

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Governor

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,

ISI

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



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Hill:

Governor

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

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Sincerely,

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Brett R. Friedman Acting Medicaid Director Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano

CMS Native American Contact

Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Mr. Polite:

Governor

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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US Dept. of Health and Human Services

Nancy Grano

CMS Native American Contact

Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Hill:

Governor

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

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Henry:

Governor

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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US Dept. of Health and Human Services

Nancy Grano

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Patterson:

Governor

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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Nancy Grano

CMS Native American Contact

Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Wallace:

Governor

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

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Mr. Halftown:

Governor

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

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Lafrance:

Governor

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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Nancy Grano

CMS Native American Contact

Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Chief Cook:

Governor

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Nancy Grano

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Ms. Austin:

Governor

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

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Mr. Cuffee:

Governor

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Mr. Twoguns:

Governor

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Nancy Grano

CMS Native American Contact

Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Mr. Wheeler:

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Nancy Grano

CMS Native American Contact

Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Mr. John Sr.:

Governor

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Nancy Grano

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Michele Hamel



KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 16, 2022

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

Dear Ms. Oakes:

Governor

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 #20-0081

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



State/Territor	v: New York
state/ remitor	y. INEW TOTA

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:

For the period	beginning	07/	01/	′2020
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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.

Re

	*
equest for W	aivers under Section 1135
x The age	ncy 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.	<u>x</u> 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:20-0081		Approval Date:	
Supersedes TN:	NEW	Effective Date: _	July 1, 2020

State/	Γerritory	r: New York
	C.	\underline{x} 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.
Sectio	n A – Eli _l	gibility
1.	describ option	The agency furnishes medical assistance to the following optional groups of individuals ped in section $1902(a)(10)(A)(ii)$ or $1902(a)(10)(c)$ of the Act. This may include the new all group described at section $1902(a)(10)(A)(ii)(XXIII)$ and $1902(ss)$ of the Act providing ge for uninsured individuals.
	Include	e name of the optional eligibility group and applicable income and resource standard.
2.		The agency furnishes medical assistance to the following populations of individuals ped 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 al methodologies based on modified adjusted gross income (MAGI) as follows.
	Less re	strictive income methodologies:
TN:	20-008	
Supers	edes TN	: <u>NEW</u> Effective Date: <u>July 1, 2020</u>

State/1	Ferritory: <u>New York</u>	
	Less restrictive resource methodologies:	
ĺ	Less restrictive resource methodologies.	
4.	The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).	
5.	The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:	
6.	The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.	
Section	n B – Enrollment	
1.	The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.	
	Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.	
2.	The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.	
	Please describe any limitations related to the populations included or the number of allowable PE periods.	
TN:		
Sabers	Theorite Batel July 1, 2020	

State/1	erritory: 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	n 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:
TN:	20-0081 Approval Date:
	edes TN: <u>NEW</u> Effective Date: <u>July 1, 2020</u>

	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.
tio	n D – Benefits
nefii	ts:
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 a 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 i 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:

Effective Date: __July 1, 2020

Supersedes TN: <u>NEW</u>

State/T	Territory: <u>New York</u>	
Telehed	ealth:	
5.	The agency utilizes telehealth in the folloutlined in the state's approved state plan:	lowing manner, which may be different than
	Please describe.	
Drug B	Benefit:	
6.		only make this modification if its current state plan
	Please describe the change in days or quantiti for which drugs.	es that are allowed for the emergency period and
7.	Prior authorization for medications is e review, or time/quantity extensions.	xpanded by automatic renewal without clinical
8.	The agency makes the following payme when additional costs are incurred by the prodocumentation to justify the additional fees.	ent adjustment to the professional dispensing fee viders for delivery. States will need to supply
	Please describe the manner in which profession	nal dispensing fees are adjusted.
9.		oublished Preferred Drug List if drug shortages g a brand name drug product that is a multi-source
Section	n E – Payments	
Option	nal benefits described in Section D:	
1.	Newly added benefits described in Sect	ion D are paid using the following methodology:
	a Published fee schedules -	
	Effective date (enter date of change):	
	Location (list published location):	
TN:		oroval Date: ctive Date: <u>July 1, 2020</u>

State/Territory: New York
bOther:
Describe methodology here.
Increases to state plan payment methodologies:
2. X The agency increases payment rates for the following services:
1905(a)(16) Inpatient Psychiatric Hospital – PRTF Residential Treatment Facility (RTF)
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. X 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.
X By the following factors:
The current State Plan authority requires rates are calculated from a cost report 2-years prior. Those cost reports would be unable to reflect the current difficulties resulting from the Public Health Emergency. Due
TN:

State/Territory	v :	New York

TN: 20-0081

Supersedes TN: ___

NEW

to the COVID-19 Public Health Emergency there were unprecedented difficulties for providers to maintain staffing levels appropriate for the level of care necessary for individuals within the Residential Treatment Facility (RTF) program. The clinical and direct care component (C/DC) of the rate calculation will be evaluated via provider attested costs surveys, and if found insufficient, that rate component would be adjusted accordingly to maintain necessary staffing levels.

			adjusted accordingly to maintain necessary staffing levels.
Payme	nt for se	ervices delivered v	ia telehealth:
3.	that:	For the duration of	of the emergency, the state authorizes payments for telehealth services
	a.	Are not ot	nerwise paid under the Medicaid state plan;
	b.	Differ fron	n payments for the same services when provided face to face;
	C.	Differ fron telehealth;	n current state plan provisions governing reimbursement for
		Describe telehed	alth payment variation.
	d.		yment for ancillary costs associated with the delivery of covered ehealth, (if applicable), as follows:
			cillary cost associated with the originating site for telehealth is trated into fee-for-service rates.
		separat	cillary cost associated with the originating site for telehealth is ely reimbursed as an administrative cost by the state when a id service is delivered.
Other:			
4.		Other payment cl	nanges:
	Please	describe.	
Section	n F – Po	st-Eligibility Treat	ment of Income
1.			modify the basic personal needs allowance for institutionalized personal needs allowance is equal to one of the following amounts:
	a.	The indivi	dual's total income
	b.	300 perce	nt of the SSI federal benefit rate

Approval Date:_

Effective Date: __July 1, 2020

State/Territory: New York
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
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

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, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN:20-0081	Approval Date:
Supersedes TN: <u>NEW</u>	Effective Date: July 1, 2020

SUMMARY SPA #20-0082

This State Plan Amendment is a temporary amendment in response to COVID-19 Emergency Relief. This amendment proposes to revise the State Plan to correct the New York COVID-19 disaster SPA #20-0048 to add 'treatment' which was omitted by oversight under the D Benefit and E Payments sections. This SPA, in part, intends to allow for reimbursement to pharmacies for administration of COVID-19 authorized treatments by licensed pharmacists, pharmacy interns or pharmacy technicians, as authorized by the PREP Act, and any other COVID-19 related services that may be required in the future to address the Public Health Emergency.

This amendment also proposes a temporary revision to the State Plan to allow reimbursement:

- to paramedics/emergency medical technicians providing influenza vaccine administration,
- to qualified providers for COVID-19 vaccine administration provided to individuals eligible for the Family Planning Benefits Program,
- of a supplemental fee for COVID-19 vaccine administration provided in a home setting, and
- to FQHCs for COVID-19 vaccine visits using an alternate payment method.

State/Territor	v: New	York
State/Territory	y. INCVV	IUIK

Supersedes TN: New

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:

outbre	ak (or an	y renewals thereof), or for any shorter period described below:
Descril	be shorte	r period here.
(or any	/ renewa	ay not elect a period longer than the Presidential or Secretarial emergency declaration thereof). States may not propose changes on this template that restrict or limit tes, or eligibility, or otherwise burden beneficiaries and providers.
Reque	st for Wa	nivers under Section 1135
x	_ The age	ency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:
	a.	X 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.	X 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:	20-0082	Approval Date:

Effective Date: March 1, 2020

State/T	erritory	: <u>New York</u>	
	C.	X 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 – Eli	gibility	
1.	describ option	The agency furnishes medical assistance to the following optional groups of individuals ped in section $1902(a)(10)(A)(ii)$ or $1902(a)(10)(c)$ of the Act. This may include the new all group described at section $1902(a)(10)(A)(ii)(XXIII)$ and $1902(ss)$ of the Act providing ge 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 ped 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:	
3.		Income standard: The agency applies less restrictive financial methodologies to individuals excepted from all methodologies based on modified adjusted gross income (MAGI) as follows.	
Г	Less restrictive income methodologies:		
TN:	20-008		
Juhaise	Lucs IIV	Linective Date	

State/T	Territory: <u>New York</u>	
ſ	Less restrictive resource meth	odologies:
4.	for medical reasons related to absent from the state due to t	ndividuals who are evacuated from the state, who leave the state the disaster or public health emergency, or who are otherwise the disaster or public health emergency and who intend to return residents of the state under 42 CFR 435.403(j)(3).
5.	The agency provides Mowho are non-residents:	edicaid coverage to the following individuals living in the state,
6.	citizens declaring to be in a sat faith effort to resolve any inco	r an extension of the reasonable opportunity period for non-tisfactory immigration status, if the non-citizen is making a good ensistences or obtain any necessary documentation, or the agency fication process within the 90-day reasonable opportunity period ealth emergency.
Section	n B – Enrollment	
1.	the following additional state demonstration, in accordance	ow hospitals to make presumptive eligibility determinations for plan populations, or for populations in an approved section 1115 with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, determined that the hospital is capable of making such
	Please describe the applicable limitations, performance stand	eligibility groups/populations and any changes to reasonable dards or other factors.
2.		itself as a qualified entity for purposes of making presumptive ribed below in accordance with sections 1920, 1920A, 1920B, and eart 435 Subpart L.
	Please describe any limitations periods.	s related to the populations included or the number of allowable PE
Į.		
TN:	20-0082	Approval Date:
Supers	sedes TN:New	Effective Date: March 1, 2020

State/ i	erritory: 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	n 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 beneficiariesb The following eligibility groups or categorical populations:
TN:	20-0082 Approval Date:
Supers	edes TN:New Effective Date:March 1, 2020

State/1	Ferritory: New York
	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.
	n D – Benefits
Benefit	
1.	XX 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):
	1. Effective 3/1/2020, for Other Licensed Practitioner Services, as specified on page 2(xiv)(a) of the Supplements to Attachments 3.1-A and B of the Plan, adding language as follows: Pharmacists, pharmacy interns, pharmacy technicians, and pharmacies are qualified providers of COVID-19 vaccinations, treatments and therapeutics, specimen collection, testing and any other services per the HHS COVID-19 PREP Act Declaration and authorizations.
	2. Effective 3/11/2021, for the duration of the Public Health Emergency and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the American Rescue Plan Act, NYS Medicaid proposes adding Covid-19 vaccine administration coverage for individuals eligible for the Family Planning Benefits Program in accordance with SSA 1902(a)(10)(A)(ii)(XXI). This proposal intends to increase access to the covid-19 vaccine to individuals with Family Planning Benefits.
	3. Effective 9/27/2021, for the duration of the Public Health Emergency and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the American Rescue Plan Act, the NYS Medicaid Program proses to reimburse Emergency Medical Technicians / Paramedics for the administration of the flu vaccine. This proposal is intended to increase access to the flu vaccine by increasing the network of providers available to the Medicaid population.
2.	The agency makes the following adjustments to benefits currently covered in the state plan:
·	
TN: Supers	20-0082 Approval Date: edes TN: New Effective Date: March 1, 2020

State/	Territory: <u>New York</u>			
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.	4xx 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).			
		ssures that these newly added and/or adjusted benefits will be dividuals receiving services under ABPs.		
		eiving services under ABPs will not receive these newly added efits, or will only receive the following subset:		
	Please describe.			
Telehe	valth:			
5.	The agency utilizes tele outlined in the state's approv	ehealth in the following manner, which may be different than ed state plan:		
	Please describe.			
Drug B	Benefit:			
6.		following adjustments to the day supply or quantity limit for e agency should only make this modification if its current state planunt of medication dispensed.		
	Please describe the change in for which drugs.	days or quantities that are allowed for the emergency period and		
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.		
TN:	20-0082	Approval Date:		
Supers	sedes TN:New	Effective Date:March 1, 2020		

ts described in Section D: _Newly added benefits described in Section D are paid using the following methodol _xx Published fee schedules - Effective date (enter date of change):3/1/2020 Location (list published location): Upon CMS Approval, the fees will be published at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx _xx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccion treatments and therapeutics, specimen collection, related tests, and any other relates services at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing performed by pharmacists, pharmacy interns, or pharmacy technicians. Further
_ Newly added benefits described in Section D are paid using the following methodol _ xx Published fee schedules - Effective date (enter date of change):3/1/2020 Location (list published location): Upon CMS Approval, the fees will be published at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx _ xx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccinates and therapeutics, specimen collection, related tests, and any other relates services at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
_xx Published fee schedules – Effective date (enter date of change):3/1/2020 Location (list published location): Upon CMS Approval, the fees will be published at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx _xx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccing treatments and therapeutics, specimen collection, related tests, and any other relationships administration of countermeasures for COVID-19, specimen collection, or testing
Effective date (enter date of change):3/1/2020 Location (list published location): Upon CMS Approval, the fees will be published at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspxxx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccing treatments and therapeutics, specimen collection, related tests, and any other relations services at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
Location (list published location): Upon CMS Approval, the fees will be published at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspxxx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccint treatments and therapeutics, specimen collection, related tests, and any other relationservices at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
Location (list published location): Upon CMS Approval, the fees will be published at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspxxx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccint treatments and therapeutics, specimen collection, related tests, and any other relationservices at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx _xx Other: 1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccint treatments and therapeutics, specimen collection, related tests, and any other relationservices at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
1. Effective 3/1/2020, reimbursement for certain covered countermeasures against COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccin treatments and therapeutics, specimen collection, related tests, and any other relations at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
COVID-19 (COVID-19 PREP Act declaration) including administration of certain vaccint treatments and therapeutics, specimen collection, related tests, and any other relations services at pharmacy locations. Payment will be made to the pharmacy for administration of countermeasures for COVID-19, specimen collection, or testing
information, including reimbursement on COVID-19 countermeasures, specimen collection, testing, and any other related services at pharmacies can be found at the following link: https://www.health.ny.gov/health_care/medicaid/covid19/. 2. Effective 4/1/2021, for the duration of the Public Health Emergency and ending of the last day of the first quarter that begins one year after the last day of the COVID-emergency period described in section 1135(g)(1)(B) of the American Rescue Plan A the NYS Medicaid program proposes an alternate payment method to reimburse Federal Qualified Health Centers (FQHCs) for the administration of Covid-19 vaccine administration as follows: a. Covid-19 vaccine administration service only visit: FQHC reimbursed full Frate at 100% FMAP. b. Covid-19 administration service and threshold visit services provided: FQI reimbursed full PPS rate at 50% FMAP and \$40.00 Covid-19 vaccine administration service fee at 100% FMAP. c. Threshold visit with no Covid-19 vaccine administration service: FQHC reimbursed full PPS rate at 50% FMAP. This proposal is intended to reflect temporary and unforeseen costs associated with

TN:20-00	32	Approval Date:	
Supersedes TI	N:New	Effective Date:	March 1, 2020

State/Territory	y: New York

TN: 20-0082

Supersedes TN: New

- 3. Effective 6/8/2021, for the duration of the Public Health Emergency and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the American Rescue Plan Act, the NYS Medicaid program proposes to reimburse providers a supplemental COVID-19 vaccine administration fee of \$35.50 based on the CMS rate at 100% FMAP for COVID-19 vaccine administration provided in the home setting, defined as follows:
- A private residence
- •Temporary lodging (for example, a hotel or motel, campground, hostel, or homeless shelter)
- •An apartment in an apartment complex or a unit in an assisted living facility, group home or non-Medicaid nursing facility
- •A Medicaid's patient's home that's made provider-based to a hospital during the COVID-19 PHE
- •Communal spaces of a multi-unit or communal living arrangement
- •Assisted living facilities participating in the CDC's Pharmacy Partnership for Long-Term Care Program when their residents are vaccinated through this program

Covid-19 vaccine home administration will be available to a patient(s) that:

- has a condition that makes them more susceptible to contracting a pandemic disease such as COVID-19.
- is generally unable to leave the home, and if they do leave home it requires a considerable and taxing effort.
- has a disability or faces clinical, socioeconomic, or geographical barriers to getting a COVID-19 vaccine in settings other than their home.
- The patient faces challenges that significantly reduce their ability to get vaccinated outside the home, such as challenges with transportation, communication, or caregiving.

