is based on the policies of the New York State Coastal Management Program. The Village of Nyack LWRP amendment provides a detailed inventory and analysis of natural, historic and cultural resources in the Local Waterfront Revitalization Area in the Village, describes existing land and water uses, harbor management, and important economic activities, presents issues and opportunities for future development, and contains enforceable policies to be used for CZMA consistency review purposes.

Pursuant to the New York State Coastal Management Program and Article 42 of the New York State Executive Law, the Village of Nyack LWRP amendment was adopted by resolution by the Village of Nyack Board of Trustees on December 10, 2020 and approved by the New York State Secretary of State on May 12, 2021.

OCM’s concurrence includes the following list of changes and qualifications:

Table of Approved Changes to the New York Coastal Management Program (NY-2021-2)

Legal citation	Title of policy, section, or other descriptor	Is the change new, revised, or deleted	Date effective in state	Enforceable policy	Enforceable mechanism citation
Not applicable	Village of Nyack, New York Local Waterfront Revitalization Program (LWRP)	Revised	05/12/2021	Yes (Section III only)	Executive Law, Article 42

Qualifications

As with previous approval of NY CMP LWRPs, the enforceable provisions of Section III are only the stated policies and sub-policies. The enforceable policies do not include the explanatory text that accompanies each policy. While the explanatory text may be advisory as to how activities can show consistency with the LWRP policies, the State may not use the explanatory text as a basis for issuing an objection under its CZMA authority. Please also note that for the review of federal actions pursuant to the CZMA, the requirements of the statute and implementing regulations at 15 CFR part 930 are controlling over any conflicting interpretation of the discussion of the CZMA federal consistency requirements within the Village of Nyack LWRP.

As a standard qualification applying to all program changes, states may not incorporate enforceable policies by reference. If an approved enforceable policy refers to another statute, regulation, policy, standard, guidance, or other such requirement or document, the referenced policy must be submitted to and approved by the Office for Coastal Management as an enforceable policy in order to be applied under the federal consistency review provisions of the CZMA. No referenced policy may be applied for CZMA federal consistency review purposes unless that policy has been separately reviewed and approved as an enforceable policy by the Office for Coastal Management.

The Village of Nyack Local Waterfront Revitalization Program amendment is available at: <https://dos.ny.gov/local-waterfront-revitalization-program>, the website of the New York State Department of State. If you have any questions, please contact: Barbara Kendall, DOS Office of Planning, Development and Community Infrastructure, at Barbara.Kendall@dos.ny.gov

PUBLIC NOTICE

Department of State

A virtual meeting of the NYS Appearance Enhancement Advisory Committee will be held on Monday, October 25, 2021, at 10:30 a.m.

The public may attend the live meeting remotely using the following link:

<https://meetny-broadcast-pilot.webex.com/meetny-broadcast-pilot/j.php?MTID=mfafe31b55139f883f6b9311ab1f5e28a>

For additional WebEx conferencing instructions and meeting information, please visit the NYS Department of State’s website at www.dos.ny.gov. (Note: An agenda and meeting information will be

SUMMARY
SPA #21-0061

This State Plan Amendment proposes to see two rate increases borne out of enhanced FMAP under ARPA. First increase will be for program enhancement and second is for workforce training, recruitment, and retention.

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1905(a) Rehabilitative Services

Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will 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 will 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 will 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 July 1, 2021, for a one percent cost of living adjustment increase. PROS rates of payment are adjusted, effective October 14, 2021 to enhance and strengthen rehabilitative services in the Medicaid program, including programmatic and workforce initiatives pursuant to Section 9817 of the American Rescue Plan Act.

PROS rates of payment are available on the OMH website at:
http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

TN #21-0061

Approval Date _____

Supersedes TN #21-0044

Effective Date October 14, 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 for non-institutional services to enhance and increase access to Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the State, effective on or after October 14, 2021, this notice proposes to increase reimbursement rates as follows:

Rates for state-plan approved Personalized Recovery Oriented Services (PROS) will be increased by 10.30 percent annually, effective October 14, 2021. However, to allow for full disbursement of funds available April 1, 2021 – March 31, 2022, the rate increase for the period October 14, 2021 – March 31, 2022 will be an additional 12.00 percent, for a total increase of percent. Rates will then be reduced 12.00 percent effective April 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including, but not limited to, strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of changing population demographics, and enhancement of their programs, including but not limited to providing services with higher staff to recipient rations and at offsite locations.

The estimated annual net aggregate increase in gross Medicaid

expenditures as a result of this proposed increase for PROS is \$8,100,000.

Additionally, rates for state-plan approved Personalized Recovery Oriented Services (PROS) will be increased by an additional 13.10 percent for the period October 14, 2021 – March 31, 2022. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for PROS is \$5,500,000.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State
F-2020-0241

Date of Issuance – October 13, 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-2021-0241, Frank M. Flower & Sons, Inc. proposes to renew the Army Corps of Engineers' Nationwide Permit #48 for shellfish aquaculture operations within the Oyster Bay Cold Spring Harbor Complex, Town of Oyster Bay, Nassau County, NY.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/10/F-2021-0241FrankMFlowerSonsConsistencyCert.pdf>

More Information regarding the Corps' Nationwide Permit Program can be found at: https://www.nan.usace.army.mil/Portals/37/docs/regulatory/Nationwide%20Permit/NWP2021/NWP%20Water%20Quality%20Cert%202021.pdf?ver=YuW-a82wzh_IppKNE99FoQ%3d%3d

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or by Friday, November 12, 2021.

