



## Department of Health

**KATHY HOCHUL**  
Governor

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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. Halbritter:

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

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

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

Sincerely,  
/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



# Department of Health

**KATHY HOCHUL**  
Governor

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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Hill:

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

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Sincerely,  
/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. Polite:

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

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Sincerely,  
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Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

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NYSDOH American Indian Health Program



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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Hill:

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

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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Governor

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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Henry:

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

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Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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KATHY HOCHUL  
Governor

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

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Patterson:

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

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Sincerely,  
/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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KATHY HOCHUL  
Governor

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

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Wallace:

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

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Sincerely,  
*/S/*

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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Governor

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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. Halftown:

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

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Sincerely,  
/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
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NYSDOH American Indian Health Program





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Governor

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

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Lafrance:

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

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Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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KATHY HOCHUL  
Governor

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

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Chief Cook:

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

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Sincerely,

/S/

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
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Michele Hamel  
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Commissioner

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Ms. Austin:

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

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Sincerely,

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Medicaid Director  
Office of Health Insurance Programs

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US Dept. of Health and Human Services

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

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. Cuffee:

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

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Commissioner

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. Twoguns:

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

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Michele Hamel  
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**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. Wheeler:

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Commissioner

**KRISTIN M. PROUD**  
Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Mr. John Sr.:

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

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Commissioner

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Acting Executive Deputy Commissioner

December 15, 2022

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

Dear Ms. Oakes:

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

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



**SUMMARY**  
**SPA #22-0084**

This State Plan Amendment proposes to institute a Nursing Home Vital Access Provider Workforce program to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care, effective on or after October 1, 2022.

DRAFT

**New York  
47(aa)(3.1)**

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

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

A temporary lump sum payment will be provided to eligible residential health care providers that may be in danger of closing or significant restructuring. The payment is intended to protect and enhance access to, and quality of, care as vulnerable facilities confront ongoing workforce challenges in the wake of the COVID-19 pandemic. Low staff retention is a significant driver of those workforce challenges and retaining experienced direct care workers is a critical element of ensuring that quality care can be delivered. The pandemic compounded this challenge as it particularly stressed providers who have invested in providing comprehensive health benefits to their staff.

Eligible residential health care providers, the amount of the payment, and the duration of each payment shall be listed in the table which follows. Eligible facilities must:

- (1) Have proprietary or voluntary ownership; and
- (2) Participate in a comprehensive health, retirement, and training benefit fund covering at least 100 nursing homes to address direct-care staff turnover and demonstrate evidence of employer investment in retention; and
- (3) Demonstrate financial challenges, described above, evidenced as a three-year average operating margin lower than 1%, as shown on RHC-4 cost reports

The temporary payment made under this section will be lump-sum payment made to such facilities twice annually, once in October and once in March. Receipt of the temporary payment made under this section does not preclude receipt of other Vital Access Program (VAP) funds, as well as the Advanced Training Initiative (ATI) funds.

In order to remain eligible, participating providers must submit periodic reports to the Department of Health that attest to their achievement of benchmarks and goals, including continued participation in a comprehensive benefit program and data on their retention of staff, by title. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's payment.

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

**Nursing Homes:**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Lump Sum Adjustment</u></b>	<b><u>Effective Dates</u></b>
<u>Acadia Center for Nursing and Rehabilitation</u>	<u>\$202,627</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$405,256</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$405,256</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Amsterdam Nursing Home Corp (Amsterdam House)</u>	<u>\$764,913</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,529,826</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,529,826</u>	<u>04/01/2024 – 03/31/2025</u>

New York  
47(aa)(3.2)