NYS Medicaid program will reimburse providers for the supplemental home vaccine administration:

- if the sole purpose of the visit is to administer a COVID-19 vaccine.
- for dates of service on or after August 24, 2021, once for each Medicaid patient vaccinated in a single home unit or communal space and up to a maximum of 5 times if fewer than 10 Medicaid patients are vaccinated on the same day in the same group living location. This proposal is intended to increase access to Covid-19 vaccines for Medicaid individuals that are home bound.

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:	

Approval Date:

Effective Date: March 1, 2020

State/Territory	: New York
	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.
Payment for se	rvices delivered via telehealth:
3 that:	For the duration of the emergency, the state authorizes payments for telehealth services
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.
TN: <u>20-008</u> Supersedes TN	

State/1	e/Territory: <u>New York</u>	
	d Include payment for ancillary costs associately services via telehealth, (if applicable), as follows:	•
	i Ancillary cost associated with the incorporated into fee-for-service rates	9
	ii Ancillary cost associated with the separately reimbursed as an administ Medicaid service is delivered.	5 5
Other:	er:	
4.	4 Other payment changes:	
	Please describe.	
		<u> </u>
Costion	tion F. Doct Fligibility Treatment of Income	
Section	tion F – Post-Eligibility Treatment of Income	
1.	1 The state elects to modify the basic personal need individuals. The basic personal needs allowance is equal to the personal needs allowance is equal to	
	a The individual's total income	
	b 300 percent of the SSI federal benefit rate	е
	c Other reasonable amount:	_
2.	2 The state elects a new variance to the basic person of this option is not dependent on a state electing the above.)	
	The state protects amounts exceeding the basic personal have the following greater personal needs:	al needs allowance for individuals who
	Please describe the group or groups of individuals with g protected for each group or groups.	reater needs and the amount(s)
	tion G – Other Policies and Procedures Differing from Appro	oved Medicaid State Plan /Additional
TN: Supers	20-0082 Approval Description	

State/Territory:	New York
State, remitory.	INCAN LOLK

PRA Disclosure Statement

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ΓN:20-0082	Approval Date:	
Supersedes TN:New	Effective Date:March 1, 2020	

SUMMARY SPA #22-0004

This amendment proposes to revise the State Plan to amend reimbursement fees for OPWDD Day Treatment services to reflect changes in costs and service providers.



New York 3h12.2

1905(a)(9) Clinic Services

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

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

Effective [April 1] <u>January 1</u>, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program [providers are] <u>provider is</u> as follows:

		Rate Codes					
Corp Name	Site	4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation	
[Family Residence & Essential Enterprises]	[120 Plant Avenue]	[\$205.98]	[\$102.99]	[\$0.00]	[\$205.98]	[\$205.98]	
[Monroe County ARC]	[1651 Lyell Avenue]	[\$0.00]	[\$0.00]	[\$37.21]	[\$0.00]	[\$0.00]	
[Otsego County ARC]	[3 Chenango Road]	[\$99.47]	[\$49.74]	[\$0.00]	[\$99.47]	[\$99.47]	
[UCP Nassau]	[380 Washington Avenue]	[\$170.75]	[\$85.38]	[\$0.00]	[\$170.75]	[\$170.75]	
UCP Suffolk	250 Marcus Boulevard	[\$152.56] <u>\$221.22</u>	[\$76.29] <u>\$110.61</u>	\$0.00	[\$152.56] <u>\$221.22</u>	[\$152.56] <u>221.22</u>	

TN _	#22-0004	<u>. </u>	Approval Date _		
Supe	rsedes TN _	#21-0047	Effective Date	January 1, 2022	

on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all 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.

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

Long Term Care Services

Effective on and after January 1, 2022, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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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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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for 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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SUMMARY SPA #22-0005

This State Plan Amendment proposes to redefine rural designation of hospitals for the Article 28 psychiatric services to better meet community mental health needs in rural areas in the State of New York.



New York 117(i)

1905(a)(1)Inpatient Hospital Services

772	1	Alcohol & Drug Dependence w Rehab or	0.8373
		Rehab/Detox Therapy, SOI-1	
772	2	Alcohol & Drug Dependence w Rehab or	0.8373
		Rehab/Detox Therapy, SOI-2	
772	3	Alcohol & Drug Dependence w Rehab or	0.8373
		Rehab/Detox Therapy, SOI-3	
772	4	Alcohol & Drug Dependence w Rehab or	0.8373
		Rehab/Detox Therapy, SOI-4	
773	1	Opioid Abuse & Dependence, SOI-1	1.0204
773	2	Opioid Abuse & Dependence, SOI-2	1.0204
773	3	Opioid Abuse & Dependence, SOI-3	1.0361
773	4	Opioid Abuse & Dependence, SOI-4	1.0361
774	1	Cocaine Abuse & Dependence, SOI-1	0.9807
774	2	Cocaine Abuse & Dependence, SOI-2	1.0360
774	3	Cocaine Abuse & Dependence, SOI-3	1.0513
774	4	Cocaine Abuse & Dependence, SOI-4	1.0513
775	1	Alcohol Abuse & Dependence, SOI-1	1.0196
775	2	Alcohol Abuse & Dependence, SOI-2	1.0709
775	3	Alcohol Abuse & Dependence, SOI-3	1.0709
775	4	Alcohol Abuse & Dependence, SOI-4	1.0709
776	1	Other Drug Abuse & Dependence, SOI-1	0.9363
776	2	Other Drug Abuse & Dependence, SOI-2	1.0926
776	3	Other Drug Abuse & Dependence, SOI-3	1.0926
776	4	Other Drug Abuse & Dependence, SOI-4	1.0926

- [
- iii. A rural adjustment factor of 1.2309 will be applied to the operating per diem for those hospitals designated as rural hospitals. A rural facility is a general hospital with a service area which has an average population of less than 175 persons per square mile, or a general hospital with a service area which has an average population of less than 200 persons per square mile measured as population density by zip code. For dates of service beginning on or after July 1, 2014, rural designation will be applicable to hospitals located in an upstate region, as defined in subparagraph (I) of this section, and with population densities of 225 persons or fewer per square mile as determined based on the New York State 2010 Vital Statistics table of estimated population, land area, and population density. Accordingly, there are 27 rural facilities that provide inpatient psychiatric services.
- iv. An age adjustment payment factor of 1.3597 will be applied to the per diem operating component for adolescents ages 17 and under. For ages 18 and over, an adjustment payment factor of 1 will be applied.]

TN _	#22-0005		Approval Date	
Sup	ersedes TN	#18-0059	Effective Date	January 1, 2022

New York 117(i)(1)

1905(a)(1)Inpatient Hospital Services

- iii. A rural adjustment factor of 1.2309 will be applied to the operating per diem for those hospitals designated as rural hospitals. A rural facility is a general hospital with a service area which has an average population of less than 175 persons per square mile, or a general hospital with a service area which has an average population of less than 200 persons per square mile measured as population density by zip code. For dates of service beginning on or after July 1, 2014, rural designation will be applicable to hospitals located in an upstate region, as defined in subparagraph (I) of this section, and with population densities of 225 persons or fewer per square mile as determined based on the New York State 2010 Vital Statistics table of estimated population, land area, and population density. For dates of service beginning on or after January 1, 2022, rural designation will be applicable to hospitals located in an upstate region, as defined in subparagraph (I) of this section, and with population densities of 300 persons or fewer per square mile as determined based on the New York State 2020 Vital Statistics table of estimated population, land area, and population density.
- iv. An age adjustment payment factor of 1.3597 will be applied to the per diem operating component for adolescents ages 17 and under. For ages 18 and over, an adjustment payment factor of 1 will be applied.

TN _	#22-0005		Approval Date	
Supe	ersedes TN _	#NEW	Effective Date	January 1, 2022

(APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

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

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

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PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective for dates of service on or after January 1, 2022, the Department of Health will redefine the rural designation for the inpatient psychiatric services provided in exempt general hospitals or exempt units of general hospitals by increasing the average county population density from 225 to 300 per square mile based on 2020 census data. This State Plan Amendment is necessary to adequately reimburse hospitals for providing these services and better meet the community's mental health needs.

The estimated annual increase in gross Medicaid expenditures attributable to this initiative is \$2,300,000. Funding for this redefinition is included in the State Budget for State Fiscal Year 2022.

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

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PUBLIC NOTICE

Department of Health

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

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

SUMMARY SPA #22-0006

This amendment proposes to revise the State Plan to update the Amount that Would have Otherwise been Paid (AWOP) calculation and Rate Methodology description for PACE Plans due to modifications in the premium rate structure and available data sources.



New York 17

1905(a)(26): PACE [Type of Service]

Program of All-Inclusive Care for the Elderly (PACE)

Method of Reimbursement

The Department uses the following process in establishing rates:

The Department will determine the Amount that Would have Otherwise been Paid (AWOP) equivalent [a fee-for-service equivalent] per member per month cost for State Plan approved services provided to an equivalent non-enrolled population group. Medicaid data sources that will be used to calculate the AWOP include data from the Managed Long Term Care (MLTC) Partial Capitation program, the Medicaid Advantage Plus (MAP) program, the Mainstream Managed Care program as well as fee-for-service and supplemental payments. This information; and/or any information received from the PACE provider, such as the provider's anticipated enrollment, projected utilization of services and costs, cost experience, and indirect/overhead costs; and/or any other relevant information, will be used by the Department to determine a per member per month capitation rate for the provider that is less than the AWOP [fee-for-service] equivalent per member per month cost determined by the Department.

TN_	#22-0006		Approval Date	
Supe	ersedes TN _	#02-01	Effective Date	April 1, 2022

Public Notice NYS Department of Health

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

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

Long Term Care Services

Effective on or after April 1, 2022, noticed provision for capitation payments intended for services provided by the Program of All-inclusive Care for the Elderly (PACE) plans will be revised. The Department proposes to amend the State Plan by updating the Amount that Would have Otherwise been Paid (AWOP) calculation and rate methodology description contained in the present State Plan for PACE plans due to modifications in the premium rate structure effective April 1, 2022. Specifically, as a result of the movement of beneficiaries and their corresponding cost data to managed care, this data source will also be used in the development of the AWOP and in the rate methodology as well as fee-for-service and other acceptable data sources consistent with Federal requirements. Rates will continue to be subject to the upper payment limit provisions under 42 CFR 460.182.

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

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

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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 #22-0008

This State Plan Amendment proposes to maintain the quality incentive for nursing homes into the 2022 rate year and will continue to recognize improvement in performances as an element in the program and provide for other minor modifications. This SPA will clarify the reporting requirements related to the 2022 quality adjustments.



New York 110(d)(21)

1905(a)(4)(A) Nursing Facility Services

The New York State Nursing Home Quality Pool (NHQP) is an annual budget-neutral pool of \$50 million dollars. The intent of the NHQP is to incentivize Medicaid-certified nursing facilities across New York State to improve the quality of care for their residents, and to reward facilities for quality based on their performance. The set of measures used to evaluate nursing homes are part of the Nursing Home Quality Initiative (NHQI). The performances of facilities in the NHQI determine the distribution of the funds in the NHQP.

NHQI is described below using MDS (Minimum Data Set) year and NHQI (Nursing Home Quality Initiative) year. MDS year refers to the year the assessment data is collected. NHOI year refers to the year when the nursing home performance is evaluated. For example, if the NHQI year is [2019] 2021, then the MDS year is [2018] 2020. For [the NHOI year] NHOI 2021, the Commissioner will calculate a score and quintile ranking based on data from the MDS year 2020 (January 1 of the MDS year through December 31 of the MDS year), for each non-specialty facility. The score will be calculated based on measurement components comprised of Quality [,] and Compliance[, and Efficiency | Measures. These measurement components and their resulting score and quintile ranking will be referred to as the Nursing Home Quality Initiative. From the NHQI, the Commissioner will exclude specialty facilities consisting of non-Medicaid facilities, Special Focus Facilities as designated by the Centers for Medicare and Medicaid Services (CNS), Continuing Care Retirement Communities, Transitional Care Units, specialty facilities, and specialty units within facilities. Specialty facilities and specialty units [shall] will include AIDS facilities or discrete AIDS units within facilities, facilities or discrete units within facilities for residents receiving care in a long-term inpatient rehabilitation program for traumatic brain injured persons, facilities or discrete units within facilities that provide specialized programs for residents requiring behavioral interventions, facilities or discrete units within facilities for long-term ventilator dependent residents, facilities or discrete units within facilities that provide services solely to children, and neurodegenerative facilities or discrete neurodegenerative units within facilities. The score for each such non-specialty facility will be calculated using the following Quality [,] and Compliance [, and Efficiency] Measures. To offset the impact of COVID-19, some of the quality and the efficiency measures are removed from NHOI 2021 with the intent of bringing back the measures for future NHOI. The measures in this NHOI are listed below:

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

TN #22	<u>2-0008</u>	Approval Date_	
Supersedes TN	#19-0012	Effective Date	January 1, 2022

New York 110(d)(22)

1905(a)(4)(A) Nursing Facility Services

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

Quality Component:

The maximum points a facility may receive for the Quality Component is [70] <u>50</u>. The applicable percentages or ratings for each of the [14] <u>10 quality</u> measures will be determined for each facility. Four quality measures are removed in this NHQI year. Three of these measures are temporarily removed to offset the impact of COVID-19 (Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who have Depressive Symptoms, Percent of Long Stay Residents Who Lose Too Much Weight). These measures would be reassessed and brought back in the next NHQI year as appropriate. One measure was retired by CMS in October 2019 (The Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain).

The quality measures will be awarded points based on quintile values or threshold values. For quintile-based measures, the measures will be ranked and grouped by quintile with points awarded as follows:

Scoring for quintile-based Quality Measures		
Quintile	Points	
1 st Quintile	5	
2 nd Quintile	3	
3 rd Quintile	1	
4 th Quintile 0		
5 th Quintile	0	

TN	#22-0008		Approval Date	
Sup	ersedes TN _	#20-0007	Effective Date	January 1, 2022

New York 110(d)(22.1)

1905(a)(4)(A) Nursing Facility Services

For threshold-based measures, the points will be awarded based on threshold values. The threshold-based measures are:

- Percent of Employees Vaccinated for Influenza: facilities will be awarded five points if the rate is 85% or higher, and zero points if the rate is less than 85%.
- Percent of Contract/Agency Staff Used: facilities will be awarded five points if the rate is less than 10%, and zero points if the rate is 10% or higher.
- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury: facilities will be awarded five points if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.
- [Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain: facilities will be awarded five points if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.]
- Percent of Long Stay Residents with a Urinary Tract Infection: facilities will be awarded five points if the rate is equal to or less than 5%, and zero points if the rate is greater than 5%.

Rate of Staffing Hours per Resident per Day

NYS DOH will calculate an annualized adjusted rate of staffing hours per resident per day using staffing information downloaded from the Centers for Medicare & Medicaid Services (CMS) appropriate for that year. The staffing information is based on Payroll Based Journal Public Use Files (PBJ PUFs). PBJ PUFs are public data sets prepared by the CMS. For this measure, staffs are defined as RNs, LPNs, and Aides. The rate of reported staffing hours and the rate of casemix staffing hours will be taken from the staffing information and the adjusted rate of staffing hours will be calculated using the formula below.