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

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

PUBLIC NOTICE

Department of State
F-2021-0381

Date of Issuance – October 13, 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-2021-0381, Peter Sidoti is proposing to construct a new wave breaks structures off the existing dock. Proposed construction of a 66' long, 34' and 27' timber wavebreaks. The site is located on Great South Bay at Four Sloop Walk, Ocean Beach, NY 11770, Suffolk County.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/10/f-2021-0381sidoti.pdf>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or November 12, 2021.

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

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

PUBLIC NOTICE

Department of State
F-2021-0530

Date of Issuance – October 13, 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-2021-0530, Anthony Finuoli, is proposing to construct a residential pier to include a 51' x 4' timber pier dock with open grate, 40' x 3' aluminum gangway, and two 20' x 8' floats and six 12" diameter timber piles. The project is located at 285 Asharoken Avenue, Village of Asharoken, Suffolk County, on Northport Bay.

The purpose of the proposed project is to allow safe access to the water for the property owner for water dependent uses.

The applicant's consistency certification and supporting information are available for review at: <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2021-0530.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., 30 days from the date of publication of this notice, or, October 28, 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-2021-0593

Date of Issuance - October 13, 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-2021-0593, The Suffolk County Department of Health Services is proposing to construct a fish passage at Upper Mills Dam located on the Peconic River in Riverhead, New York. This will be completed by installing a 6' x 12' precast concrete culvert to pass all flows through the dam, install seven weir structures upstream of the culvert, and install four weir structures downstream. Approximately 381 CY of excavation is required upstream of the culvert and approximately 798 CY downstream of the culvert to establish the grade of the fish passage. To create the fish passage structure, approximately 106 CY of grouted rip-rap is proposed to be installed upstream of the culvert. On the downstream end of the culvert, approximately 138 CY of grouted rip-rap and 108 CY of dry rip-rap is proposed.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/october/f-2021-0593consistcert.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.

SUMMARY
SPA #21-0062

This amendment proposes to revise the State Plan to enhance (increase) state nursing facilities' incentive payments to provide training in order to avoid hospitalization and improve community discharge rates. These funds will be provided for the period October 1, 2021 through March 31, 2022 to aid providers in the recovery of the COVID emergency.

This one time \$150 million enhancement will use the enhanced FMAP for HCBS to expand and enhance advanced training programs incentives for direct care workers to recognize signs of patient clinical improvement and the potential for HCBS programs and services to allow for community discharge and reintegration. This program would continue New York's work toward ensuring that individuals receive Medicaid-funded services in the least restrictive setting and permitting facility discharge when appropriate HCBS services and supports are identified. This program will also reward eligible nursing home providers that have shown a commitment to giving direct care staff tools to help assist in appropriate discharge to community-based settings.

DRAFT

**New York
110(d)(29)**

Nursing Home Advanced Training Incentive Payments

Advanced Training Incentive Payments to Eligible Facilities. Effective June 1, 2015, the state will annually distribute \$46 million to eligible nursing facilities in State Fiscal Years 2016, 2017, 2020, and thereafter. The purpose of these incentive payments is to reduce avoidable hospital admissions for nursing home residents. New York will incentivize and encourage facilities to develop training programs aimed at early detection of patient decline. Such programs will allow frontline caregivers to provide staff with the training/tools needed to identify resident characteristics that may signify clinical complications. A comprehensive training program will lead to consistent staff assignment to ensure that families and residents can rely on highly trained caregivers to provide effective, high quality, individualized care.

Patient decline detection programs will assist caregivers with identifying residents who are exhibiting warning signs for worsening clinical conditions and allow for rapid intervention to avoid the decline and possible hospitalization. The goal of such training programs will be to reign in the high costs of avoidable hospitalizations, improving the quality of life for New York's nursing home residents. This initiative will reward eligible nursing home providers who are those that have shown a commitment to giving direct care staff the tools to help lower resident hospitalization rates.

In State Fiscal Year 2022, an additional \$150 million will be provided for a one year expansion of the existing advanced training programs that have proven effective at assisting caregivers in identifying patient decline and avoiding hospitalizations. These new programs will offer frontline caregivers with the opportunity to receive training and tools needed to identify resident characteristics indicative of readiness for community transition and reintegration through the receipt of HCBS. Moreover, these programs that encourage consistent staff assignments can train caregivers to identify improvements in clinical conditions that may suggest the ability to be discharged from nursing home and long-term care facilities with appropriate HCBS support, including for residents who are receiving rehabilitative services in a nursing facility.

The annual amount for both original and enhanced ATI will be distributed proportionally to each eligible facility based on its relative share of Medicaid bed days to total Medicaid bed days of all such eligible facilities. Incentive payments will be paid in two lump sum adjustments to supplement nursing facility rates. 75% will be paid in the October - December quarter and the 25% will be paid in the January - March quarter.

To be eligible for this incentive payment, in each state fiscal year a facility must:

- 1) Provide a training program to direct care staff that has been reviewed and approved by the Department to assist direct care staff identify changes in a resident's physical, mental, or functional status that could lead to hospitalization. The training program will be subject to Department of Health oversight; and
- 2) Have a direct care staff retention rate above the statewide median; and
- 3) Not be excluded from participating in this program.