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

**Nursing Homes (continued)**

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Andrus On Hudson</u>	<u>\$398,255</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$796,511</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$796,511</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bainbridge Nursing And Rehabilitation Center</u>	<u>\$490,948</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$981,895</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$981,895</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Beach Gardens Rehab and Nursing Center</u>	<u>\$224,509</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$449,017</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$449,017</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Beacon Rehabilitation and Nursing Center</u>	<u>\$199,615</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$399,232</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$399,232</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Beth Abraham Health Services</u>	<u>\$1,074,874</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,149,750</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,149,750</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bethel Nursing and Rehabilitation Center</u>	<u>\$304,882</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$609,763</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$609,763</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bethel Nursing Home Company Inc</u>	<u>\$63,433</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$126,868</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$126,868</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bridge View Nursing Home</u>	<u>\$287,728</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$575,458</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$575,458</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bronx Gardens Rehabilitation and Nursing Center</u>	<u>\$406,610</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$813,221</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$813,221</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Bronx-Lebanon Special Care Center</u>	<u>\$614,114</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,228,226</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,228,226</u>	<u>04/01/2024 – 03/31/2025</u>

TN #22-0084

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

Supersedes TN #NEW

Effective Date October 1, 2022

**New York  
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**1905(a)(4)(A) Nursing Facility Services**

**Nursing Homes (continued)**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Lump Sum Adjustment</u></b>	<b><u>Effective Dates</u></b>
<u>Brooklyn Center for Rehabilitation and Residential Health</u>	\$337,882	<u>10/01/2022 – 03/31/2023</u>
	\$675,766	<u>04/01/2023 – 03/31/2024</u>
	\$675,766	<u>04/01/2024 – 03/31/2025</u>
<u>Brooklyn Gardens Nursing &amp; Rehabilitation Center</u>	\$556,754	<u>10/01/2022 – 03/31/2023</u>
	\$1,113,506	<u>04/01/2023 – 03/31/2024</u>
	\$1,113,506	<u>04/01/2024 – 03/31/2025</u>
<u>Brooklyn United Methodist Church Home</u>	\$278,923	<u>10/01/2022 – 03/31/2023</u>
	\$557,845	<u>04/01/2023 – 03/31/2024</u>
	\$557,845	<u>04/01/2024 – 03/31/2025</u>
<u>Brooklyn-Queens Nursing Home</u>	\$322,666	<u>10/01/2022 – 03/31/2023</u>
	\$645,334	<u>04/01/2023 – 03/31/2024</u>
	\$645,334	<u>04/01/2024 – 03/31/2025</u>
<u>Carillon Nursing and Rehabilitation Center</u>	\$504,694	<u>10/01/2022 – 03/31/2023</u>
	\$1,009,390	<u>04/01/2023 – 03/31/2024</u>
	\$1,009,390	<u>04/01/2024 – 03/31/2025</u>
<u>Caton Park Nursing Home</u>	\$201,209	<u>10/01/2022 – 03/31/2023</u>
	\$402,416	<u>04/01/2023 – 03/31/2024</u>
	\$402,416	<u>04/01/2024 – 03/31/2025</u>
<u>Cedar Manor Nursing &amp; Rehabilitation Center</u>	\$209,677	<u>10/01/2022 – 03/31/2023</u>
	\$419,356	<u>04/01/2023 – 03/31/2024</u>
	\$419,356	<u>04/01/2024 – 03/31/2025</u>
<u>Central Island Healthcare</u>	\$286,719	<u>10/01/2022 – 03/31/2023</u>
	\$573,438	<u>04/01/2023 – 03/31/2024</u>
	\$573,438	<u>04/01/2024 – 03/31/2025</u>
<u>Chapin Home For The Aging</u>	\$350,039	<u>10/01/2022 – 03/31/2023</u>
	\$700,076	<u>04/01/2023 – 03/31/2024</u>
	\$700,076	<u>04/01/2024 – 03/31/2025</u>
<u>Clove Lakes Health Care and Rehabilitation Center</u>	\$785,751	<u>10/01/2022 – 03/31/2023</u>
	\$1,571,502	<u>04/01/2023 – 03/31/2024</u>
	\$1,571,502	<u>04/01/2024 – 03/31/2025</u>