Rate Adjusted = (Rate Reported/Rate Case-Mix) * Statewide average

Awarding for Improvement

Nursing homes will be awarded improvement points from previous years' performance in selected measures in the Quality Component only. One improvement point will be awarded for a nursing home that improves in its quintile for a specific quality measure, compared to its quintile in the previous year for that quality measure. Nursing homes that obtain the top quintile in a quality measure will not receive an improvement point because maximum points per measure cannot exceed five. The threshold-based quality measures below will not be eligible to receive improvement points:

- Percent of Employees Vaccinated for Influenza
- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
- [Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain]
- Percent of Long Stay Residents With a Urinary Tract Infection

TN	#22-0	008	Approval Date	
Supersed	les TN _	#20-0007	Effective Date	January 1, 2022

New York 110(d)(22.2)

1905(a)(4)(A) Nursing Facility Services

Percent of Contract/Agency Staff Used

The quintile-based quality measures that are eligible for improvement points are listed below:

- [Percent of Long Stay High Risk Residents with Pressure Ulcers]
- [Percent of Long Stay Residents Who have Depressive Symptoms]
- Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder
- [Percent of Long Stay Residents Who Lose Too Much Weight]
- Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
- Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
- Percent of Long Stay Antipsychotic Use in Persons with Dementia
- Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
- Rate of Staffing Hours Per Resident Per Day

The grid below illustrates the method of awarding improvement points.

MDS year Performance						
	Quintiles	1 (best)	2	3	4	5
	1 (best)	5	5	5	5	5
NHQI year	2	3	3	4	4	4
Performance	3	1	1	1	2	2
	4	0	0	0	0	1
	5	0	0	0	0	0

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

Risk Adjustment of Quality Measures

The three risk-adjusted quality measures are removed in this NHQI year (Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain, Percent of Long Stay High Risk Residents with Pressure Ulcers, Percent of Long Stay Residents Who Lose Too Much Weight).

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

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

TN #2	2-0008	Approval Date	
Supersedes TN	#20-0007	Effective Date	January 1, 2022

New York 110(d)(22.3)

1905(a)(4)(A) Nursing Facility Services

 Percent of Long Stay Residents Who Lose Too Much Weight: The covariates include age, hospice care, cancer, renal failure, prognosis of less than six months of life expected.

For these three measures the risk adjusted methodology includes the calculation of the observed rate; that is the facility's numerator-compliant population divided by the facility's denominator.

The expected rate is the rate the facility would have had if the facility's patient mix was identical to the patient mix of the state. The expected rate is determined through the risk-adjusted model and follows the CMS methodology found in the MDS 3.0 Quality Measures User's Manual, Appendix A-1.

The facility-specific, risk-adjusted rate is the ratio of observed to expected measure rates multiplied by the overall statewide measure rate.]

Reduction of Points Base: When a quality measure is not available for a nursing home, the number of points the measure is worth will be reduced from the [base of 100 maximum NHQI points] NHQI maximum base points. The nursing home's total score will be the sum of its points divided by the base. This reduction can happen in the following scenario:

• When a quality measure has a denominator of less than 30

TN #22-0008	Approval Date:	
Supersedes TN #20-0007	Effective Date: January 1, 2022	
Superseues 114 <u>#20-0007</u>	Effective Date: <u>January 1, 2022</u>	

New York 110(d)(23)

1905(a)(4)(A) Nursing Facility Services

<u>Compliance Component:</u> The maximum points a facility may receive for the Compliance Component is 20 points. Points [shall] will be awarded as follows:

Scoring for Compliance Measures		
CMS Five-Star Quality Rating for Health Inspections (By Region)	Points	
5 Stars	10	
4 Stars	7	
3 Stars	4	
2 Stars	2	
1 Star	0	
Timely Submission and Certification of	5 (Facilities that fail to submit a timely, certified,	
Complete New York State Nursing	and complete cost report will receive zero points)	
Home Cost Report to the Commissioner		
of the MDS year		
Timely Submission of Employee	5 [for the May 1 of the NHQI year deadline]	
Influenza Immunization Data	(Facilities that fail to submit timely influenza data by the deadline will receive zero points)	

CMS Five-Star Quality Rating for Health Inspections

The CMS Five-Star Quality Rating for Health Inspections as of April 1 of the NHQI year will be adjusted by region. This is not a risk adjustment. For eligible New York State nursing homes, the health inspection scores from CMS will be stratified by region. Cut points for health inspection scores within each region will be calculated using the CMS 10-70-20% distribution method. Per CMS' methodology, the top 10% of nursing homes receive five stars. The middle 70% receive four, three, or two stars, with an equal percentage (~23.33%) receiving four, three, or two stars. The bottom 20% receive one star. Each nursing home will be awarded a star rating based on the health inspection score cut points specific to its region. Regions include the Metropolitan Area (MARO), Western New York (WRO), Capital District (CDRO), and Central New York (CNYRO). Regions are defined by the New York State Health Facilities Information System (NYS HFIS). The counties within each region are shown below.

Metropolitan Area Regional Offices (MARO): Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, and Westchester.

Central New York Regional Offices (CNYRO): Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Saint Lawrence, Tioga, and Tompkins.

Capital District Regional Offices (CDRO): Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington.

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New York 110(d)(23.1)

1905(a)(4)(A) Nursing Facility Services

Western New York Regional Offices (WRO): Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates.

Reduction of Points Base: When a compliance measure is not available for a nursing home, the number of points the measure is worth will be reduced from the [base of 100 maximum NHQI points] NHQI maximum base points. The nursing home's total score will be the sum of its points divided by the base. This reduction can happen when a facility does not have a CMS Five-Star Quality Rating for Health Inspections.

Efficiency Component:

The potentially avoidable hospitalizations measure is temporarily removed in this NHQI year. This is to offset the impact of COVID-19 and the incompleteness of hospitalization data. This measure will be reassessed and brought back in the next NHQI year as appropriate.

[The maximum points a facility may receive for the Efficiency Component is 10 points. The rates of potentially avoidable hospitalizations will be determined for each facility and each such rate will be ranked and grouped by quintile with points awarded as follows:

Scoring for Efficiency Measure		
Quintile	Points	
1 st Quintile	10	
2 nd Quintile	8	
3 rd Quintile	6	
4 th Quintile	2	
5 th Quintile	0	

The Efficiency Measure will be risk adjusted for certain conditions chosen from a pool of covariates as reported in the MDS 3.0 data to account for the impact of individual risk factors: gender, age, shortness of breath, falls with injury, pressure ulcer, activities of daily living, renal disease, cognitive impairment, dementia, diabetes, parenteral nutrition, rheumatologic disease, gastrointestinal disease, multi-drug-resistant infection, indwelling catheter, wound infection, deep vein thrombosis, cancer, feeding tube, coronary artery disease, liver disease, paralysis, peripheral vascular disease, and malnutrition.]

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	January 1, 2022

New York 110(d)(24)

Reserved

1905(a)(4)(A) Nursing Facility Services

[A potentially avoidable hospitalization is found by matching a discharge assessment in the MDS 3.0 data to its hospital record in SPARCS. The following primary ICD-10 diagnoses on the SPARCS hospital record are potentially avoidable:

Potentially Avoidable Hospitalization Condition	Source of ICD-10-CM Codes
Respiratory infection	MULTI CCS LVL 2 LABEL "Respiratory infections" *
Sepsis	CCS category descriptions "Septicemia (except in labor)" and "Shock" (only "Severe sepsis with septic shock") *
Urinary tract infection	CCS category description "Urinary tract infections" *

]

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Sup	ersedes TN	#20-0007	Effective Date	January 1, 2022

New York 110(d)(25)

1905(a)(4)(A) Nursing Facility Services

[Electrolyte imbalance]	[CCS category description "Fluid and electrolyte disorders" *]
[Heart failure]	[PQI 08 Heart Failure Admission Rate †]
[Anemia]	[MULTI CCS LVL 2 LABEL "Anemia" *]

^{[*} From Healthcare Cost and Utilization Project (HCUP) Clinical Classifications Software (CCS) files found at https://www.hcup-us.ahrq.gov/tools software.jsp

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

The following payments, which will be applicable to the NHQI Year, will be made to fund the NHQP and to make payments based upon the scores calculated from the NHQI as described above.

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

The total scores as calculated above for each such facility will be ranked and grouped by quintile. Each of the top three quintiles will be allocated a share of the \$50 million NHQI and each such facility within such top three quintiles will receive a payment. Such payments will be paid as a lump sum payment outside of the Nursing Home rate for the NHQI Year. Such shares and payments will be calculated as follows:

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[†] Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQI) https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2019/TechSpecs/PQI_08_Heart_Failure_Admission_Rate.pdf

New York 110(d)(26)

1905(a)(4)(A) Nursing Facility Services

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

A facility with health inspection survey deficiency data showing a level J/K/L deficiency during the time period of July 1 of the MDS year through June 30 of the NHQI year. Deficiencies will be reassessed on October 1 of the NHQI year to allow a three-month window (after the June 30 of the NHQI year cutoff date) for potential Informal Dispute Resolutions (IDR) to process. The deficiency data will be updated to reflect IDRs occurring between July 1 of the NHQI year and September 30 of the NHQI year. Any new J/K/L deficiencies between July 1 of the NHQI year and September 30 of the NHQI year will not be included in the NHQI. If a JKL citation is found to be expunged or lowered based upon an IDR panel review, the Department reserves the right to make the adjustments.

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on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all 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.

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

Long Term Care Services

Effective on and after January 1, 2022, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications.

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

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

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

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

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

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

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

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

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, New York 12210, pa 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:

SUMMARY SPA #22-0009

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2022 and include recalculated weight and component updates that will become effective on or after January 1, 2022.



New York 2(g)(1)

1905(a)(9) Clinic Services

APG Reimbursement Methodology – Freestanding Clinics

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

For dates of service beginning September 1, 2009 through December 31, [2021] 2022, for freestanding Diagnostic and Treatment Center (D&TC) and ambulatory surgery center services, the operating component of rates will be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates will be made as an add-on to the operating component as described in the APG Rate Computation section.

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

TN	#22	2-0009	Approval Date
Sup	ersedes TN _	#21-0010	Effective Date January 01, 2022

New York 2(g)(2)

1905(a)(9) Clinic Services

APG Reimbursement Methodology – Freestanding Clinics

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

Contact Information:

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

3M APG Crosswalk*:

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

APG Alternative Payment Fee Schedule; updated as of 01/01/11:

APG Consolidation Logic; logic is from version [3.16.21.3 and 3.16.21.4] 3.17.22.1 and 3.17.22.2, updated as of [07/01/21 and 10/01/21] 01/01/22 and 04/01/22: http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "[2021] 2022"

APG 3M Definitions Manual; version [3.16] $\underline{3.17}$ updated as of and [07/01/21] and 10/01/21] 01/01/22 and 04/01/22:

APG Investments by Rate Period; updated as of 07/01/10:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of [07/01/21] 01/01/22:

Associated Ancillaries; updated as of 01/01/20:

*Older 3M APG crosswalk versions available upon request.

TN	<u> </u>	Approval Date
Supersedes TN	#21-0051	Effective Date January 01, 2022

New York 2(g)(3)

1905(a)(9) Clinic Services

Carve-outs; updated as of 10/01/12. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:

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

Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:

If Stand Alone, Do Not Pay APGs; updated 01/01/15:

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

If Stand Alone, Do Not Pay Procedures; updated 01/01/19:

Modifiers; updated as of 07/01/18:

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

Never Pay APGs; updated as of 07/01/21:

Never Pay Procedures; updated as of [07/01/21] <u>01/01/22</u>:

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

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

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

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

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

TN	#22-	·0009	Approval Date	
Su	persedes TN	#21-0051	Effective Date	January 01, 2022

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2022 will be conducted on January 12th and January 13th commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/

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

PUBLIC NOTICE

Office of Fire Prevention and Control

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

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

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

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

Objections shall be made in writing, setting forth the reasons such waiver should not be granted, and shall be submitted to:

James B. Cable

State Fire Administrator

Office of Fire Prevention and Control

1220 Washington Avenue Building 7A, Floor 2 Albany, New York 12226

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

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

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

PUBLIC NOTICE

Office of General Services

GreenNY Interagency Committee on Sustainability and Green Procurement

Pursuant to Executive Order No. 4: Establishing a State Green Procurement and Agency Sustainability Program, April 24, 2008 ("EO 4"), the Interagency Committee on Sustainability and Green Procurement hereby gives public notice of the following:

Three (3) green procurement specifications were tentatively approved by the Interagency Committee on Sustainability and Green Procurement and have been posted for public comment.

These include new or amended specifications on the following topics:

- Lower Carbon Concrete
- Menstrual Products
- Packaging

All the above specifications are available for viewing at: https://ogs.ny.gov/greenny/executive-order-4-tentatively-approved-specifications

Information regarding the green specification approval process is also available at the above link.

Comments may be submitted electronically to: GreenEO4@ogs.ny.gov

Comments from the public regarding the tentatively approved specifications will be accepted until Friday, April 1, 2022.

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after January 1, 2022, the Ambulatory Patient Group

(APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective for dates of service on or after January 1, 2022, the Department of Health will redefine the rural designation for the inpatient psychiatric services provided in exempt general hospitals or exempt units of general hospitals by increasing the average county population density from 225 to 300 per square mile based on 2020 census data. This State Plan Amendment is necessary to adequately reimburse hospitals for providing these services and better meet the community's mental health needs.

The estimated annual increase in gross Medicaid expenditures attributable to this initiative is \$2,300,000. Funding for this redefinition is included in the State Budget for State Fiscal Year 2022.

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 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

SUMMARY SPA #22-0010

This State Plan Amendment proposes to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2022 and include recalculated weight and component updates that will become effective on or after January 1, 2022.



New York 1(e)(1)

1905(a)(2)(A) Outpatient Hospital Services

Ambulatory Patient Group System: Hospital-Based Outpatient

For dates of service beginning December 1, 2008, for hospital outpatient clinic and ambulatory surgery services, and beginning January 1, 2009, for emergency department services, through December 31, [2021] 2022, the operating component of rates for hospital based outpatient services will be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates will be made as an add-on to the operating component as described in the APG Rate Computation section.

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

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

TN	#22-0010	Approval Date
Supersedes 1	ΓN <u>#21-0011</u>	Effective Date <u>January 1, 2022</u>

New York **1**(e)(2)

1905(a)(2)(A) Outpatient Hospital Services

APG Reimbursement Methodology – Hospital Outpatient

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

Contact Information:

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

3M APG Crosswalk, version [3.16] <u>3.17</u>; updated as of [07/01/21 and 10/01/21] <u>01/01/22</u> and 04/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/crosswall/index.htm http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html Click on "Accept" at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of 01/01/11:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of [07/01/21] and 10/01/21] 01/01/22 and 04/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "[2021] 2022"

APG 3M Definitions Manual Versions; updated as of [07/01/21 and 10/01/21] <u>01/01/22 and 04/01/22</u>:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm

APG Investments by Rate Period; updated as of 01/01/11:

APG Relative Weights; updated as of [07/01/21] 01/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

Associated Ancillaries; updated as of 01/01/20:

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

TN #2	22-0010	Approval Date	
Supersedes TN	#21-0052	Effective Date <u>January 1, 2022</u>	

New York 1(e)(2.1)

1905(a)(2)(A) Outpatient Hospital Services

Carve-outs; updated as of 10/01/12:

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

Coding Improvement Factors (CIF); updated as of 07/01/12:

If Stand Alone, Do Not Pay APGs; updated as of 01/01/15:

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

If Stand Alone, Do Not Pay Procedures; updated as of 01/01/19:

Modifiers; updated as of 07/01/18:

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

Never Pay APGs; updated as of 07/01/21:

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

Never Pay Procedures; updated as of [07/01/21] <u>01/01/22</u>:

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

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

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

TN #2	<u> 22-0010 </u>	Approval Date
Supersedes TN	#21-0052	Effective Date <u>January 1, 2022</u>

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

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

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for January 2022 will be conducted on January 12th and January 13th commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/

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

PUBLIC NOTICE

Office of Fire Prevention and Control

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

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

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

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

Objections shall be made in writing, setting forth the reasons such waiver should not be granted, and shall be submitted to:

James B. Cable State Fire Administrator

Office of Fire Prevention and Control

1220 Washington Avenue Building 7A, Floor 2 Albany, New York 12226

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

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

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

PUBLIC NOTICE

Office of General Services

GreenNY Interagency Committee on Sustainability and Green Procurement

Pursuant to Executive Order No. 4: Establishing a State Green Procurement and Agency Sustainability Program, April 24, 2008 ("EO 4"), the Interagency Committee on Sustainability and Green Procurement hereby gives public notice of the following:

Three (3) green procurement specifications were tentatively approved by the Interagency Committee on Sustainability and Green Procurement and have been posted for public comment.