TN #21-0062
Supersedes TN #20-0030

Approval Date
Effective Date October 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 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 October 2021 will be conducted on October 13 and October 14 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with enacted federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the state's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on home and community-based services (HCBS). The following changes are proposed:

Long Term Care

Contingent upon CMS approval of the Spending Plan submitted by the state, effective on or after October 1, 2021, this notice proposes to enhance (increase) state nursing facilities' incentive payments to provide training to improve community discharge rates. These funds

will be provided for the period October 1, 2021 through March 31, 2022 to aid providers in the recovery of the COVID emergency.

The estimated annual net aggregate increase in gross Medicaid expenditures of the proposed nursing home training enhancement is \$150,000,000.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with 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:
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

Public Service Commission
NOTICE OF ADOPTION

Phase 2 Local Transmission and Distribution Project Proposals

I.D. No. PSC-46-20-00008-A

Filing Date: 2021-09-09

Effective Date: 2021-09-09

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, NOTICE is hereby given of the following action:

Action taken: On 9/9/21, the PSC adopted an order establishing the process and providing direction for Phase 2 Local Transmission and Distribution Project Proposals.

Statutory authority: Public Service Law, sections: 4(1), 5(1), 5(2) and 66

Subject: Phase 2 Local Transmission and Distribution Project Proposals.

Purpose: To establish the process and provide direction for Phase 2 Local Transmission and Distribution Project Proposals.

Text or summary was published in the November 18, 2020 issue of the Register, I.D. No. PSC-46-20-00008-P.

Final rule as compared with last published rule: No changes.

Text of rule may be obtained from: John Pitucci, Public Service Commission, 3 Empire State Plaza, Albany, New York 12223-1350, (518) 486-2655, email: john.pitucci@dps.ny.gov An IRS employer ID no. or social security no. is required from firms or persons to be billed 25 cents per page. Please use tracking number found on last line of notice in requests.

Assessment of Public Comment

An assessment of public comment is not submitted with this notice because the rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act.

(20-E-0197SA3)

PUBLIC NOTICE

Department of State
F-2021-0482

Date of Issuance – September 29, 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-2021-0482, The Village of Sackets Harbor is proposing to replace an existing boat ramp, rehabilitate an existing sheet pile bulkhead by installing new sheet piling within 10" of the existing and increasing the elevation to 250' NAVD. Additionally, the proposal includes installing a 16' x 18' kayak launch, floating docks secured with concrete anchor blocks, concrete dock abutments, up to 20 dock slips, power, water and waste pump-out. The project will also include upland grading, enhancement of the picnic area, repair the electrical system, rehabilitate a pavilion roof and lighting, and green-space and landscaping improvements.

The project is located at Market Square Park located off of Main Street in the Village of Sackets Harbor, Jefferson County on Back River Bay/Lake Ontario.

The stated purpose of the proposal is to, "Improve resiliency in response to high-water levels." and "rehabilitate and protect the site from future high-water damage."

This proposal is part of the New York State Lake Ontario Resiliency & Economic Development Initiative (REDI). REDI is a program created to increase the resilience of shoreline communities and bolster economic development throughout the Lake Ontario and St. Lawrence River regions of New York State. Additional information about the REDI program including project profiles can be found at: <https://www.governor.ny.gov/programs/lake-ontario-resiliency-and-economic-development-initiative-redi>

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/09/f-2021-0482publicnotice.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 October 14, 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-2021-0700

Date of Issuance – September 29, 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.

SUMMARY
SPA #21-0063

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

DRAFT

State/Territory: New York

- c. XX Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in New York’s Medicaid state plan, as described below:

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

Section A – Eligibility

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

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

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

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

Income standard: _____

-or-

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

Income standard: _____

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

Less restrictive income methodologies:

State/Territory: New York

Telehealth:

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

Please describe.

Drug Benefit:

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

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

7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

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

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

Section E – Payments

Optional benefits described in Section D:

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

- a. Published fee schedules –

Effective date (enter date of change):

Location (list published location):

TN: 21-0063

Supersedes TN: NEW

Approval Date:

Effective Date: June 24, 2021

State/Territory: New York

b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

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

Please list all that apply.

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

Please describe criteria.

b. Payments are increased through:

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

Please describe.

ii. An increase to rates as described below.

Rates are increased:

 Uniformly by the following percentage:

 Through a modification to published fee schedules –

Effective date (enter date of change):

Location (list published location):

 Up to the Medicare payments for equivalent services.

 By the following factors:

Please describe.

TN: 21-0063

Supersedes TN: NEW

Approval Date:

Effective Date: June 24, 2021

State/Territory: New York

Payment for services delivered via telehealth:

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

Describe telehealth payment variation.

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

Other:

4. Other payment changes:

Please describe.
NYS proposes to reimburse inpatient hospitals for monoclonal antibody infusion drugs issued an Emergency Use Authorization for inpatient administration at 100% of the Medicare rate outside of the APR/DRG reimbursement methodology.

Section F – Post-Eligibility Treatment of Income

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

SUMMARY
SPA #21-0064

This amendment proposes to revise the State Plan for the period November 1, 2021-June 30, 2022, to temporarily increase rates for state-plan approved residential addiction rehabilitation services provided in 820 stabilization and reintegration services by ten percent; temporarily increase rates for state-plan approved outpatient addiction rehabilitation services provided within the community by ten percent; and increase rates for state-plan approved Addiction Services by an additional ten percent to support workforce recruitment and retention strategies.