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

**Nursing Homes (continued)**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Lump Sum Adjustment</u></b>	<b><u>Effective Dates</u></b>
<u>Cold Spring Hills Center for Nursing and Rehabilitation</u>	\$854,272	<u>10/01/2022 – 03/31/2023</u>
	\$1,708,546	<u>04/01/2023 – 03/31/2024</u>
	\$1,708,546	<u>04/01/2024 – 03/31/2025</u>
<u>Concourse Rehabilitation and Nursing Center</u>	\$456,749	<u>10/01/2022 – 03/31/2023</u>
	\$913,496	<u>04/01/2023 – 03/31/2024</u>
	\$913,496	<u>04/01/2024 – 03/31/2025</u>
<u>Crown Heights Center for Nursing and Rehabilitation</u>	\$575,548	<u>10/01/2022 – 03/31/2023</u>
	\$1,151,095	<u>04/01/2023 – 03/31/2024</u>
	\$1,151,095	<u>04/01/2024 – 03/31/2025</u>
<u>Daleview Care Center</u>	\$182,053	<u>10/01/2022 – 03/31/2023</u>
	\$364,105	<u>04/01/2023 – 03/31/2024</u>
	\$364,105	<u>04/01/2024 – 03/31/2025</u>
<u>Ditmas Park Care Center</u>	\$169,831	<u>10/01/2022 – 03/31/2023</u>
	\$339,664	<u>04/01/2023 – 03/31/2024</u>
	\$339,664	<u>04/01/2024 – 03/31/2025</u>
<u>East Haven Nursing And Rehabilitation Center</u>	\$442,254	<u>10/01/2022 – 03/31/2023</u>
	\$884,508	<u>04/01/2023 – 03/31/2024</u>
	\$884,508	<u>04/01/2024 – 03/31/2025</u>
<u>Eastchester Rehabilitation and Health Care Center</u>	\$405,141	<u>10/01/2022 – 03/31/2023</u>
	\$810,282	<u>04/01/2023 – 03/31/2024</u>
	\$810,282	<u>04/01/2024 – 03/31/2025</u>
<u>Eger Health Care and Rehabilitation Center</u>	\$649,561	<u>10/01/2022 – 03/31/2023</u>
	\$1,299,121	<u>04/01/2023 – 03/31/2024</u>
	\$1,299,121	<u>04/01/2024 – 03/31/2025</u>
<u>Emerge Nursing and Rehabilitation at Glen Cove</u>	\$62,268	<u>10/01/2022 – 03/31/2023</u>
	\$124,536	<u>04/01/2023 – 03/31/2024</u>
	\$124,536	<u>04/01/2024 – 03/31/2025</u>
<u>Excel at Woodbury for Rehabilitation and Nursing LLC</u>	\$68,776	<u>10/01/2022 – 03/31/2023</u>
	\$137,554	<u>04/01/2023 – 03/31/2024</u>
	\$137,554	<u>04/01/2024 – 03/31/2025</u>

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

**Nursing Homes (continued)**

<b>Provider Name</b>	<b>Gross Medicaid Lump Sum Adjustment</b>	<b>Effective Dates</b>
<u>Ferncliff Nursing Home Co Inc</u>	<u>\$734,365</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,468,732</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,468,732</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Fordham Nursing and Rehabilitation Center</u>	<u>\$535,833</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,071,666</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,071,666</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Fort Tryon Center for Rehabilitation and Nursing</u>	<u>\$465,695</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$931,388</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$931,388</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Friedwald Center for Rehabilitation &amp; Nursing LLC</u>	<u>\$280,662</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$561,324</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$561,324</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Fulton Commons Care Center Inc</u>	<u>\$319,621</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$639,244</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$639,244</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Glen Arden Inc</u>	<u>\$5,212</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$10,423</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$10,423</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Glen Island Center for Nursing and Rehabilitation</u>	<u>\$380,856</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$761,712</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$761,712</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hamilton Park Nursing and Rehabilitation Center</u>	<u>\$290,051</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$580,103</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$580,103</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Haven Manor Health Care Center LLC</u>	<u>\$572,511</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,145,022</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,145,022</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hebrew Home For The Aged At Riverdale</u>	<u>\$1,529,521</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$3,059,044</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$3,059,044</u>	<u>04/01/2024 – 03/31/2025</u>