These include new or amended specifications on the following topics:

- Lower Carbon Concrete
- Menstrual Products
- Packaging

All the above specifications are available for viewing at: https://ogs.ny.gov/greenny/executive-order-4-tentatively-approved-specifications

Information regarding the green specification approval process is also available at the above link.

Comments may be submitted electronically to: GreenEO4@ogs.ny.gov

Comments from the public regarding the tentatively approved specifications will be accepted until Friday, April 1, 2022.

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after January 1, 2022, the Ambulatory Patient Group

(APG) reimbursement methodology is revised to include recalculated weight and component updates to reflect the APG policy updates.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective for dates of service on or after January 1, 2022, the Department of Health will redefine the rural designation for the inpatient psychiatric services provided in exempt general hospitals or exempt units of general hospitals by increasing the average county population density from 225 to 300 per square mile based on 2020 census data. This State Plan Amendment is necessary to adequately reimburse hospitals for providing these services and better meet the community's mental health needs.

The estimated annual increase in gross Medicaid expenditures attributable to this initiative is \$2,300,000. Funding for this redefinition is included in the State Budget for State Fiscal Year 2022.

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 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

SUMMARY SPA #22-0011

This State Plan Amendment proposes to on or after February 1, 2022, Residential Treatment Facilities (RTF) rates may be adjusted to consist of a percentage increase on the clinical/direct care (C/DC) rate component to include additional funds appropriate to maintain the required level of care that are not reflected in the base year.



New York 3

1905(a)(16) Inpatient Psychiatric Hospital – PRTF

B. RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND YOUTH

Medicaid rates for Residential Treatment Facilities for Children and Youth ("RTFs") are established prospectively, based upon actual costs and patient days as reported on cost reports for the fiscal year two years prior to the rate year. The RTF fiscal year and rate year are for the twelve months July 1 through June 30. Alternate Cost Reports may be utilized to align with appealed rate periods until such time that the appealed information would be fully reflected in the facilities annual cost report. Actual patient days are subject to a maximum utilization of 96 percent and a minimum utilization of 90 percent.

1. OPERATING COSTS

Allowable operating costs are subject to the review and approval of the Office of Mental Health. In determining the allowability of costs, the Office of Mental Health reviews the categories of cost, described below, with consideration given to the special needs of the patient population to be served by the RTF. The categories of costs include:

- (i) Clinical/Direct Care (C/DC). This category of costs includes salaries and fringe benefits for clinical and direct care staff. Effective on or after February 1, 2022, the C/DC rate component may be adjusted to include a percentage increase to include additional funds appropriate to maintain the required level of care that are not reflected in the base year.
- (ii) Administration, Maintenance and Supports (AMS). This category of costs includes the costs associated with administration, maintenance and child support.
- (iii) Purchased Health Services (PHS). This category of costs includes clinical services such as dental services, purchased on a contractual basis and not subject to the clinical standard if the services are not uniformly provided by all RTTs and thus not considered by the Commissioner in the establishment of the approved staffing levels.

Allowable per diem operating costs in the category of C/DC are limited to the lesser of the reported costs or the amount derived from the number of clinical staff approved by the Commissioner multiplied by a standard salary and fringe benefit amount.

TN <u>#22-0011</u>	Approval Date		
Supersedes TN #20-0062	Effective Date February 01, 2022		

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, executing peer support service provision, expanding offsite service delivery, implementing electronic health record (EHR) changes, and strengthening provider staffing resources. The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for Outpatient Mental Health Rehabilitative Services is \$5,300,000 in State Fiscal Year 2022 growing to \$31,700,000 annually.

2) Rates for state-plan approved Outpatient Mental Health Rehabilitative Services will be increased by an additional 11.5 percent for the period February 1, 2022 – September 30, 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 Outpatient Mental Health Rehabilitative Services is \$12,200,000 in State Fiscal Year 2022 and \$36,500,000 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.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective on or after February 1, 2022, Residential Treatment Facilities (RTF) rates may be adjusted to consist of a percentage increase on the clinical/direct care (C/DC) rate component to include additional

funds appropriate to maintain the required level of care that are not reflected in the base year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$6,000,000.

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

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

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

PUBLIC NOTICE

Department of State F-2021-0962

Date of Issuance - January 26, 2022

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-2021-0962, Niagara Mohawk Power Corporation is proposing the installation of a submarine cable (1.5") (7.6kV) to extend from the shore of Welcome Island to Knobby Island. Cable to extend from property owned by Peter R Lembo and Jodette Magari-Lembo, along the natural bottom of the St. Lawrence River, to the point of land on Knobby Island, owned by A. John and Beverly Merola, Alexandria Bay, NY 13607 for approximately 550' in length.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2022/01/f-2021-0962knobbyisland.pdf or at https://dos.ny.gov/public-notices

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by

SUMMARY SPA #22-0012

This State Plan Amendment proposes to provide Supplemental Payments to the following providers to address the critical Direct Support Professional (DSP) shortage stemming from the COVID-19 emergency.

- Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)
- Intermediate Care Facilities for Individuals with Intellectual and/or Developmental Disabilities (ICF/IID)
- Day Services, including Day Treatment and Vocational Services, for Individuals Residing in an ICF/IID
- Rehabilitation Agencies (known as Article 16 Clinics under State Law)
- OPWDD-certified Specialty Hospital

These payments are in addition to the amount billed by the provider for the underlying Medicaid services.

A supplemental payment will be made to qualifying provider agencies based upon the number of DSPs who qualify for employee incentives. The full value of the provider's supplemental payment will be paid to qualified workers. The parameters for the employee incentives mirror the payments for DSPs implemented via the CMS-approved Appendix K (NY 0238 R06.08) and are as follows:

- **Employee service during the COVID emergercy.** A payment of \$1,000 per full-time employee who served in the capacity of a DSP during the period of the first payroll that occurred on or after March 17, 2020 to the first payroll that occurs on or after September 1, 2021 for at least 90 days and continues to be employed by the provider agency. Payments may be pro-rated for employees with less than full-time service.
- **Longevity and Retention Payment**. A payment that is available to qualified workers who are employed by an eligible, OPWDD-certified provider in a DSP capacity.
 - The Longevity Bonus will be retroactive and cover the period from April 1, 2020 to March 31, 2021.
 - The Retention Bonus will be prospective and cover the period from April 1, 2021 to March 31, 2022.
- Vaccination Incentive Payment. A \$500 payment that is available to qualified
 workers who are employed on a full-time basis by an eligible, OPWDD-certified provider
 in a DSP capacity and who have completed the COVID-19 vaccination regimen as of the
 first complete payroll that ends on or after January 14, 2022. Payments may be pro-rated
 for employees with less than full-time service.

The issuance of supplemental payments will be based on CFR data or a survey issued by NYS and completed by the provider agency and returned to NYS. The provider agency's Executive Director and Board Chair must sign an attestation verifying the accuracy of the number of qualified employees for each category of incentive payment that is reported in the survey, as well as confirm that these supplemental payments, net of any salary-sensitive fringe benefits, will be made available and paid to eligible staff. The value of the supplemental payment will then be reported to CMS on the CMS-64. Supplemental payments will be subject to audit and review to ensure program compliance.

State/Territor	v: New York
state/ remitor	y. INEW TOTA

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 of the 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:

Describe shorter period here.	
Effective January 1, 2022	

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.

Re

Requ	est for W	aivers under Se	ection 1135
x_	The age	ency seeks the f	following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:
	a.	requirement t	mission requirements – the agency requests modification of the so submit the SPA by March 31, 2020, to obtain a SPA effective date during dar quarter of 2020, pursuant to 42 CFR 430.20.
	b.	requirements requirements 42 CFR 447.57	notice requirements – the agency requests waiver of public notice that would otherwise be applicable to this SPA submission. These may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 7(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of stewide methods and standards for setting payment rates).
_	rsedes TN	22-0012 : NEW	Approval Date: Effective Date: January 1, 2022

State/T	erritory	: <u>New York</u>
	C.	x 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	n A – Elig	gibility
1.	describ	The agency furnishes medical assistance to the following optional groups of individuals sed in section $1902(a)(10)(A)(ii)$ or $1902(a)(10)(c)$ of the Act. This may include the new all group described at section $1902(a)(10)(A)(ii)(XXIII)$ and $1902(ss)$ of the Act providing ge 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 ped 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 all methodologies based on modified adjusted gross income (MAGI) as follows.
[Less re	strictive income methodologies:
-		
TN:		22-0012 Approval Date:

State/1	Γerritory: <u>New York</u>
	Less restrictive resource methodologies:
4.	The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).
5.	The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:
6.	The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.
Section	n B – Enrollment
1.	The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.
	Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.
2.	The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.
	Please describe any limitations related to the populations included or the number of allowable PE periods.
l	
TN:	22-0012 Approval Date:
	edes TN: NEW Effective Date: January 1, 2022

State/1	Ferritory: 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	n 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 beneficiariesb The following eligibility groups or categorical populations:
TN:	
	edes TN: <u>NEW</u> Effective Date: <u>January 1, 2022</u>

State/1	Γerritory	v: <u>New York</u>		
	Please	list the applicable eligibility groups or populations.		
3.		The agency allows waiver of payment of the enrollment fee, premiums and similar as for undue hardship.		
	Please hardsh	specify the standard(s) and/or criteria that the state will use to determine undue nip.		
Section	າ D – Be	nefits		
Benefit	ts:			
1.		The agency adds the following optional benefits in its state plan (include service otions, provider qualifications, and limitations on amount, duration or scope of the t):		
2.	2 The agency makes the following adjustments to benefits currently covered in the state plan:			
3.	applica 1902(a	The agency assures that newly added benefits or adjustments to benefits comply with all able statutory requirements, including the statewideness requirements found at a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider ements found at 1902(a)(23).		
4.		Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 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.		
	edes TN	22-0012 Approval Date: Effective Date: January 1, 2022		
Juhei 2	cues IIV	Lifective Date		

State/	Territory: <u>New York</u>
Telehe	alth:
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 B	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	n E – Payments
Option	al 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):
	22-0012 Approval Date: sedes TN: NEW Effective Date: January 1, 2022

State/T	Territory	r: <u>New York</u>
	b.	Other:
		Describe methodology here.
Increas	ses to st	ate plan payment methodologies:
2.	_X	_ The agency increases payment rates for the following services:
	Plea	ase list all that apply.
		itional Supplemental Payments will be made the following providers to address the cal Direct Support Professional (DSP) shortage stemming from the COVID-19 emergency
	•	Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)
	•	Intermediate Care Facilities for Individuals with Intellectual and/or Developmental Disabilities (ICF/IID)
	•	Day Services, including Day Treatment and Vocational Services, for Individuals Residing in an ICF/IID
	•	Rehabilitation Agencies (known as Article 16 Clinics under State Law)
	• The	OPWDD-certified Specialty Hospital se payments are in addition to the amount billed by the provider for the underlying
	Med	dicaid services. OPWDD is implementing three supplemental payments for eligible viders.
	a.	Payment increases are targeted based on the following criteria:
		Please describe criteria.
	b.	Payments are increased through:
		 iX A supplemental payment or add-on within applicable upper payment limits:
		Please describe Supplemental Payments for Workforce Stabilization
		A supplemental payment will be made to qualifying provider agencies based upon the number of DSPs who qualify for employee incentives. The value of the supplemental payment will be based on provider survey data or Consolidated Fiscal Reporting (CFR) as described below. The full value of the provider's supplemental payment will be paid to qualified workers.
TN:		22-0012

Supersedes TN: <u>NEW</u>____ Effective Date: __January 1, 2022_____

	State/Territory	y: New \	⁄ork
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For the purposes of these payments, DSPs are defined as those who are reported in the position as a Title Code 200 Series in the New York State CFR Manual. These payments are mutually exclusive, meaning that staff are eligible for all three payments if the established criteria are met. The parameters for the employee incentives are:

- 1. Employee service during the COVID emergency. A payment of \$1,000 per full-time employee who served in the capacity of a DSP during the period of the first payroll that occurred on or after March 17, 2020 to the first payroll that occurs on or after September 1, 2021 for at least 90 days and continues to be employed by the provider agency. The \$1,000 is approximately 3% of the statewide average salary for DSPs in NYS and payments will be available as follows:
 - a. A payment of \$1,000 per employee who is employed on a full-time basis
 - b. A payment of \$500 per employee who is employed at least, but not less than 20 hours/week, and
 - c. A payment of \$250 per employee who is employed less than 20 hours/week.

NYS's intent is to provide a 'flat' payment rate for the COVID service payment, with the understanding that the longevity and retention payments will be sensitive to the employee's base salary and therefore will result in higher payments for employees with longer tenure and resulting in higher base wages. These payments are intended to recognize that DSPs worked during the pandemic and should be recognized and rewarded for their service.

- 2. Longevity and Retention Payment. A payment that is available to qualified workers who are employed by an eligible, OPWDD-certified provider in a DSP capacity. To bolster a more sustainable workforce, supplemental payments include a Longevity Bonus and Retention Bonus. For non-profit provider agencies employing DSPs, each bonus will be equal to 20% of the provider's payroll expenditures for DSPs, adjusted for salary-sensitive fringe benefit costs, as reported in the CFR for the period ending December 31, 2019 for Calendar Year CFR filers and the period ending June 30, 2019 (for Fiscal Year CFR filers).
 - a. The Longevity Bonus will be retroactive and cover the period from April 1, 2020 to March 31, 2021. Longevity payments will be made for DSP staff who worked during this prior period and remain on the agency's payroll through the first complete payroll that ends on or after September 1, 2021.
 - b. The Retention Bonus will be prospective and cover the period from April 1, 2021 to March 31, 2022. Retention payments will be made for DSP staff who worked during this period and remain on the agency's last complete payroll that ends on or prior to March 31, 2022. The bonus will be paid at the end of the retention period. The end date of the retention period is the end of the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof) not to exceed March 31, 2022.

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State/Territory: New York

- 3. Vaccination Incentive Payment. A payment that is available to qualified workers who are employed by an eligible, OPWDD-certified provider in a DSP capacity and who have completed the COVID-19 vaccination regimen as of the first complete payroll that ends on or after January 14, 2022. The vaccination payment is established at approximately 1.4% of the statewide average salary for DSPs in NYS. Payments will be available as follows:
 - a. A payment of \$500 per employee who is employed on a full-time basis
 - b. A payment of \$250 per employee who is employed at least, but not less than 20 hours/week, and
 - c. A payment of \$125 for part-time employees who are employed less than 20 hours/week

Agencies qualify for the supplemental payments described above if the provider agency was active in the delivery of services during the period between March 2020 and September 2021.

Providers eligible to receive the supplemental payment retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS. The provider subsequently must make all funds available directly to qualified DSPs, net of any salary-sensitive fringe benefits costs attributable to these supplemental payments.