DRAFT

**New York
10(a.1)**

Rehabilitative Services - Addiction Services

Addiction Residential Services

The New York State Office of Alcoholism and Substance Abuse Services establishes rates of reimbursement for the provision of rehabilitative services to persons in non-hospital freestanding residential addiction facilities under part 818. Allowable base year treatment costs are determined by application of principles developed for determining reasonable cost payments for direct and indirect costs consistent with 2 CFR 200 and 45 CFR 75. Utilizing only allowable treatment related costs; a provider-specific Medicaid treatment rate shall be established. Room and board related costs are not Medicaid reimbursable. All rates are published on the State website at:

<https://www.oasas.ny.gov/mancare/documents/IPRArt32.xlsx>

Reimbursement for all other non-hospital freestanding residential addiction facilities under Part 820 are paid based upon a Medicaid fee schedule established by the State of New York. The State developed fee schedule is the same for both governmental and private individual providers. The agency's fee schedule rate was set as of July 1, 2016 and is effective for services provided on or after that date. Except that rates established pursuant to P.L. 117-2, Title IX, Subtitle J, § 9817, 135 Stat. 216-17 (March 11, 2021) will be effective November 1, 2021. All rates are published on the State website at:

<https://www.oasas.ny.gov/mancare/ResidentialAddictionServicesPart820.cfm>

The fee development methodology will build residential fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447 .200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate. where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

A unit of service is defined according to the Healthcare Common Procedure Coding System approved code set per the national correct coding initiative unless otherwise specified.

TN #21-0064 _____

Approval Date _____

Supersedes TN #16-0004 _____

Effective Date November 1, 2021

**New York
10(a.3)**

Reimbursement Methodology

Beginning in July 2016, the fee development methodology will be based on the case mix index for similar New York services. The calculation of the case mix index will be used in the periodic determination of the base rates to assure that prospective aggregate disbursements remain within available resources. The initial base rates were based on 2008 Medicaid claims data for OASAS providers. The initial update was based on claims data from 2010 for OASAS providers. Beginning in July 2016, the base rates will be updated at least every two years based on Medicaid claims from the most recent 12-month period, which is complete and accurate billing data. Community-based addiction rehabilitative services will not receive a capital add-on. The total volume of service type multiplied by the service weight and added to the other aggregated volume per service weight will determine initial case mix. Thereafter, case mix will continue to be determined by actual volume of reported services to yield the actual case mix ratio. A link to the base rates in effect can be found at:

https://www.oasas.ny.gov/manicare/SUDOP_OTP.cfm

Payment will be determined by multiplying a dollar base rates (varies by peer group) by the weight for each procedure. The weight is a numeric value that reflects the relative expected resource utilization for each procedure as compared to the expected resource utilization for all other procedures. Procedure weights are the same for all outpatient community-based addiction rehabilitative services regardless of peer group. The same weights will be applied to Addiction Rehabilitation Services and OASAS clinics operation under Mental Hygiene Law Article 32 and not operated by a hospital.

Peer Group Base Rates for outpatient community-based addiction rehabilitative services provided by OASAS licensed outpatient community-based addiction rehabilitation agencies and opioid treatment agencies.

Base Rates for Outpatient Addiction Agencies		
Upstate	\$147.59	Effective: 7/1/2016
Downstate	\$172.69	Effective: 7/1/2016
Base Rates for Outpatient Rehabilitation Agencies		
Upstate	\$147.59	Effective: 7/1/2016
Downstate	\$172.69	Effective: 7/1/2016
Base Rates for Opioid Treatment Agencies		
Upstate	\$136.04	Effective: 7/1/2016
Downstate	\$159.17	Effective: 7/1/2016

Pursuant to P.L. 117-2, Title IX, Subtitle J, § 9817, 135 Stat. 216-17 (March 11, 2021), effective November 1, 2021 rates for outpatient rehabilitation services will receive a ten percent increase. Outpatient rehabilitation services provided in the community will receive an additional ten percent in reimbursement under Section 9817 of the American Rescue Plan Act of 2021 (ARP) effective November 1, 2021. Rates will return to base rates for Outpatient Addiction Agencies upon public notice and all rates will be posted on the OASAS website:

https://www.oasas.ny.gov/manicare/SUDOP_OTP.cfm

TN #21-0064

Approval Date _____

Supersedes TN #16-0004

Effective Date November 1, 2021

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 enhance and increase access to Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the State, effective on or after November 1, 2021, this notice proposes to increase recovery oriented residential offerings by incorporating the residential reintegration services into the Medicaid benefit package and provide for an enhanced rate for a period of November 1, 2021 to March 31, 2024. To allow for full disbursement of funds available April 1, 2021 – March 31, 2022, the initial rate will be increased by 50% for November 1, 2021 until December 31, 2021. Rates will then be reduced 50% percent effective January 1, 2022. This enhancement will enhance and expand the HCBS system and sustain promising and effective programs and services for individuals in recovery from a substance use disorder under the Medicaid program, including, but not limited to, strengthening the response to the COVID-19 Public Health Emergency, increasing services for individuals in early recovery to assist with reintegrating into their community and allowing providers to supplement the implementation of residential rehabilitation reintegration services to address increases in overdose rates and substance use disorder treatment and recovery service needs of Medicaid beneficiaries receiving HCBS during the COVID-19 PHE.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for Residential Rehabilitation Integration Services is \$23,668,639.05.