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

**Nursing Homes (continued)**

<b>Provider Name</b>	<b>Gross Medicaid Lump Sum Adjustment</b>	<b>Effective Dates</b>
<u>Hempstead Park Nursing Home</u>	<u>\$575,719</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,151,440</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,151,440</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hilaire Rehab &amp; Nursing</u>	<u>\$94,499</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$188,996</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$188,996</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hollis Park Manor Nursing</u>	<u>\$161,419</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$322,840</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$322,840</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Hudson Pointe at Riverdale Center for Nursing and Rehabilitation</u>	<u>\$359,090</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$718,181</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$718,181</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Incarnation Children's Center</u>	<u>\$43,399</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$86,800</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$86,800</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Isabella Geriatric Center Inc</u>	<u>\$1,388,054</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,776,109</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,776,109</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Jamaica Hospital Nursing Home Co Inc</u>	<u>\$394,858</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$789,715</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$789,715</u>	<u>04/01/2024 – 03/31/2025</u>
<u>King David Center for Nursing and Rehabilitation</u>	<u>\$486,417</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$972,834</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$972,834</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Lawrence Nursing Care Center Inc</u>	<u>\$467,196</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$934,392</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$934,392</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Livingston Hills Nursing and Rehabilitation Center</u>	<u>\$245,872</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$491,743</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$491,743</u>	<u>04/01/2024 – 03/31/2025</u>

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

**Nursing Homes (continued)**

<b>Provider Name</b>	<b>Gross Medicaid Lump Sum Adjustment</b>	<b>Effective Dates</b>
<u>Lynbrook Restorative Therapy and Nursing</u>	\$45,451	<u>10/01/2022 – 03/31/2023</u>
	\$90,904	<u>04/01/2023 – 03/31/2024</u>
	\$90,904	<u>04/01/2024 – 03/31/2025</u>
<u>Mary Manning Walsh Nursing Home Co Inc</u>	\$450,725	<u>10/01/2022 – 03/31/2023</u>
	\$901,448	<u>04/01/2023 – 03/31/2024</u>
	\$901,448	<u>04/01/2024 – 03/31/2025</u>
<u>Mayfair Care Center</u>	\$283,880	<u>10/01/2022 – 03/31/2023</u>
	\$567,760	<u>04/01/2023 – 03/31/2024</u>
	\$567,760	<u>04/01/2024 – 03/31/2025</u>
<u>Menorah Home &amp; Hospital for Aged &amp; Infirm</u>	\$743,853	<u>10/01/2022 – 03/31/2023</u>
	\$1,487,706	<u>04/01/2023 – 03/31/2024</u>
	\$1,487,706	<u>04/01/2024 – 03/31/2025</u>
<u>Methodist Home For Nursing and Rehabilitation</u>	\$138,653	<u>10/01/2022 – 03/31/2023</u>
	\$277,306	<u>04/01/2023 – 03/31/2024</u>
	\$277,306	<u>04/01/2024 – 03/31/2025</u>
<u>Midway Nursing Home</u>	\$270,699	<u>10/01/2022 – 03/31/2023</u>
	\$541,398	<u>04/01/2023 – 03/31/2024</u>
	\$541,398	<u>04/01/2024 – 03/31/2025</u>
<u>Montgomery Nursing and Rehabilitation Center</u>	\$137,364	<u>10/01/2022 – 03/31/2023</u>
	\$274,728	<u>04/01/2023 – 03/31/2024</u>
	\$274,728	<u>04/01/2024 – 03/31/2025</u>
<u>Mosholu Parkway Nursing and Rehabilitation Center</u>	\$264,978	<u>10/01/2022 – 03/31/2023</u>
	\$529,956	<u>04/01/2023 – 03/31/2024</u>
	\$529,956	<u>04/01/2024 – 03/31/2025</u>
<u>New Carlton Rehab and Nursing Center LLC</u>	\$301,410	<u>10/01/2022 – 03/31/2023</u>
	\$602,820	<u>04/01/2023 – 03/31/2024</u>
	\$602,820	<u>04/01/2024 – 03/31/2025</u>
<u>New York Congregational Nursing Center Inc</u>	\$368,545	<u>10/01/2022 – 03/31/2023</u>
	\$737,090	<u>04/01/2023 – 03/31/2024</u>
	\$737,090	<u>04/01/2024 – 03/31/2025</u>