The flow of funds for these supplemental payments will differ from other State Plan services, which are adjudicated through eMedNY as service payments tied to individual service recipients. These supplemental rate payments will be made as lump-sum payments using eMedNY. The issuance of supplemental payments will be based on CFR data or a survey issued by NYS and completed by the provider agency and returned to NYS. The provider agency's Executive Director and Board Chair must sign an attestation verifying the accuracy of the number of qualified employees for each category of incentive payment that is reported in the survey, as well as confirm that these supplemental payments, net of any salary-sensitive fringe benefits, will be made available and paid to eligible staff. OPWDD will then calculate the total supplemental payment due the provider agency and establish the appropriate, provider specific rates in eMedNY. Supplemental payments will only be made to providers operating under fee for service. The value of the supplemental payment will then be reported to CMS on the CMS-64. Supplemental payments will be subject to audit and review to ensure program compliance.

ΓN:22	2-0012	Approval Date:	
Supersedes TN:	NEW	Effective Date:	January 1, 2022

State/Territory: New York
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.
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.
Beschie telehediti 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.
TN: Approval Date:
Supersedes TN: NFW Effective Date: January 1, 2022

State/T	erritory: New York
Other:	
4.	Other payment changes:
	Please describe.
Section	n 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.
Sectior Inform	n G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional ation
	PRA Disclosure Statement
informinforminforminstruc	ing to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of ation unless it displays a valid OMB control number. The valid OMB control number for this ation collection is 0938-1148 (Expires 03/31/2021). The time required to complete this ation collection is estimated to average 1 to 2 hours per response, including the time to review tions, search existing data resources, gather the data needed, and complete and review the ation collection. Your response is required to receive a waiver under Section 1135 of the Social y Act. All responses are public and will be made available on the CMS web site. If you have
TN: Supers	22-0012 Approval Date: edes TN: NEW Effective Date:January 1, 2022

comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.



TN: 22-0012	Approval Date:
Supersedes TN: NEW	Effective Date: January 1, 2022

SUMMARY SPA #22-0014

This State Plan Amendment proposes to increase rates for Outpatient Mental Health Rehabilitative Services by five percent, effective February 1, 2022.



New York 2(s.3)

1905(a)(9) Clinic Services

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

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

VIII. Quality Improvement (QI) Program

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

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH outpatient mental health services providers. The agency's fee schedule rate was set as of [July 1, 2021] February 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx

TN 22-0014	Approval Date
·	
Supersedes TN <u>#21-0044</u>	Effective Date February 1, 2022

New York 8a

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services - Reimbursement Methodology continued

- **I. Definitions:** The list of definitions in the "Ambulatory Patient Group System freestanding clinic" section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:
 - **After hours** means outside the time period 8:00 am 6:00 pm on weekdays or any time during weekends.

II. Quality Improvement (QI) Program

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

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

III. Minimum Wage Increases

The minimum wage methodology described in the "Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics" section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.

IV. Reimbursement Rates: Effective for dates of service on or after February 1, 2022, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including base rates for providing participating in the OMH Quality Improvement program[,]. Base rates are published on the State's website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx

TN <u>#22-001</u>	4	_ Approval Date _	
Supersedes TN	#21-0007	_ Effective Date	February 1, 2022

- 13. Project Sponsor: Hampden Township. Project Facility: Armitage Golf Club, Hampden Township, Cumberland County, Pa. Application for renewal of consumptive use of up to 0.290 mgd (peak day) (Docket No. 19920101).
- 14. Project Sponsor and Facility: Millersburg Area Authority, Upper Paxton Township, Dauphin County, Pa. Application for renewal of groundwater withdrawal of up to 0.117 mgd (30-day average) from Well 14 (Docket No. 19930301).
- 15. Project Sponsor and Facility: Municipal Authority of the Township of East Hempfield dba Hempfield Water Authority, East Hempfield Township, Lancaster County, Pa. Applications for renewal of groundwater withdrawals (30 day averages) of up to 0.353 mgd from Well 6, 0.145 mgd from Well 7, 1.447 mgd from Well 8, and 1.800 mgd from Well 11, and Commission-initiated modification to Docket No. 20120906, which approves withdrawals from Wells 1, 2, 3, 4, and 5 and Spring S-1 (Docket Nos. 19870306, 19890503, 19930101, and 20120906).
- 16. Project Sponsor and Facility: Repsol Oil & Gas USA, LLC (Sugar Creek), West Burlington Township, Bradford County, Pa. Application for renewal of surface water withdrawal of up to 0.750 mgd (peak day) (Docket No. 20170308).

Project Scheduled for Action Involving a Diversion:

17. 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 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 February 14, 2021, to be considered.

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

Dated: January 6, 2022

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 February 2022 will be conducted on February 9 and February 10 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/.

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

PUBLIC NOTICE

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: February 4, 2022
Time: 10:00 a.m. - 12:00 p.m.
Primary Video Conference Site:

Division of Criminal Justice Services Alfred E. Smith Office Building

CrimeStat Room 118 80 South Swan Street Albany, NY

Web Streaming information: 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

Deferred Compensation Board

- Pursuant to the provisions of 9 NYCRR, Section 9003.2, authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Friday, January 28, 2022, is soliciting proposals from financial organizations to provide Active Fixed Income investment management services benchmarked to the Bloomberg Aggregate Index.
- One or more financial organizations may be selected for purposes of investing a portion of the New York State Deferred Compensation Plan's Stable Income Fund in the above fixed income strategies. Assets will be held in the Stable Income Fund's custodial account and will be wrapped by a benefit responsive contract that is selected separately by the Stable Income Fund structure manager. The Stable Income Fund is offered as an investment option under the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto. A copy of the request for proposals will be posted on Callan LLC's website: www.callan.com and on the Board's web site: deferredcompboard.ny.gov
- Proposals must be received no later than the close of business on Friday, March 18, 2022.

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 spending plan, New York State quarterly reports 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, this notice proposes to increase reimbursement rates, as follows:

1) Rates for state-plan approved Outpatient Mental Health Rehabilitative Services will be increased by 5.0 percent, effective February 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, executing peer support service provision, expanding offsite service delivery, implementing electronic health record (EHR) changes, and strengthening provider staffing resources. The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for Outpatient Mental Health Rehabilitative Services is \$5,300,000 in State Fiscal Year 2022 growing to \$31,700,000 annually.

2) Rates for state-plan approved Outpatient Mental Health Rehabilitative Services will be increased by an additional 11.5 percent for the period February 1, 2022 – September 30, 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 Outpatient Mental Health Rehabilitative Services is \$12,200,000 in State Fiscal Year 2022 and \$36,500,000 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.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective on or after February 1, 2022, Residential Treatment Facilities (RTF) rates may be adjusted to consist of a percentage increase on the clinical/direct care (C/DC) rate component to include additional

funds appropriate to maintain the required level of care that are not reflected in the base year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$6,000,000.

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 State F-2021-0962

Date of Issuance - January 26, 2022

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-2021-0962, Niagara Mohawk Power Corporation is proposing the installation of a submarine cable (1.5") (7.6kV) to extend from the shore of Welcome Island to Knobby Island. Cable to extend from property owned by Peter R Lembo and Jodette Magari-Lembo, along the natural bottom of the St. Lawrence River, to the point of land on Knobby Island, owned by A. John and Beverly Merola, Alexandria Bay, NY 13607 for approximately 550' in length.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2022/01/f-2021-0962knobbyisland.pdf or at https://dos.ny.gov/public-notices

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by

SUMMARY SPA #22-0015

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 105(b)

1905(a)(1) Inpatient Hospital Services

24. *Minimum wage costs* will mean the additional costs incurred by a hospital beginning January 1, 2017, and thereafter, as a result of New York state statutory increases to minimum wage. The following regions' minimum wage will be increased on and after the stated periods as follows:

	December 31, 2016	December 31, 2017	December 31, 2018	December 31, 2019	December 31, 2020	December 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
or the state	Ψ3.70	Ψ 1 0. 1 0	Ψ11.10	711.00	Ψ12.30	<u> 713.20</u>

- a. For purposes of reimbursement the minimum wage in effect on January 1, 2017 and January 1st of each year thereafter, will be utilized in the calculation of the additional costs due to minimum wage increases until all regions of the State reach \$15.00 per hour.
- b. Minimum wage costs will be developed using collected survey data submitted and attested to by the hospital. If a hospital fails to submit a survey, the hospital's minimum wage costs will default to an average wage calculation based on the latest available institutional cost report (ICR) data.
 - i. Minimum wage cost development based on survey data collected.
 - 1. Survey data will be collected for hospital specific wage data.
 - 2. Hospitals will report by specified wage bands, the total count of FTEs and total hours paid of employees earning less than the statutory minimum wage applicable for the region.
 - 3. Hospitals will report an average fringe benefit percentage of the reported employees.
- 4. 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 hospital has reported total hours paid. To this result, the hospital's average fringe benefit percentage is applied and added to the costs resulting in total minimum wage costs.

TN #22-001!	5	Approval Date _	
Supersedes TN	#17-0011	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the March 30, 2022 edition of the New York State Register

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

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services 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.

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

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0016

This State Plan Amendment proposes to revise the Medically Needy income levels, effective January 1, 2022. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.



NY - Submission Package - NY2022MS0001D - Eligibility

Summary Reviewable Units News Related Actions



CMS-10434 OMB 0938-1188

Package Information

Package ID NY2022MS0001D

Program Name N/A

Version Number 1

Submission Type Draft

State NY

Region New York, NY

Package Status Pending



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID N/A

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

State Information

State/Territory Name: New York Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

○ CHIP



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID N/A

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

Executive Summary

Summary Description Including This State Plan Amendment revises the Medically Needy Income Levels, effective January 1, 2022. For Goals and Objectives Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels for households of 3 and higher, 15% per additional household member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard of for a household of 2, etc.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$8790337
Second	2023	\$27543056

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Authorizing Provisions (22-0016) (1-3-22)	2/11/2022 9:56 AM EST	POF
Fiscal Calculations (22-0016) (2-11-22)	2/11/2022 10:03 AM EST	XLS
Fiscal Calculation Backup (22-016) (2-11-22)	2/11/2022 10:29 AM EST	PDF

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID N/A

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

Governor's Office Review

- No comment
- O Comments received
- O No response within 45 days
- Other



Submission - Me MEDICAID Medicaid State Plan Eligib	dicaid State Plan oility NY2022MS0001D					
CMS-10434 OMB 0938-1188						
The submission includes the follow	ving:					
Administration						
Eligibility						
	☐ Income/Resource Methodologies					
	Income/Resource Standards					
		AFDC Income Standards				
		Medically Needy Income Level				
		Reviewable Unit Name	A Sul	luded in nother Source Type omission ackage		
		Medically Needy Income Level	(APPROVED		
		☐ Handling of Excess Income (Spenddown)				
		Medically Needy Resource Level				
		Reviewable Unit Name	Included in Another Another Submission Package			
		Medically Needy Resource Level	•	APPROVED		
☐ Benefits and Payments	Mandatory Eligibility Groups Optional Eligibility Groups Non-Financial Eligibility Eligibility and Enrollment Processes					

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package IDNY2022MS0001DSubmission TypeDraft

Approval Date N/A

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

Superseded SPA ID N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- O Public notice was not federally required, but comment was solicited
- O Public notice was federally required and comment was solicited



Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

- 1							
•	NY2022MS0001D	SPA ID	N/A				
Submission Type	Draft	Initial Submission Date	N/A				
Approval Date	N/A	Effective Date	N/A				
Superseded SPA ID	N/A						
One or more Indian Health Prograr furnish health care services in this	_	-	y to have a direct effect on Indians, ndian Organizations, as described in				
• Yes		• Yes					
○ No		O No					
			The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.				
,		and/or tribal consultation conducted wi	th respect to this submission:				
	consultation was conducted in the fol	iowing manner:					
All Indian Health Programs							
Date of solicitation/consultation:		Method of solicitation/consultation:					
All Urban Indian Organizations	0-						
Date of solicitation/consultation:		Method of solicitation/consultation:					
States are not required to consult wit consultation below:	h Indian tribal governments, but if such c	onsultation was conducted voluntarily, pro	ovide information about such				
All Indian Tribes							
Date of consultation:		Method of consultation:					
sent to Indian Health Programs and documents with comments receive	d/or Urban Indian Organizations, as we ed from Indian Health Programs or Urb	of advice in accordance with statutory ell as attendee lists if face-to-face meeti an Indian Organizations and the state's ived below and describe how the state	ings were held. Also upload responses to any issues raised.				
Name		Date Created					
	No items available						
Indicate the key issues raised (opti	onal)						
Access							
Quality							

ĺ	☐ Cost
	Payment methodology
	☐ Eligibility
	Benefits
	Service delivery
	☐ Other issue



Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package IDNY2022MS0001DSubmission TypeDraft

Approval Date N/A
Superseded SPA ID NY-21-0016

System-Derived

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

A. Income Level Used

- 1. The state employs a single income level for the medically needy.
- 2. The income level varies based on differences between shelter costs in urban and rural areas.

○ Yes

No

3. The level used is:

Standard
\$11200.00
\$16400.00
\$18860.00
\$21320.00
\$23780.00
\$26240.00
\$28700.00
\$31160.00
\$33620.00
\$36080.00

The state uses	an additional incremental amount for large	r household
sizes.		

Yes

No

Incremental Amount:

\$2460.00

The dollar amounts increase automatically each year

) Yes

O No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID NY-21-0016

System-Derived

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

B. Basis for Income Level

1. Minimum Income Level

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

2. Maximum Income Level

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



Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID NY-21-0016

System-Derived

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

C. Additional Information (optional)

The income levels used by the State and listed in this State Plan Reviewable Unit are annual income amount.



Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID NY-21-0016

System-Derived

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

A. Medically Needy Resource Level Structure

- 1. The state employs a single resource level for the medically needy.
- 2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.



Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID NY-21-0016

System-Derived

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

B. Resource Level Used

The level used is:

Household size	Standard
2	\$24600.00
1	\$16800.00

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

○ Yes

No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0001D

Package Header

Package ID NY2022MS0001D

Submission Type Draft

Approval Date N/A

Superseded SPA ID NY-21-0016

System-Derived

SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

C. Additional Information (optional)



PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/8/2022 1:02 PM EST



SUMMARY SPA #22-0017

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 22(c)

1905(a)(15) ICF/IID

c. Minimum Wage Adjustment - 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 ICF/IID rates.

Minimum Wage Region	31-Dec- 16	31-Dec- 17	31-Dec- 18	31-Dec-19	31-Dec- 20	31-Dec- 21
New York City	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
Nassau, Suffolk & Westchester	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
Remainder of State	\$9.70	\$10.40	\$11.10	\$11.80	\$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 <u>until all regions of the State reach</u> \$15.00 per hour.
- 2. The 2017 facility specific minimum wage add-on will be developed based on collected survey data received and attested to by ICF/IID 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 wage data from the 2014 ICF/IID cost report data. In the subsequent year, the Department will survey providers, utilizing the methodology employed in year one. Once the costs are included in a CFR utilized in a base year, such reimbursement will be excluded from the add-on. 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.
 - a. Minimum wage cost development based on survey data collected.
 - i. Survey data will be collected for facility specific wage data.
 - ii. 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.
 - iii. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - iv. 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.
 - b. Minimum wage cost development based on the CFR cost report data.
 - i. The average hourly wages of employees where the reported average hourly wage is below the regional statutory minimum wage are identified.
 - ii. 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.
 - iii. The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
 - iv. The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.

TN	#22-0	22-0017		Approval Date	
Supersed	es TN	#17-0015		Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the
March 30, 2022
edition of the New York State Register

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

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services 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.

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

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0018

This amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 2(t.7)

1905(a)(9)Clinic Services Minimum Wage — OPWDD-licensed Article 16 Clinics

Effective January 1, 2018, 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 the Ambulatory Patient Group (APG) rate for OPWDD licensed Article 16 clinics.