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 enhance and increase access to Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the State, effective on or after November 1, 2021, this notice proposes to increase reimbursement rates, as follows:

1) Residential Addiction Rehabilitation Services. To allow for the full disbursement of funds available April 1, 2021 – March 31, 2022, rates for state-plan approved residential addiction rehabilitation services provided in 820 stabilization and reintegration services will be increased by ten percent, for the period November 1, 2021 – December 31, 2021. Rates will then be reduced 10 percent effective January 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of serving the highest need individuals including but not limited to, those suffering from opioid addiction, dually diagnosed individuals or individuals with multiple comorbidities.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for Residential Rehabilitation Addiction Services is \$41,420,118.34.

2) Outpatient Addiction Rehabilitation Services. Rates for state-plan approved Outpatient Addiction Rehabilitation Services provided to individuals in the community will be temporarily increased by an additional 10 percent for the period November 1, 2021 – December 31, 2021. This enhancement will allow providers to increase patient engagement and access to services for those who are unwilling or unable to otherwise engage in care.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for Outpatient Addiction Rehabilitation Services is \$11,834,319.53.

3) Rates for state-plan approved Addiction Services increased by an additional 10 percent for the period November 1, 2021 – December 31, 2021. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, continuing education assistance, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for Addiction Rehabilitation Services is \$21,301,775.15.

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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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-2021-0555

Date of Issuance – October 27, 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-2021-0555, Goswami Property Seawall Project, the applicant, Amit Goswami, is proposing to install a concrete wall using epoxy coated 3/4 inch rebar, 5000 psi. 12 inch thick wall. Excavation 3 feet deep for a 3 foot wide and 2 feet high footing. Wall will be installed in front of existing sea wall. Gap between Concrete wall and sea wall will be filled with concrete. 6 inch horizontal concrete pad will be installed and connected to sea wall. The pad will extend from house to sea wall. The purpose of the proposed project is to repair and build a residential seawall to decrease the risk of erosion.

The site is located at the western bluff at 62 River Road in the Village of Grand View on Hudson, Rockland County on the Hudson River.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/10/f-2021-0555.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., 30 days from the date of publication of this notice, or, November 26, 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-2021-0582

Date of Issuance – October 27, 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-2021-0582, Agostinacchio Property Dock Installation, the applicant, Steve Agostinacchio, is proposing to construct 6' x 40' wood pier, 2.5' x 20' wood ramp and 8' x 16' wood floating dock. Install 4-pile boat lift and 1-pile dual PWC lift. The purpose of the proposed project is to regain recreational access to the waterfront.

The site is located at the western bluff at 310 Shore Road in the Town of Hempstead, Nassau County on East Bay.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2021/10/f-2021-0582.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., 30 days from the date of publication of this notice, or, November 26, 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-2021-0609

Date of Issuance – October 27, 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-2021-0609, Bulkhead Replacement and Access Stairs, the applicant, John Pashko, is proposing to reconstruct in place of the existing 100' bulkhead with vinyl sheet piling. Install two new 10' vinyl returns. Backfill with 45cyds clean fill. Install a new 4' x 47' stairs with 4' x 6' platforms and 3' x 13' beach access stairs parallel to bulkhead. The purpose of the proposed project is to reconstruct the bulkhead in place for erosion control and access stairs for access to the beach.

The site is located at the western bluff at 28 Aqua Drive in the Town of Southampton, Suffolk County on Shinnecock Bay.

The applicant's consistency certification and supporting informa-

SUMMARY
SPA #21-0066

This State Plan Amendment proposes to increase the Private Duty Nursing fee-for-service reimbursement for nursing services provided to adults and for individuals transitioning out of the Medically Fragile Children's program, for a period of 5 months until March 31, 2022. This will decrease the disparity that occurred 2020 and 2021 when fees for medically fragile children were increased.

Also, increased fee-for-service reimbursement and access to providers shall decrease the risk of unnecessary hospitalizations and institutionalization of the adult population.

DRAFT

New York
4(a)(i)(3.1)

Services Provided To Adults

For purposes of this section, for the period beginning November 1, 2021 through March 31, 2022, rates of payment for continuous nursing services for adults provided by a certified home health agency, or by registered nurses or licensed practical nurses who are independent providers, will be established to ensure the availability of such services, and will be established at a rate that is sixty percent higher than the provider's current rate for private duty nursing services. A certified home health agency that receives such rates for continuous nursing services for adults will use such enhanced rates to increase payments to registered nurses and licensed practical nurses who provide these services. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

DRAFT

TN #21-0066 Approval Date November 1, 2021
Supersedes TN NEW Effective Date November 1, 2021

**New York
5(a.1)**

Services Provided to Adults

For the period November 1, 2021 through March 31, 2022, rates of payment for continuous nursing services for adults will be established to ensure the availability of such services or programs and will be established at a rate that is sixty percent higher than the provider's current rate for private duty nursing services. Providers that receive such rate for continuous nursing service for adults must use these enhanced rates to increase payments to registered nurses, or licensed practical nurses who provide these services to adults. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

For the period beginning November 1, 2021, providers will receive an enhanced rate as indicated in the chart below:

<p><u>2021 rate = 2021 base rate + 60 percent</u></p> <p><u>2022 rate = 2022 base rate + 60 percent</u></p>

Nursing Services (Limited)

The Commissioner of Health, subject to the approval of the Director of the Budget, establishes reimbursement rates for certain nursing services provided to eligible residents by a certified operator of an adult home or enriched housing program that has been issued a limited license by the Department. A limited license may be issued to the certified operator of an adult home or enriched housing program and allows such operator to directly provide certain

TN #21-0066

Supersedes TN NEW

Approval Date _____

Effective Date November 1, 2021

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

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

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

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

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

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Bronx, New York 10457

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

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, 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 permit remote delivery of services. The following changes are proposed:

Non-Institutional Services

Effective on and after November 1, 2021, the Office for People With Developmental Disabilities’ (OPWDD) will allow reimbursement for the remote delivery of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The State will allow reimbursement for the remote delivery of CSIDD through telephonic or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

There is no estimated annual change to gross Medicaid expenditures as a result of the 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 proposed State Plan Amendments at any local (county) social services district.

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the state’s initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on home and community-based services (HCBS). The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the state, effective on or after November 1, 2021, this notice proposes to enhance (increase) state established reimbursement rates as follows:

State established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 60 percent for the period November 1, 2021 through March 31, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services is \$13,100,000.

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:

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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
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PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to enhance and increase access to Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the State, effective on or after November 1, 2021, this notice proposes to increase recovery oriented residential offerings by incorporating the residential reintegration services into the Medicaid benefit package and provide for an enhanced rate for a period of November 1, 2021 to March 31, 2024. To allow for full disbursement of funds available April 1, 2021 – March 31, 2022, the initial rate will be increased by 50% for November 1, 2021 until December 31, 2021. Rates will then be reduced 50% percent effective January 1, 2022. This enhancement will enhance and expand the HCBS system and sustain promising and effective programs and services for individuals in recovery from a substance use disorder under the Medicaid program, including, but not limited to, strengthening the response to the COVID-19 Public Health Emergency, increasing services for individuals in early recovery to assist with reintegrating into their community and allowing providers to supplement the implementation of residential rehabilitation reintegration services to address increases in overdose rates and substance use disorder treatment and recovery service needs of Medicaid beneficiaries receiving HCBS during the COVID-19 PHE.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for Residential Rehabilitation Integration Services is \$23,668,639.05.

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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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to enhance and increase access to Home and Community Based Services (HCBS) in accordance with the federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the State's initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on HCBS. The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the State, effective on or after November 1, 2021, this notice proposes to increase reimbursement rates, as follows:

1) Residential Addiction Rehabilitation Services. To allow for the full disbursement of funds available April 1, 2021 – March 31, 2022, rates for state-plan approved residential addiction rehabilitation services provided in 820 stabilization and reintegration services will be increased by ten percent, for the period November 1, 2021 – December 31, 2021. Rates will then be reduced 10 percent effective January 1, 2022. This enhancement will allow providers to supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program, including strengthening the response to the COVID-19 Public Health Emergency, assisting providers in meeting the challenges of serving the highest need individuals including but not limited to, those suffering from opioid addiction, dually diagnosed individuals or individuals with multiple comorbidities.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for Residential Rehabilitation Addiction Services is \$41,420,118.34.

2) Outpatient Addiction Rehabilitation Services. Rates for state-plan approved Outpatient Addiction Rehabilitation Services provided to individuals in the community will be temporarily increased by an additional 10 percent for the period November 1, 2021 – December 31, 2021. This enhancement will allow providers to increase patient engagement and access to services for those who are unwilling or unable to otherwise engage in care.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for Outpatient Addiction Rehabilitation Services is \$11,834,319.53.

3) Rates for state-plan approved Addiction Services increased by an additional 10 percent for the period November 1, 2021 – December 31, 2021. This enhancement will allow providers to increase recruitment and retention of experienced and dedicated direct care and other staff through measures including, but not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, continuing education assistance, shift differential pay and retirement contributions.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed increase for Addiction Rehabilitation Services is \$21,301,775.15.

The public is invited to review and comment on this proposed State

SUMMARY
SPA #21-0067

This State Plan Amendment proposes to allow the remote delivery of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The State will allow the remote delivery of CSIDD through telephonic or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

DRAFT

New York
3b-38

13d. Rehabilitative Services

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)

Office for People With Developmental Disabilities (OPWDD)

The services described below are: CSIDD Clinical Team Services

Assurances

The State assures that all Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) services are provided to, or directed exclusively toward the treatment of, Medicaid eligible individuals in accordance with Section 1902(a)(10)(A)(i) of the Act.

The State assures that CSIDD services do not include and FFP is not available for any of the following.

- A. educational, vocational and job training services;
- B. room and board except when furnished as part of respite care services;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the Medicaid State Plan.

Description

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) are rehabilitative short-term targeted services for individuals with intellectual and/or developmental disabilities (I/DD) who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams that provide personalized and intensive, time-limited services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. Services will be provided to all individuals who meet medical necessity criteria for this service. Teams provide clinical consultation and treatment and will maintain 24/7 service accessibility throughout the course of treatment for those individuals enrolled in CSIDD. CSIDD is a short-term tertiary care service designed to help stabilize individuals with MI/DD within their existing care networks using specially trained behavior support professionals to build skills and de-escalate the individual's behaviors. Once the individual is stabilized, the CSIDD team will discharge the individual from the team's caseload.