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

**Nursing Homes (continued)**

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>North Westchester Restorative Therapy and Nursing</u>	<u>\$94,900</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$189,800</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$189,800</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Northern Manor Geriatric Center Inc</u>	<u>\$516,661</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,033,321</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,033,321</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Northern Metropolitan Residential Health Care Facility Inc</u>	<u>\$230,163</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$460,326</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$460,326</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Norwegian Christian Home and Health Center</u>	<u>\$247,981</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$495,962</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$495,962</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Oasis Rehabilitation and Nursing LLC</u>	<u>\$65,715</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$131,430</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$131,430</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Parker Jewish Institute for Health Care and Rehabilitation</u>	<u>\$907,784</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,815,569</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,815,569</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Pelham Parkway Nursing and Rehabilitation Facility</u>	<u>\$451,766</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$903,533</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$903,533</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Peninsula Nursing and Rehabilitation Center</u>	<u>\$429,082</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$858,163</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$858,163</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Providence Rest</u>	<u>\$331,793</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$663,587</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$663,587</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Putnam Nursing &amp; Rehabilitation Center</u>	<u>\$215,661</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$431,322</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$431,322</u>	<u>04/01/2024 – 03/31/2025</u>

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

**Nursing Homes (continued)**

<b>Provider Name</b>	<b>Gross Medicaid Lump Sum Adjustment</b>	<b>Effective Dates</b>
<u>Regal Heights Rehabilitation and Health Care Center</u>	\$538,566	10/01/2022 – 03/31/2023
	\$1,077,132	04/01/2023 – 03/31/2024
	\$1,077,132	04/01/2024 – 03/31/2025
<u>Rego Park Nursing Home</u>	\$369,604	10/01/2022 – 03/31/2023
	\$739,208	04/01/2023 – 03/31/2024
	\$739,208	04/01/2024 – 03/31/2025
<u>Resort Nursing Home</u>	\$500,123	10/01/2022 – 03/31/2023
	\$1,000,247	04/01/2023 – 03/31/2024
	\$1,000,247	04/01/2024 – 03/31/2025
<u>Rockaway Care Center</u>	\$470,692	10/01/2022 – 03/31/2023
	\$941,384	04/01/2023 – 03/31/2024
	\$941,384	04/01/2024 – 03/31/2025
<u>Ross Center for Nursing and Rehabilitation</u>	\$242,778	10/01/2022 – 03/31/2023
	\$485,556	04/01/2023 – 03/31/2024
	\$485,556	04/01/2024 – 03/31/2025
<u>Rutland Nursing Home Co Inc</u>	\$1,098,905	10/01/2022 – 03/31/2023
	\$2,197,811	04/01/2023 – 03/31/2024
	\$2,197,811	04/01/2024 – 03/31/2025
<u>Saint Mary's Episcopal Center</u>	\$97,715	10/01/2022 – 03/31/2023
	\$195,431	04/01/2023 – 03/31/2024
	\$195,431	04/01/2024 – 03/31/2025
<u>Saints Joachim &amp; Anne Nursing and Rehabilitation Center</u>	\$346,697	10/01/2022 – 03/31/2023
	\$693,395	04/01/2023 – 03/31/2024
	\$693,395	04/01/2024 – 03/31/2025
<u>San Simeon by the Sound Center for Nursing and Rehabilitation &amp; Adult Day Health Care</u>	\$181,191	10/01/2022 – 03/31/2023
	\$362,382	04/01/2023 – 03/31/2024
	\$362,382	04/01/2024 – 03/31/2025
<u>Sands Point Center For Health And Rehabilitation</u>	\$263,714	10/01/2022 – 03/31/2023
	\$527,429	04/01/2023 – 03/31/2024
	\$527,429	04/01/2024 – 03/31/2025