Minimum Wage (MW) Region	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021
New York City (Large employers)	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$12.00	\$13.50	\$15.00	\$15.00	\$15.00
Nassau, Suffolk, & Westchester counties	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
Remainder of the State	\$10.40	\$11.10	\$11.80	\$12.50	\$[12.50] <u>13.20</u>

The APG capital rate that is adjusted for the minimum wage add-on will be posted to the Mental Hygiene Services Rates webpage.

https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/apg/capital_add_on.htm

The minimum wage add-on will be developed and implemented as follows:

- a. Minimum wage costs will mean the additional costs incurred beginning January 1, 2018, and thereafter, as a result of New York state statutory increases to minimum wage <u>until all regions</u> of the State reach \$15.00 per hour.
 - i. Minimum wage cost development based on survey data collected.
 - 1. Survey data will be collected for facility specific wage data.
 - 2. Facilities will report, by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
 - 3. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - 4. 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 2016 Consolidated Fiscal Report (CFR) cost report data.
 - 1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
 - 2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the CFR cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.

TN <u>#2</u>	<u>2-0018</u>	Approval Date	
Supersedes TN	#18-0007	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the
March 30, 2022
edition of the New York State Register

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

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

PUBLIC NOTICE

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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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

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0019

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 2(p)(ii)

1905(a)(9) Clinic Services

Minimum Wage - Article 28 Freestanding Clinics

Effective January 1, 2017, and every January 1 thereafter until the minimum wage reaches [the state statutorily described per hour wage as shown below] \$15.00 per hour for all regions of the State, a minimum wage add-on will be developed and applied to the Ambulatory Patient Group (APG) rate for freestanding clinics and ambulatory surgery centers under Article 28.

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 (Large employers)	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$10.50	\$12.00	\$13.50	\$15.00	\$15.00	\$15.00
Nassau, Suffolk, & Westchester counties	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
						[\$12.50]
Remainder of the State	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	\$13.20

The minimum wage add-on and the adjusted APG rate will be posted to Health Commerce System (HCS: https://commerce.health.state.ny.us/public/hcs_login.html). The minimum wage add-on will be developed and implemented as follows;

- a. 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 wage.
 - i. Minimum wage cost development based on survey data collected.
 - 1. Survey data will be collected for facility specific wage data.
 - 2. Facilities will report by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
 - 3. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - 4. 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 AHCF cost report data.
 - 1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
 - 2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the AHCF cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.
 - 3. The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
 - 4. The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.

TN	#22-0	0019	Approval Date	
Supersedes	s TN	#17-0012	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
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Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the
March 30, 2022
edition of the New York State Register

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for 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: 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

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance - December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0020

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 2(c)(iv)(c)

1905(a)(9) Clinic Services

Minimum Wage – Article 28 FQHCs

Effective January 1, 2017, and every January 1, thereafter until the minimum wage reaches [the statutorily described per hour wage as shown below] \$15.00 per hour for all regions of the State, a minimum wage add-on will be developed and used to adjust Article 28 freestanding FQHC rate as an alternative payment method (APM) rate.

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 (Large employers)	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$10.50	\$12.00	\$13.50	\$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] <u>\$13.20</u>

The minimum wage add-on and the APM rate will be posted to Health Commerce System (HCS: https://commerce.health.state.ny.us/public/hcs_login.html). An Article 28 FQHC's PPS threshold rate will be adjusted by a minimum wage add-on based on the following:

- a. 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 wage.
 - i. Minimum wage cost development based on survey data collected.
 - 1. Survey data will be collected for Article 28 FQHC specific wage data.
 - 2. Article 28 FQHCs will report by specified wage bands, the total count of FTEs and total hours paid to employees earning less than the statutory minimum wage applicable for each MW Region.
 - 3. Article 28 FQHCs will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - 4. 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 Article 28 FQHC has reported total hours paid. To this result, the Article 28 FQHC's average fringe benefit percentage is applied and added to the costs.
 - ii. Minimum wage cost development based on the AHCF cost report data.
 - 1. The average hourly wages of employees in occupational titles where the reported average hourly wage is below the regional statutory minimum wage are identified.
 - 2. The total payroll hours of the titles identified are then multiplied by the regional statutory minimum wage resulting in a projected payroll. The actual payroll as reported in the AHCF cost report is then subtracted from the projected payroll resulting in the expected wage costs increase.

TN	#22-0020		Approval Date	
Sup	ersedes TN _	#17-0013	Effective Date	January 1, 2022

Public Notice NYS Department of Health

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

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For publication in the March 30, 2022 edition of the New York State Register

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PUBLIC NOTICE

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Long Term Care Services

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PUBLIC NOTICE

Department of Health

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0021

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 4(c)(1.1)

1905(a)(23) Assisted Living Programs

Beginning January 1, 2017, and every January 1 thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, the Department will recognize cost increases experienced by ALP providers in accordance with established ALP rate setting methodology. This minimum wage methodology will include an examination of the regional nursing home impact and apply a fifty percent factor. The minimum wage rates as approved are as follows:

	December 31, 2016	December 31, 2017	December 31, 2018	December 31, 2019	December 31, 2020	December 31, 2021
New York City	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
Nassau, Suffolk & Westchester	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
Remainder of State	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	[\$12.50] <u>\$13.20</u>

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Assisted Living Programs. The agency's fee schedule rate was set as of January 1, 2017, and is effective for services provided on or after that date <u>until all regions of the State reach \$15.00 per hour</u>. Rates of payments to Assisted Living Programs are available at:

https://www.health.ny.gov/facilities/long term care/reimbursement/alp/2017-01-01 alp min wage rates.htm

TN	#22-0021	Approval Date	
Superse	des TN #17-0008	Effective Date January 1, 2022	

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the
March 30, 2022
edition of the New York State Register

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

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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: 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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

PUBLIC NOTICE

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: 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

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0022

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 4(8)(1)

1905(a)(7): Home Health Care Services

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 Certified Home Health Agency (CHHA) Rate.

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 (Large Employers)	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$10.50	\$12.00	\$13.50	\$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 <u>until all regions of the State reach</u> \$15.00 per hour.
- 2. The 2017 facility specific minimum wage add-on will be developed based on collected survey data received and attested to by CHHA providers. If a provider does not submit a survey, the minimum wage add-on will be calculated based on the Provider's cost report wage data from two years prior to the period being calculated. If a facility fails to submit both the attested survey and the cost report, the facility's minimum wage add-on will not be calculated.
 - i. Minimum wage cost development based on survey data collected.
 - 1. Survey data will be collected for facility specific wage data.
 - 2. 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.
 - 3. Facilities will report an average fringe benefit percentage for the employees directly affected by the minimum wage increase.
 - 4. 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 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 #2	2-0022	Approval Date	
Supersedes TN	#17-0009	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
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Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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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Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

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PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

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Institutional Services

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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.

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PUBLIC NOTICE

Department of Health

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0023

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 6(b)

1905(a)(18) Hospice Services - Adjustment for Minimum Wage Increases

Effective April 1, 2018, and every January 1, thereafter until the minimum wage reaches the statutorily described per hour wage as shown below, the rates of payment for services provided by Non-Residence Hospice providers include rate add-on to reimbursement in accordance with the wage chart shown below to address increases in labor costs.

Minimum Wage Chart

	12/31/2016	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021
New York City	\$10.50	\$12.00	\$13.50	\$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 April 1, 2018 and thereafter, as a result of New York State statutory increases to minimum wages until all regions of the State reach \$15.00 per hour
- 2. The 2018 provider specific minimum wage add-on will be developed based on collected survey data received and attested to by hospice providers. If a hospice provider fails to submit the attested survey data, a provider will not receive a minimum wage add-on.
 - i. Minimum wage cost development based on survey data collected.
 - a. Survey data will be collected for provider 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 provider has reported total hours paid. To this result, the provider's average fringe benefit percentage is applied and added to the costs.
- 3. The provider specific cost amount will be adjusted by a factor calculated by dividing the provider's average dollar per hour under minimum wage by the regional average. The resulting amount will be divided by patient days to arrive at a rate per diem add on, which will be applied to only Medicaid days for purposes of Medicaid reimbursement.
- 4. In subsequent years until the minimum wage is completely implemented statewide, the Department will survey facilities utilizing the same methodology.

TN #22	0023	Approval Date	
Supersedes TN	#18-0023	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the
March 30, 2022
edition of the New York State Register

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

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services 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.

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

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0024

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



New York 6(a)(2)

1905(a)(24) Personal Care Services

Such rates of payment [shall] will be further adjusted to reflect costs associated with the recruitment and retention of non-supervisory workers. For programs providing services in local social service districts which include a city with a population of over one million persons, such rate adjustments will be calculated by allocating the total dollars available for the applicable rate period to each individual provider proportionally based on total claimed hours of services for personal care services provided in the district to recipients of medical assistance. The allocated dollars will be included as a reimbursable cost add-on to the Medicaid rates of payment based on the Medicaid utilization data as adjudicated through the Medicaid Management Information System (MMIS), or any successor entity, utilizing the most recently available total claimed hours of Medicaid services data, as agreed to by New York State and the district.

For payment periods January 1, 2017, and thereafter, the Commissioner of Health will increase the rates of payment for services provided by all Personal Care providers in accordance with the wage chart shown below to address cost increases resulting from increases to the minimum wage in New York State. Final rates for providers can be found on the Department of Health website:

For New York City Personal Care:

http://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/rate_chart.pdf

For non New York City Personal Care:

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

Minimum Wage Chart

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 (Large employers)	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$10.50	\$12.00	\$13.50	\$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] <u>\$13.20</u>

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 wage <u>until all regions of the State reach \$15.00 per hour</u>. Minimum wage cost development will be based on survey data collected.

1. Survey data will be collected for facility specific wage data.

TN <u>#</u>	<u> 22-0024</u>		Approval Date	
Superse	edes TN	#17-0026	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
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Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the
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edition of the New York State Register

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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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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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services 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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Department of Health

The Department of Health proposes to amend the Traumatic Brain Injury (TBI) (waiver number NY.0269.R04.04) and Nursing Home Transition and Diversion (NHTD) (waiver number NY.0444.R02.01) 1915c Waiver Programs in order to implement planned minimum wage-related rate increases pursuant to New York State Minimum Wage regulations effective January 1, 2017. This minimum wage bill stipulates that wages will be increased gradually through 2021. This increase specifically impacts all counties except for all New York City boroughs, Nassau, Suffolk, and Westchester.

Drafts of the proposed amendments to the TBI and NHTD waivers are available for review at: https://health.ny.gov/health_care/medicaid/redesign/mrt90/policy_docs.htm

As of December 31, 2016, the first in a series of wage increases went into effect in New York State. Rates differ based on region and industry to allow for a phase-in of new salaries. Changes take effect on the last day of the year. Annual increases for Upstate New York will continue until the rate reaches a \$15 minimum wage. The annual increases are published by the Commissioner of Labor by October 1. They are based on percentage increases determined by the Director of the Division of Budget, based on economic indices, including the Consumer Price Index. The rate for the "remainder of state" will be \$13.20 per hour effective December 31, 2021. This wage adjustment will require a rate increase of \$.90 per hour for waiver service: Home and Community Support Services (HCSS) for both the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waivers. The anticipated change to projected gross Medicaid expenditures as a result of this proposed amendment is an increase of \$11.8 million for the remainder of the 5 year waiver cycles.

The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

PUBLIC NOTICE

Department of State F-2021-0654

Date of Issuance – December 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 (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-2021-0654 the applicant, Village Marine of Westhampton LTD, is proposing to install 552 linear feet of new low sill bulkhead; replace existing 4 feet wide x 464 linear feet fixed docks with floating docks; and dredge 949 cubic yards of sediment to -4' MLW within existing West and East boat basins. This project is located at 33 Library Avenue, Village of Southampton, Suffolk County, Moneybogue Bay.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0654app.pdf or at https://dos.ny.gov/public-notices

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

https://dos.ny.gov/system/files/documents/2020/03/moriches_bay.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., 15 days from the date of publication of this notice or January 13, 2022.

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-2021-0695

Date of Issuance - December 29, 2021

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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-2021-0695, Vincent Rovitelli, is proposing to excavate/remove two land peninsulas from an existing marina basin. The peninsula measures 17'-4" wide by 185'-2" long and 10'-1" long by 214'-5" long. The peninsulas would be excavated down to an elevation of 243.5' IGLD. The project would result in the excavation of up to 1,207 cubic yards of materials (765 from below the plane of Ordinary High Water). A boulder located within the marina basin would also be removed. Dewatering of material would be completed at an upland on-site location with off-site disposal at an approved upland location. Sheet pile would be placed at the landward extent of the each of the excavated peninsulas. In addition, 65 linear feet of sheet pile where the seawall is missing A turbidity curtain would be paced within the channel that separates the marina from Sandy Creek during excavation. The applicant was previously approved to replace existing fixed docks with floating docks throughout the marina basin. Various upland improvements to the site are also proposed.

The proposal is for the Sandy Creek Marina located off of Sandy Creek at Eight Lake Road East Fork in the Town of Hamlin, Monroe County.

The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0025

This State Plan Amendment proposes a continuation of minimum wage adjustments through current Medicaid reimbursement methodologies until all regions have reached an hourly wage of \$15.00 per hour consistent with enacted legislation.



SPA 22-0025

Attachment A

Annotated Pages

Annotated Page: Page 110(d)(27)



New York 110(d)(27)

[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 the specialty and non-specialty Nursing Home rate.

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

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 Residential Health Care Facility (RHCF) cost report wage data from two years prior to the period being calculated. If a facility fails to submit both the attested survey and the 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 RHCF 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	#22-002	5	Approval Date	
Sup	ersedes TN _	#17-0007	Effective Date	January 1, 2022

New York 110(d)(27)

1905(a)(4)(A) Nursing Facility Services

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 the specialty and non-specialty Nursing Home rate.

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

^{*}Effective January 1, 2022, the minimum wage value for the Remainder of the State shall be \$13.20.

On December 31, 2022 and each December 31 thereafter, a wage published by the commissioner on or before October first, based on the then current minimum wage increased by a percentage determined by the director of the budget in consultation with the commissioner, with the result rounded to the nearest five cents, totaling no more than fifteen dollars, where the percentage increase shall be based on indices including, but not limited to, (i) the rate of inflation for the most recent twelve month period ending June of that year based on the consumer price index for all urban consumers on a national and seasonally unadjusted basis (CPI-U), for a successor index as calculated by the United States department of labor, (ii) the rate of state personal income growth for the prior calendar year, or a successor index, published by the bureau of economic analysis of the United States department of commerce, or (iii) wage growth; or, if greater, such other wage as may be established by federal law pursuant to 29 U.S.C section 206 or its successors or such other wage as may be established.

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 until all regions of the state reach \$15.00 per hour.
- 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 Residential Health Care Facility (RHCF) cost report wage data from two years prior to the period being calculated. If a facility fails to submit both the attested survey and the cost report, the facility's minimum wage add-on will not be calculated.
 - <u>i.</u> <u>Minimum wage cost development based on survey data collected.</u>
 - 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.

TN	#22-002!	5	Approval Date	
Supe	ersedes TN	#17-0007	Effective Date	January 1, 2022

New York 110(d)(27.1)

1905(a)(4)(A) Nursing Facility Services

Adjustment for Minimum Wage Increases (continued)

- ii. Minimum wage cost development based on the RHCF 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.
 - <u>c.</u> The facility's fringe benefit costs directly affected by the wage increase are identified, and the average fringe benefit percentage is calculated.
 - <u>d.</u> The fringe benefit percentage is applied to the increased wage costs and added resulting in the minimum wage costs.



ΓN <u>#22-0025</u>	_ Approval Date _	
Supersedes TN #NEW	Effective Date	January 1, 2022

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 services to comply with enacted statutory provisions. The following changes are proposed:

Institutional Services

The following is a clarification to the December 29th, 2021 noticed proposal to 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. With clarification below, *this increase includes rates for providers of all services*.

All Services

The Department of Health will adjust rates to take into account increased labor costs resulting from statutorily required increases in the New York State minimum wage. Under the statute, increases in the minimum wage will be phased in over a number of years until the minimum wage is \$15 per hour in the Remainder of State region, and Medicaid rates will be adjusted in those years to account for such increases.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2021/2022 and 2022/2023 is \$3,078,116 and \$12,312,459, respectively.