The state will allow the remote delivery of CSIDD through telephone or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

All services provided are for the direct benefit of the individual in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in the individual's recovery.

TN #21-0067

Supersedes TN #19-0014

Approval Date _____

Effective Date November 1, 2021

**New York
3b-38**

13d. Rehabilitative Services

**Crisis Services for Individuals with Intellectual and/or Developmental Disabilities
(CSIDD)**

Office for People With Developmental Disabilities (OPWDD)

The services described below are: CSIDD Clinical Team Services

Assurances

The State assures that all Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) services are provided to, or directed exclusively toward the treatment of, Medicaid eligible individuals in accordance with Section 1902(a)(10)(A)(i) of the Act.

The State assures that CSIDD services do not include and FFP is not available for any of the following.

- A. educational, vocational and job training services;
- B. room and board except when furnished as part of respite care services;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR § 435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the Medicaid State Plan.

Description

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) are rehabilitative short-term targeted services for individuals with intellectual and/or developmental disabilities (I/DD) who have significant behavioral or Mental Health (MH) needs. Services are delivered by multi-disciplinary teams that provide personalized and intensive, time-limited services for those age 6 and older. This is a high intensity service recommended for individuals who experience frequent hospitalizations, crisis visits, and use of mobile emergency services and are at risk of losing placement and/or services. Services will be provided to all individuals who meet medical necessity criteria for this service. Teams provide clinical consultation and treatment and will maintain 24/7 service accessibility throughout the course of treatment for those individuals enrolled in CSIDD. CSIDD is a short-term tertiary care service designed to help stabilize individuals with MI/DD within their existing care networks using specially trained behavior support professionals to build skills and de-escalate the individual's behaviors. Once the individual is stabilized, the CSIDD team will discharge the individual from the team's caseload.

The state will allow the remote delivery of CSIDD through telephone or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

All services provided are for the direct benefit of the individual in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for the purpose of assisting in the individual's recovery.

TN #21-0067 _____

Supersedes TN #19-0014 _____

Approval Date _____

Effective Date November 1, 2021

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 permit remote delivery of services. The following changes are proposed:

Non-Institutional Services

Effective on and after November 1, 2021, the Office for People With Developmental Disabilities’ (OPWDD) will allow reimbursement for the remote delivery of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The State will allow reimbursement for the remote delivery of CSIDD through telephonic or other technology in accordance with State, Federal, and Health Insurance Portability and Accountability Act (HIPAA) requirements. Other technology means any two-way, real-time communication technology that meets HIPAA requirements.

There is no estimated annual change to gross Medicaid expenditures as a result of the 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 proposed State Plan Amendments at any local (county) social services district.

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted federal statutory provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARP) which, subject to approval of the state’s initial spending plan and narrative (Spending Plan) by the Centers for Medicare and Medicaid Services (CMS), provides a ten percent increase in Federal Medical Assistance Percentage (FMAP) to state Medicaid programs from April 1, 2021 to March 31, 2022 to supplement existing state expenditures on home and community-based services (HCBS). The following changes are proposed:

Non-Institutional Services

Contingent upon CMS approval of the Spending Plan submitted by the state, effective on or after November 1, 2021, this notice proposes to enhance (increase) state established reimbursement rates as follows:

State established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 60 percent for the period November 1, 2021 through March 31, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services is \$13,100,000.

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.

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Bronx, New York 10457
Richmond County, Richmond Center

SUMMARY
SPA #21-0068

This amendment proposes to revise the State Plan to authorize statutorily enacted minimum wage increases for OMH licensed rehabilitation programs.

DRAFT

New York
3L-4

1905(a) Rehabilitative Services

Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will 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 will 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 will 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 July 1, 2021, for a one percent cost of living adjustment increase. PROS fees are updated, effective October 14, 2021, including workforce recruitment and retention funding, under Section 9817 of the American Rescue Plan Act, which will expire March 31, 2022. PROS rates are adjusted, effective December 31, 2021, for State statutory minimum wage increases.

PROS rates of payment are available on the OMH website at:
http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

TN #21-0068

Approval Date _____

Supersedes TN #21-0061

Effective Date December 31, 2021

New York
3M

**13d. Rehabilitative Services
Assertive Community Treatment (ACT) Reimbursement**

ACT services are reimbursed regional monthly fees per individual for ACT teams serving either 36, 48, or 68 individuals, as follows. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. ACT fees are updated, effective October 7, 2021, including workforce recruitment and retention funding, under Section 9817 of the American Rescue Plan Act, which will expire March 31, 2022. ACT rates are adjusted, effective December 31, 2021, for State statutory minimum wage increases.

Up-to-date ACT service reimbursement rates can be found at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx

Monthly fees are based on projected costs necessary to operate an ACT team of each size and are calculated by dividing allowable projected annual costs by 12 months and by team size. Such monthly fee is then adjusted by a vacancy factor to account for actual fluctuations in case load or when the provider cannot submit full or partial month claims because the minimum contact threshold cannot be met.

ACT services are reimbursed either the full, partial/stepdown, or inpatient fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided. Providers may not bill more than one monthly fee, including the full, partial/stepdown, and inpatient fees, for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one face-to-face contact with an individual and one collateral contact.