Providers:	SFY 2021- 2022 (1/1/2022 - 3/31/2022)	SFY 2022- 2023 (4/1/2022 - 3/31/2023)
Article 16 Freestanding Clinics	\$8,267	\$33,069
Article 28 Freestanding Clinics & Ambulatory Surgery Centers	\$3,475	\$13,900
Assisted Living Programs	\$150,000	\$600,000
Certified Home Health Agencies	\$927	\$3,706
Article 28 Federally Qualified Health Centers (Freestanding		
Clinics)	\$437	\$1,748
Hospice	\$37,500	\$150,000
Hospital Inpatient	\$10,700	\$42,800
Intermediate Care Facilities	\$626,697	\$2,506,788
Nursing Homes	\$367,516	\$1,470,062
Personal Care	\$1,868,497	\$7,473,986
Residential Treatment Facilities	\$4,100	\$16,400
Totals:	\$3,078,116	\$12,312,459

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

For publication in the March 30, 2022 edition of the New York State Register

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

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

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

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

New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health_ny.gov The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2022, the Department of Health will adjust the reimbursement rate for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program to remove the providers that no longer offer the service and update the reimbursements for the remaining providers based on more current cost data.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022 is \$300,000.

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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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 sections 2803, 2895-b, and 2828 of the Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2022, the Department of Health will adjust rates for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health and implementing regulations. This rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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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Institutional Services

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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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The public is invited to review and comment on this initiative. Comments may be filed electronically at: waivertransition@health.ny.gov, or mailed to: Department of Health, Office of Health Insurance Programs, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, One Commerce Plaza, Suite 1605, Albany, NY 12210. All comments must be postmarked or emailed by 30 days of the date of this notice. Include "TBI and NHTD Waiver Amendments" in the subject line and indicate your name and affiliation. Individuals without internet access may contact the Waiver Unit at: (518) 474-5271 to receive additional information.

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The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

• Moriches Bay Significant Coastal Fish and Wildlife Habitats:

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The stated purpose of the proposed action is to "Improve the usage and safety of our existing marina."

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2021/12/f-2021-0695publicnotice.pdf or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the ap-

SUMMARY SPA #22-0031

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



SPA 22-0031

Attachment A

Annotated Pages

Annotated Pages: 136(c),136(c.1), 136(c.2), 136(c.3)



New York 136(c)

[Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
HealthAlliance Mary's Ave Campus Benedictine Hospital	\$2,500,000	01/01/2014 - 03/31/2014
Interfaith Medical Center	\$12,900,000	11/01/2013 - 03/31/2014
Internation reduced center	\$11,110,190	07/01/2018 – 03/31/2019
	\$13,505,285	04/01/2019 – 03/31/2020
	\$13,384,525	04/01/2020 – 03/31/2021
Jamaica Hospital Medical Center	\$8,365,000	07/01/2018 - 03/31/2019
Kingsbrook Jewish Medical Center	\$1,480,000	11/01/2013 – 12/31/2013
	\$2,320,000	01/01/2014 - 03/31/2014
Kings County Hospital Center	\$1,000,000	01/01/2014 - 03/31/2014
	100 000	24/24/2244
	\$65,564	01/01/2014 - 03/31/2014
Lewis County General Hospital*	\$262,257	04/01/2014 – 03/31/2015
	\$262,257	04/01/2015 - 03/31/2016
	¢062.697	04/01/2012 02/21/2012
Lincoln Medical Center	\$963,687	04/01/2012 - 03/31/2013
	\$963,687	04/01/2013 – 03/31/2014
	\$21,672	01/01/2014 - 03/31/2014
Little Falls Hospital*	\$86,688	04/01/2014 - 03/31/2015
Elete Falls Flospital	\$86,688	04/01/2015 - 03/31/2016
Long Island Jewish Medical Center	\$1,000,000	04/01/2020 - 03/31/2021
Maimonides Medical Center	\$2,500,000	11/01/2014 - 03/31/2015
	,	
	\$1,800,000	08/19/2021 - 09/30/2021
	\$1,800,000	10/01/2021 - 12/31/2021
	\$1,800,000	01/01/2022 - 03/31/2022
Mercy Hospital of Buffalo	\$1,350,000	04/01/2022 - 06/30/2022
	\$1,350,000	07/01/2022 - 09/30/2022
	\$1,350,000	10/01/2022 - 12/31/2022
	\$1,350,000	01/01/2023 - 03/31/2023

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

TN	#22-003	. <u>1</u>	Approval Date	
Superse	des TN _	#21-0056	Effective Date	March 1, 2022

New York 136(c.1)

[Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective		
	\$6,000,000	11/01/2013 - 03/31/2014		
Montefiore Medical Center	\$ 750,000	10/01/2016 - 03/31/2017		
Montenore Medical Center	\$ 454,545	04/01/2017 - 03/31/2018		
	\$ 454,546	04/01/2018 - 03/31/2019		
	\$ 340,909	04/01/2019 - 09/30/2019		
	\$533,333	08/19/2021 - 09/30/2021		
Mount St. Mary's Hospital and	\$533,333	10/01/2021 - 12/31/2021		
Health Center	\$533,334	01/01/2022 - 03/31/2022		
	\$400,000	04/01/2022 - 06/30/2022		
	\$400,000	07/01/2022 - 09/30/2022		
	\$400,000	10/01/2022 – 12/31/2022		
	\$400,000	01/01/2023 - 03/31/2023		
	\$3,005,000	01/01/2014 - 03/31/2014		
New York Methodist Hospital	\$3,201,500	04/01/2014 - 03/31/2015		
	\$3,118,500	04/01/2015 - 03/31/2016		
	\$228,318	04/01/2012 - 03/31/2013		
Niagara Falls Momorial Modical	\$171,238	04/01/2013 - 12/31/2013		
Niagara Falls Memorial Medical Center	\$318,755	01/01/2014 - 03/31/2014		
Center	\$501,862	04/01/2014 - 03/31/2015		
	\$260,345	04/01/2015 - 03/31/2016		
	\$4,000,000	04/01/2012 - 03/31/2013		
Nassau University Medical Center	\$6,500,000	04/01/2013 - 03/31/2014		
	\$7,000,000	04/01/2014 - 03/31/2015		

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

TN #22-0031 Approval Date
Supersedes TN #21-0056 Effective Date March 1, 2022

New York 136(c.2)

[Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective	
	\$8,897,955	01/01/2013 - 03/31/2013	
	\$2,355,167	04/01/2013 - 03/31/2014	
Richmond University Medical	\$1,634,311	04/01/2014 - 03/31/2015	
Center	\$9,966,329	07/01/2018 - 03/31/2019	
	\$9,869,000	04/01/2019 - 03/31/2020	
	\$9,711,500	04/01/2020 - 03/31/2021	
	\$ 2,588,278	01/01/2013 - 03/31/2013	
Ct. Barnahas Hasnital	\$ 1,876,759	04/01/2013 - 03/31/2014	
St. Barnabas Hospital	\$ 1,322,597	04/01/2014 - 03/31/2015	
	\$ 2,500,000	01/01/2017 - 03/31/2017	
	\$10,000,000	04/01/2017 - 03/31/2018	
	\$10,000,000	04/01/2018 - 03/31/2019	
	\$ 7,500,000	04/01/2019 - 12/31/2019	
	\$12,000,000	07/01/2018 - 03/31/2019	
	\$12,000,000	10/03/2019 - 03/31/2020	
	\$12,000,000	04/01/2020 - 03/31/2021	
	\$12,000,000	04/01/2021 - 03/31/2022	
	\$1,800,000	07/01/2018 - 03/31/2019	
St. John's Riverside-St. John's	\$ 700,000	04/01/2019 - 03/31/2020	
Division	\$ 500,000	04/01/2020 - 03/31/2021	
	\$1,500,000	04/01/2021 - 03/31/2022	
St. Joseph's Hospital Health Center	\$4,000,000	04/01/2020 - 03/31/2021	
St. Joseph's Medical Center	\$1,500,000	04/01/2021 - 03/31/2022	
Coldiara & Cailara Mamarial	\$ 19,625	02/01/2014 - 03/31/2014	
Soldiers & Sailors Memorial Hospital	\$ 117,252	04/01/2014 - 03/31/2015	
Tiospital	\$ 134,923	04/01/2015 - 03/31/2016	
	\$3,000,000	11/01/2014 - 03/31/2015	
South Naccau Communities	\$1,000,000	04/01/2015 - 03/31/2016	
South Nassau Communities	\$4,000,000	07/01/2018 - 03/31/2019	
Hospital	\$4,000,000	04/01/2019 - 03/31/2020	
	\$4,000,000	04/01/2020 - 03/31/2021	

^{*}Denotes this provider is a Critical Access Hospital (CAH).]

TN #22-0031 Approval Date Supersedes TN #21-0056 Effective Date March 1, 2022

New York 136(c.3)

[Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective	
	\$4,163,227	04/01/2018 - 03/31/2019	
	\$4,594,780	04/01/2019 - 03/31/2020	
Strong Memorial Hospital	\$4,370,030	04/01/2020 - 03/31/2021	
	\$1,153,579	01/01/2020 - 03/31/2020	
	\$2,588,381	04/01/2020 - 03/31/2021	
	\$2,235,555	04/01/2021 - 03/31/2022	
	\$1,321,800	01/01/2014 - 03/31/2014	
Wyckoff Heights Medical Center	\$1,314,158	04/01/2014 - 03/31/2015	
	\$1,344,505	04/01/2015 - 03/31/2016	

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



New York 136(c)

Hospitals (Continued):

Trospituis (continued):			
<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective	
HealthAlliance Mary's Ave Campus Benedictine Hospital	\$2,500,000	01/01/2014 - 03/31/2014	
<u>Defledictifie Flospital</u>			
Interfeith Madical Contan	\$12,900,000	11/01/2013 - 03/31/2014	
Interfaith Medical Center	<u>\$11,110,190</u>	07/01/2018 - 03/31/2019	
	<u>\$13,505,285</u>	<u>04/01/2019 – 03/31/2020</u>	
	<u>\$13,384,525</u>	<u>04/01/2020 – 03/31/2021</u>	
	+0.265.000	T 07/04/2010 02/24/2010	
	\$8,365,000	<u>07/01/2018 - 03/31/2019</u>	
	\$2,600,000	03/01/2022 - 03/31/2022	
Jamaica Hospital Medical Center	\$ 650,000	04/01/2022 - 06/30/2022	
	\$ 650,000	07/01/2022 - 09/30/2022	
	\$ 650,000 \$ 650,000	<u>10/01/2022 – 12/31/2022</u>	
	<u>\$ 650,000</u>	01/01/2023 - 03/31/2023	
Kingsbrook Jewish Medical Center	\$1,480,000	11/01/2013 - 12/31/2013	
- In Igos Took Someth Tourish Service	\$2,320,000	01/01/2014 - 03/31/2014	
	+=12.5122		
Kings County Hospital Center	\$1,000,000	<u>01/01/2014 - 03/31/2014</u>	
	<u>\$65,564</u>	<u>01/01/2014 – 03/31/2014</u>	
Lewis County General Hospital*	\$262,257	<u>04/01/2014 – 03/31/2015</u>	
	<u>\$262,257</u>	<u>04/01/2015 – 03/31/2016</u>	
	\$963,687	04/01/2012 - 03/31/2013	
<u>Lincoln Medical Center</u>	\$963,687	04/01/2013 - 03/31/2014	
<u>\$505,007</u> <u>0.1/01/2013 0.3/31/2011</u>			
	<u>\$21,672</u>	01/01/2014 - 03/31/2014	
<u>Little Falls Hospital*</u>	<u>\$86,688</u>	<u>04/01/2014 - 03/31/2015</u>	
	<u>\$86,688</u>	<u>04/01/2015 – 03/31/2016</u>	
Lang Teland Towish Medical Conton	¢1,000,000	04/01/2020 02/21/2021	
Long Island Jewish Medical Center	\$1,000,000	04/01/2020 - 03/31/2021	
	\$2,500,000	11/01/2014 - 03/31/2015	
	\$4,387,492	03/01/2022 - 03/31/2022	
	\$ 780,702	04/01/2022 - 06/30/2022	
	\$ 780,702	<u>07/01/2022 - 09/30/2022</u>	
	\$ 780,703	10/01/2022 – 12/31/2022	
Maimonides Medical Center	\$ 780,703	01/01/2023 - 03/31/2023	
	\$ 459,881	04/01/2023 - 06/30/2023	
	\$ 459,881	07/01/2023 - 09/30/2023	
	\$ 459,881	10/01/2023 - 12/31/2023	
	<u>\$ 459,881</u>	01/01/2024 - 03/31/2024	

^{*}Denotes this provider is a Critical Access Hospital (CAH)

TN	#22-003	31	Approval Date	
Sup	ersedes TN	#21-0056	Effective Date	March 1, 2022

New York 136(c.1)

Hospitals (Continued):

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$1,800,000	08/19/2021 - 09/30/2021
	\$1,800,000	10/01/2021 - 12/31/2021
	\$1,800,000	01/01/2022 - 03/31/2022
Mercy Hospital of Buffalo	<u>\$1,350,000</u>	04/01/2022 - 06/30/2022
	<u>\$1,350,000</u>	<u>07/01/2022 – 09/30/2022</u>
	<u>\$1,350,000</u>	<u>10/01/2022 – 12/31/2022</u>
	<u>\$1,350,000</u>	<u>01/01/2023 - 03/31/2023</u>
	<u>\$6,000,000</u>	<u>11/01/2013 – 03/31/2014</u>
Montefiore Medical Center	<u>\$ 750,000</u>	<u>10/01/2016 – 03/31/2017</u>
Montenore Medical Center	<u>\$ 454,545</u>	<u>04/01/2017 – 03/31/2018</u>
	<u>\$ 454,546</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$ 340,909</u>	<u>04/01/2019 – 09/30/2019</u>
	<u>\$533,333</u>	<u>08/19/2021 – 09/30/2021</u>
Mount St. Mary's Hospital and	<u>\$533,333</u>	<u>10/01/2021 – 12/31/2021</u>
Health Center	<u>\$533,334</u>	<u>01/01/2022 – 03/31/2022</u>
	<u>\$400,000</u>	<u>04/01/2022 – 06/30/2022</u>
	<u>\$400,000</u>	<u>07/01/2022 – 09/30/2022</u>
	<u>\$400,000</u>	<u>10/01/2022 – 12/31/2022</u>
	<u>\$400,000</u>	<u>01/01/2023 – 03/31/2023</u>
	\$3,005,000	<u>01/01/2014 – 03/31/2014</u>
New York Methodist Hospital	<u>\$3,201,500</u>	<u>04/01/2014 – 03/31/2015</u>
	<u>\$3,118,500</u>	<u>04/01/2015 – 03/31/2016</u>
	2	
	<u>\$228,318</u>	<u>04/01/2012 – 03/31/2013</u>
Niagara Falls Memorial Medical	<u>\$171,238</u>	<u>04/01/2013 – 12/31/2013</u>
Center	<u>\$318,755</u>	<u>01/01/2014 – 03/31/2014</u>
<u>center</u>	<u>\$501,862</u>	<u>04/01/2014 – 03/31/2015</u>
	<u>\$260,345</u>	<u>04/01/2015 – 03/31/2016</u>
	\$4,000,000	<u>04/01/2012 – 03/31/2013</u>
Nassau University Medical Center	<u>\$6,500,000</u>	<u>04/01/2013 – 03/31/2014</u>
	<u>\$7,000,000</u>	<u>04/01/2014 – 03/31/2015</u>

^{*}Denotes this provider is a Critical Access Hospital (CAH)

TN #22-0031 Approval Date
Supersedes TN #21-0056 Effective Date March 1, 2022

New York 136(c.2)