TN #21-0068
Supersedes TN #21-0058

Approval Date _____
Effective Date December 31, 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 all qualifying Mental Hygiene services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional

Effective on or after December 30, 2021 the Department of Health will adjust rates to reflect labor costs resulting from statutorily required increases in the New York State minimum wage. The minimum wage rate increases apply to services provided in Office of Mental Health licensed rehabilitation programs, effective December 31, 2021.

The estimated annual aggregate increase in gross Medicaid expenditures attributable to the rate increase is \$14,032 in State Fiscal Year 2022 and \$56,128 in State Fiscal Year 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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Bronx, New York 10457

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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 #21-0069

This State Plan Amendment proposes to include minimum wage adjustments to Residential Treatment Facility (RTF) providers in the Remainder of State region as a result of enacted legislation for minimum wage.

DRAFT

**New York
4(b)**

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

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

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

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

TN #21-0069

Approval Date

Supersedes TN #17-0010

Effective Date December 31, 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 institutional services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

Effective on or after December 31, 2021, the Department of Health will adjust Residential Treatment Facility (RTF) rates for providers to consider increased labor costs resulting from increases in the New York State minimum wage in the Remainder of State region.

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 \$16,000.

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

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

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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 #22-0013

This amendment proposes to revise the State Plan to assist designated 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)(4)**

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Nursing Homes

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

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

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

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

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

Nursing Homes:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Adirondack Medical Center - Mercy Living Center	\$6,694	01/01/2014 – 03/31/2014
	\$723,872	04/01/2014 – 03/31/2015
	\$918,544	06/16/2016 – 03/31/2017
	\$500,000	01/01/2022 – 03/31/2022
Adirondack Medical Center - Uihlein Living Center	\$2,273,884	01/01/2014 – 03/31/2014
	\$2,359,369	04/01/2014 – 03/31/2015
	\$821,793	04/01/2015 - 03/31/2016
	\$1,274,864	06/16/2016 – 03/31/2017
Adirondack Tri-County Nursing & Rehabilitation Center, Inc.	\$225,680	01/01/2014 – 03/31/2014
	\$1,369,690	04/01/2014 – 03/31/2015
	\$1,049,423	06/16/2016 – 03/31/2017

*Denotes provider is part of CINERGY Collaborative.

TN #22-0013 Approval Date _____

Supersedes TN #16-0027 Effective Date **January 1, 2022**

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	04/01/2021 – 03/31/2022
	\$2,085,707	10/01/2021 – 03/31/2022
Ferncliff 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	04/01/2021 – 03/31/2022
Field Home – Holy Comforter	\$534,500	04/01/2012 – 03/31/2013
	\$534,500	04/01/2013 – 03/31/2014
Fort Hudson Nursing Center	\$1,129,968	01/01/2022 – 03/31/2022
	\$475,930	04/01/2022 – 03/31/2023
	\$551,772	04/01/2023 – 03/31/2024
Good Samaritan Nursing Home*	\$371,698	04/01/2020 – 03/31/2021
	\$371,698	04/01/2021 – 03/31/2022
	\$304	10/01/2021 – 03/31/2022
Greenfield Health and Rehabilitation Center	\$695,000	01/01/2022 – 03/31/2022
	\$1,647,500	04/01/2022 - 03/31/2023
	\$620,000	04/01/2023 – 03/31/2024
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	04/01/2021 – 03/31/2022
	\$288,490	10/01/2021 – 03/31/2022
Hebrew Home for the Aged at Riverdale*	\$1,875,731	04/01/2020 – 03/31/2021
	\$1,875,731	04/01/2021 – 03/31/2022
	\$382,779	10/01/2021 – 03/31/2022

*Denotes provider is part of CINERGY Collaborative.

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 as authorized by §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 adjustments have been reviewed and approved for the following six Nursing Homes:

- Loretto Health and Rehabilitation with aggregate payment amounts totaling up to \$4,747,976 for the period January 01, 2022 through March 31, 2022 and \$2,977,124 for the period April 1, 2022 through March 31, 2023.
- St. Vincent DePaul Residence with aggregate payment amounts totaling up to \$3,681,188 for the period January 01, 2022 through March 31, 2022 and \$1,538,986 for the period April 1, 2022 through March 31, 2023.
- Fort Hudson Nursing Center with aggregate payment amounts totaling up to \$1,129,968 for the period January 01, 2022 through March 31, 2022, \$475,930 for the period April 1, 2022 through March 31, 2023 and \$551,772 for the period April 1, 2023 through March 31, 2024.

- Adirondack Health - Mercy Living Center with aggregate payment amounts totaling up to \$500,000 for the period January 01, 2022 through March 31, 2022.
- Greenfield Health and Rehabilitation Center with aggregate payment amounts totaling up to \$695,000 for the period January 01, 2022 through March 31, 2022, \$1,647,500 for the period April 1, 2022 through March 31, 2023, and \$620,000 for the period April 1, 2023 through March 31, 2024.
- The Trustees of Eastern Star Hall and Home of New York with aggregate payment amounts totaling up to \$869,050 for the period January 01, 2022 through March 31, 2022.

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 \$11,623,182. The Medicaid expenditures attributable to state fiscal year 2022/2023 and state fiscal year 2023/2024 are \$6,639,540 and \$1,172,772, respectively.

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

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