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective		
	\$8,897,955	01/01/2013 - 03/31/2013		
	\$2,355,167	04/01/2013 - 03/31/2014		
Richmond University Medical	\$1,634,311	04/01/2014 - 03/31/2015		
Center	\$9,966,329	07/01/2018 - 03/31/2019		
	\$9,869,000	04/01/2019 - 03/31/2020		
	\$9,711,500	04/01/2020 - 03/31/2021		
	<u> </u>			
	\$ 2,588,278	01/01/2013 - 03/31/2013		
	\$ 1,876,759	04/01/2013 - 03/31/2014		
St. Barnabas Hospital	\$ 1,322,597	04/01/2014 - 03/31/2015		
	\$ 2,500,000	01/01/2017 - 03/31/2017		
	\$10,000,000	04/01/2017 - 03/31/2018		
	\$10,000,000	04/01/2018 - 03/31/2019		
	\$ 7,500,000	04/01/2019 - 12/31/2019		
	\$12,000,000	07/01/2018 - 03/31/2019		
	\$12,000,000	10/03/2019 - 03/31/2020		
	\$12,000,000	04/01/2020 - 03/31/2021		
	\$12,000,000	04/01/2021 - 03/31/2022		
St. John's Episcopal Health-South	\$1,022,650	03/01/2022 - 03/31/2022		
	<u>\$1,800,000</u>	<u>07/01/2018 – 03/31/2019</u>		
	\$ 700,000	<u>04/01/2019 – 03/31/2020</u>		
	<u>\$ 500,000</u>	<u>04/01/2020 - 03/31/2021</u>		
Ct. John/o Diversido Ct. John/o	\$1,500,000	04/01/2021 - 03/31/2022		
St. John's Riverside-St. John's Division	<u>\$1,298,171</u>	03/01/2022 - 03/31/2022		
DIVISION	<u>\$1,467,957</u>	04/01/2022 - 06/30/2022		
	<u>\$1,467,957</u>	<u>07/01/2022 – 09/30/2022</u>		
	<u>\$1,467,957</u>	<u>10/01/2022 – 12/31/2022</u>		
	<u>\$1,467,958</u>	<u>01/01/2023 - 03/31/2023</u>		
St. Joseph's Hospital Health Center	<u>\$4,000,000</u>	<u>04/01/2020 - 03/31/2021</u>		
	<u>\$1,500,000</u>	<u>04/01/2021 – 03/31/2022</u>		
	<u>\$ 300,000</u>	03/01/2022 - 03/31/2022		
St Joseph's Modical Center	\$ 300,000	04/01/2022 - 06/30/2022		
St. Joseph's Medical Center	\$ 300,000	07/01/2022 - 09/30/2022		
	\$ 300,000	10/01/2022 - 12/31/2022		
	<u>\$ 300,000</u>	<u>01/01/2023 - 03/31/2023</u>		

^{*}Denotes this provider is a Critical Access Hospital (CAH)

TN #2	22-0031	Approval Date
Supersedes	TN <u>#21-0056</u>	Effective Date March 1, 2022

New York 136(c.3)

Hospitals (Continued):

<u>Provider Name</u>	Gross Medicaid Rate Adjustment	Rate Period Effective
Caldiara & Cailara Mamarial	<u>\$ 19,625</u>	<u>02/01/2014 – 03/31/2014</u>
Soldiers & Sailors Memorial	<u>\$ 117,252</u>	<u>04/01/2014 – 03/31/2015</u>
<u>Hospital</u>	<u>\$ 134,923</u>	<u>04/01/2015 – 03/31/2016</u>
	<u>\$3,000,000</u>	<u>11/01/2014 – 03/31/2015</u>
Courth Naccau Communities	<u>\$1,000,000</u>	<u>04/01/2015 – 03/31/2016</u>
South Nassau Communities Hospital	<u>\$4,000,000</u>	<u>07/01/2018 – 03/31/2019</u>
<u>Hospital</u>	<u>\$4,000,000</u>	<u>04/01/2019 – 03/31/2020</u>
	<u>\$4,000,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$4,163,227</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$4,594,780</u>	<u>04/01/2019 – 03/31/2020</u>
Strong Memorial Hospital	<u>\$4,370,030</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$1,153,579</u>	<u>01/01/2020 - 03/31/2020</u>
	<u>\$2,588,381</u>	<u>04/01/2020 - 03/31/2021</u>
	<u>\$2,235,555</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$1,321,800</u>	<u>01/01/2014 – 03/31/2014</u>
	<u>\$1,314,158</u>	<u>04/01/2014 – 03/31/2015</u>
	\$1,344,505	<u>04/01/2015 – 03/31/2016</u>
Wyckoff Heights Medical Center	\$970,000	<u>03/01/2022 – 03/31/2022</u>
	<u>\$970,000</u>	<u>04/01/2022 – 06/30/2022</u>
	<u>\$970,000</u>	<u>07/01/2022 – 09/30/2022</u>
	\$970,000	<u>10/01/2022 – 12/31/2022</u>
	\$970,000	01/01/2023 - 03/31/2023

^{*}Denotes this provider is a Critical Access Hospital (CAH)

TN #22-0031 Approval Date
Supersedes TN #21-0056 Effective Date March 1, 2022

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.

NOTICE OF PUBLIC HEARING Hudson River Park Trust

Pursuant to Section 7(6) of the Hudson River Park Act for a proposed Significant Action affecting Hudson River Park, the Hudson River Park Trust hereby gives notice of a public hearing and comment period to consider a proposed new 34-year-term lease agreement (with the option to extend for one additional 10-year period) between the Trust and Chelsea Piers L.P. and North River Operating Company L.P. for the premises located at Piers 59, 60, 61 and Headhouse for sports and recreation, studios, restaurant, retail, office, maritime and other permitted uses.

A virtual public hearing will be held on March 22, 2022 from 4:30 pm to 6:30 pm via Zoom or the public to provide comments on the Proposed Lease.

A copy of the Proposed Lease, a detailed public notice and instructions for accessing the virtual hearing is available at https://hudsonriverpark.org/locations/chelsea-piers/

For further information, contact: Robert Nguyen, Hudson River Park Trust, Pier 40, 353 West Street, Room 201, New York, NY 10014, (212) 627-2020, rnguyen@hrpt.ny.gov

PUBLIC NOTICE

Brighton Fire District

The Brighton Fire District is soliciting proposals from administrative service agencies relating to trust service, and administration and/or funding of a Deferred Compensation Plan for the employees of Brighton Fire District. They must meet the requirements of section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained from: Brighton Fire District, Lawrence M. Howk, Treasurer, 3100 East Ave., Rochester, NY 14610, (585) 389-1551

All proposals must be received no later than 30 days from the date of publication in the *State Register*.

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 March 2022 will be conducted on March 9 and March 10 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/.

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

PUBLIC NOTICE

Division of Criminal Justice Services Commission on Forensic Science

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

Date: March 4, 2022 Time: 9:00 a.m. - 1:00 p.m. Primary Conference Site:

> Division of Criminal Justice Services Alfred E. Smith Office Bldg. CrimeStat Rm. 118

CrimeStat Rm. 1 80 S. Swan St. Albany, NY

Secondary Conference Site:

Empire State Development Corporation (ESDC) 633 3rd Ave.

37th Fl./Conference Rm. New York, NY

*Identification and sign-in required

Web Streaming information: 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 Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional 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 Hospitals:

- St. Joseph's Medical Center with aggregate payment amounts totaling up to \$300,000 for the period March 1, 2022, through March 31, 2022, and \$1,200,000 for the period April 1, 2022, through March 31, 2023.
- St. John's Riverside with aggregate payment amounts totaling up to \$1,298,171 for the period March 1, 2022, through March 31, 2022, and \$5,871,829 for the period April 1, 2022, through March 31, 2023.
- Jamaica Hospital Medical Center with aggregate payment amounts totaling up to \$2,600,000 for the period March 1, 2022, through March 31, 2022, and \$2,600,000 for the period April 1, 2022, through March 31, 2023.
- Maimonides Medical Center with aggregate payment amounts totaling up to \$4,387,492 for the period March 1, 2022, through March 31, 2022, \$3,122,810 for the period April 1, 2022, through March 31, 2023, and \$1,839,524 for the period April 1, 2023, through March 31, 2024.
- St. John's Episcopal Health South Shore with aggregate payment amounts totaling up to \$1,022,650 for the period March 1, 2022, through March 31, 2022.
- Wyckoff Heights Medical Center with aggregate payment amounts totaling up to \$970,000 for the period March 1, 2022, through March 31, 2022 and \$3,880,000 for the period April 1, 2022 through March 31, 2023.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$10,578,313. The Medicaid expenditures attributable to state fiscal year 2022/2023 and state fiscal year 2023/2024 are \$16,674,639 and \$1,839,524, 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.

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-2022-0039

Date of Issuance - February 23, 2022

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-2022-0039 the applicant, Jonathan Flood, is proposing to install a 16' x 16' boatlift supported by (4) 12" x 35' pressure treated timber pilings within an existing bulkhead cut out and install a 4' x 6' cantilever, 2' x 12' ramp, and 6' x 24' mooring float parallel to the existing bulkhead along the Creek. The purpose of this project is to provide additional mooring of two vessels. This project is located at 126 Peninsula Drive, Town of Babylon, Suffolk County, Fosters Creek.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2022/02/f-2022-0039app.pdf or at https://dos.ny.gov/public-notices

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 March 25, 2022.

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 Uniform Code Variance/Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2022-0058 Matter of JL Drafting Inc., John Lagoudes, 707 Route 110, Farmingdale, NY 11735, for a variance concerning safety requirements, including the ceiling height and the height under a girder/soffit. Involved is an existing one-family dwelling located at 525 N. Queens Avenue; Inc. Village of Lindenhurst, NY 11757, County of Suffolk, State of New York.

2022-0060 Matter of Hugh Schaefer, 174 West Merrick Road, Merrick, NY 11566, for a variance concerning safety requirements, including the ceiling height and the height under a girder/soffit. Involved is an existing one-family dwelling located at 119 Willow Avenue; Village Of Hempstead, NY 11550, County of Nassau, State of New York.

2022-0061 Matter of Woodhull Expediting, Amy Devito, 1031 Main Street, Port Jefferson, NY 11777, for a variance concerning safety requirements, including an egress windowsill that will be higher than the required maximum of 44 inches in a finished basement. Involved is an existing one-family dwelling located at 11 Whitford Road; Stony Brook, Town of Brookhaven, NY 11790, County of Suffolk, State of New York.

SUMMARY SPA #22-0046

This State Plan Amendment proposes to revise the State Plan to provide a temporary rate increase of 11.5 percent to base rates for Outpatient Mental Health Rehabilitative Services for workforce recruitment and retention activities consistent with New York State's approved American Rescue Plan Act of 2021 Section 9817 spending plan. This increase is effective for dates of services from February 1, 2022 through September 30, 2022.



New York 8(b)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services-Reimbursement Methodology continued

<u>American Rescue Plan Act Section 9817 temporary increased FMAP for Home and Community-Based Services:</u>

The agency increases payment for providers of services referenced in New York's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan. Providers are Social Security Act Section 1905(a) Rehabilitative Services providers listed in Appendix B of the American Rescue Plan Act, State Medicaid Director Letter, SMD# 21-003 Implementation of American Rescue Plan Act of 2021 Section 9817.

The time-limited rate increases described in this section will be used to expand, enhance or strengthen mental health rehabilitative services programs through workforce recruitment and retention strategies consistent with New York's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan. Rate increases will not extend beyond September 30, 2022.

The rates were updated for the period February 1, 2022, through September 30, 2022.

All rates are published on the Office of Mental Health website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peergroup-base-rate.xlsx

TN	22-0046	Approval Date	
Supersed	les TN <u>NEW</u>	Effective Date	February 1, 2022

- 13. Project Sponsor: Hampden Township. Project Facility: Armitage Golf Club, Hampden Township, Cumberland County, Pa. Application for renewal of consumptive use of up to 0.290 mgd (peak day) (Docket No. 19920101).
- 14. Project Sponsor and Facility: Millersburg Area Authority, Upper Paxton Township, Dauphin County, Pa. Application for renewal of groundwater withdrawal of up to 0.117 mgd (30-day average) from Well 14 (Docket No. 19930301).
- 15. Project Sponsor and Facility: Municipal Authority of the Township of East Hempfield dba Hempfield Water Authority, East Hempfield Township, Lancaster County, Pa. Applications for renewal of groundwater withdrawals (30 day averages) of up to 0.353 mgd from Well 6, 0.145 mgd from Well 7, 1.447 mgd from Well 8, and 1.800 mgd from Well 11, and Commission-initiated modification to Docket No. 20120906, which approves withdrawals from Wells 1, 2, 3, 4, and 5 and Spring S-1 (Docket Nos. 19870306, 19890503, 19930101, and 20120906).
- 16. Project Sponsor and Facility: Repsol Oil & Gas USA, LLC (Sugar Creek), West Burlington Township, Bradford County, Pa. Application for renewal of surface water withdrawal of up to 0.750 mgd (peak day) (Docket No. 20170308).

Project Scheduled for Action Involving a Diversion:

17. 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 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 February 14, 2021, to be considered.

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

Dated: January 6, 2022

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 February 2022 will be conducted on February 9 and February 10 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at https://www.cs.ny.gov/commission/.

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

PUBLIC NOTICE

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: February 4, 2022
Time: 10:00 a.m. - 12:00 p.m.
Primary Video Conference Site:

Division of Criminal Justice Services Alfred E. Smith Office Building

CrimeStat Room 118 80 South Swan Street Albany, NY

Web Streaming information: 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

Deferred Compensation Board

- Pursuant to the provisions of 9 NYCRR, Section 9003.2, authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Friday, January 28, 2022, is soliciting proposals from financial organizations to provide Active Fixed Income investment management services benchmarked to the Bloomberg Aggregate Index.
- One or more financial organizations may be selected for purposes of investing a portion of the New York State Deferred Compensation Plan's Stable Income Fund in the above fixed income strategies. Assets will be held in the Stable Income Fund's custodial account and will be wrapped by a benefit responsive contract that is selected separately by the Stable Income Fund structure manager. The Stable Income Fund is offered as an investment option under the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto. A copy of the request for proposals will be posted on Callan LLC's website: www.callan.com and on the Board's web site: deferredcompboard.ny.gov
- Proposals must be received no later than the close of business on Friday, March 18, 2022.

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 spending plan, New York State quarterly reports 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, this notice proposes to increase reimbursement rates, as follows:

1) Rates for state-plan approved Outpatient Mental Health Rehabilitative Services will be increased by 5.0 percent, effective February 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, executing peer support service provision, expanding offsite service delivery, implementing electronic health record (EHR) changes, and strengthening provider staffing resources. The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed increase for Outpatient Mental Health Rehabilitative Services is \$5,300,000 in State Fiscal Year 2022 growing to \$31,700,000 annually.

2) Rates for state-plan approved Outpatient Mental Health Rehabilitative Services will be increased by an additional 11.5 percent for the period February 1, 2022 – September 30, 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 Outpatient Mental Health Rehabilitative Services is \$12,200,000 in State Fiscal Year 2022 and \$36,500,000 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.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective on or after February 1, 2022, Residential Treatment Facilities (RTF) rates may be adjusted to consist of a percentage increase on the clinical/direct care (C/DC) rate component to include additional

funds appropriate to maintain the required level of care that are not reflected in the base year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$6,000,000.

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

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

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

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

PUBLIC NOTICE

Department of State F-2021-0962

Date of Issuance - January 26, 2022

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-2021-0962, Niagara Mohawk Power Corporation is proposing the installation of a submarine cable (1.5") (7.6kV) to extend from the shore of Welcome Island to Knobby Island. Cable to extend from property owned by Peter R Lembo and Jodette Magari-Lembo, along the natural bottom of the St. Lawrence River, to the point of land on Knobby Island, owned by A. John and Beverly Merola, Alexandria Bay, NY 13607 for approximately 550' in length.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2022/01/f-2021-0962knobbyisland.pdf or at https://dos.ny.gov/public-notices

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by