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

**Nursing Homes (continued)**

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Schervier Nursing Care Center</u>	\$737,640	10/01/2022 – 03/31/2023
	\$1,475,280	04/01/2023 – 03/31/2024
	\$1,475,280	04/01/2024 – 03/31/2025
<u>Schulman and Schachne Institute for Nursing and Rehabilitation</u>	\$999,335	10/01/2022 – 03/31/2023
	\$1,998,671	04/01/2023 – 03/31/2024
	\$1,998,671	04/01/2024 – 03/31/2025
<u>Sea Crest Nursing and Rehabilitation Center</u>	\$483,085	10/01/2022 – 03/31/2023
	\$966,170	04/01/2023 – 03/31/2024
	\$966,170	04/01/2024 – 03/31/2025
<u>Shore View Nursing &amp; Rehabilitation Center</u>	\$478,538	10/01/2022 – 03/31/2023
	\$957,077	04/01/2023 – 03/31/2024
	\$957,077	04/01/2024 – 03/31/2025
<u>Silver Lake Specialized Rehabilitation and Care Center</u>	\$491,317	10/01/2022 – 03/31/2023
	\$982,634	04/01/2023 – 03/31/2024
	\$982,634	04/01/2024 – 03/31/2025
<u>Silvercrest</u>	\$675,290	10/01/2022 – 03/31/2023
	\$1,350,580	04/01/2023 – 03/31/2024
	\$1,350,580	04/01/2024 – 03/31/2025
<u>South Shore Rehabilitation and Nursing Center</u>	\$127,475	10/01/2022 – 03/31/2023
	\$254,950	04/01/2023 – 03/31/2024
	\$254,950	04/01/2024 – 03/31/2025
<u>Split Rock Rehabilitation and Health Care Center</u>	\$589,681	10/01/2022 – 03/31/2023
	\$1,179,361	04/01/2023 – 03/31/2024
	\$1,179,361	04/01/2024 – 03/31/2025
<u>St Cabrini Nursing Home</u>	\$605,012	10/01/2022 – 03/31/2023
	\$1,210,024	04/01/2023 – 03/31/2024
	\$1,210,024	04/01/2024 – 03/31/2025
<u>St Patricks Home</u>	\$462,551	10/01/2022 – 03/31/2023
	\$925,102	04/01/2023 – 03/31/2024
	\$925,102	04/01/2024 – 03/31/2025

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New York  
47(aa)(3.11)

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

**Nursing Homes (continued)**

<b>Provider Name</b>	<b>Gross Medicaid Lump Sum Adjustment</b>	<b>Effective Dates</b>
<u>St Vincent Depaul Residence</u>	<u>\$240,488</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$480,976</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$480,976</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sunharbor Manor</u>	<u>\$257,444</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$514,888</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$514,888</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sunrise Manor Center for Nursing and Rehabilitation</u>	<u>\$156,938</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$313,877</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$313,877</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Sutton Park Center for Nursing and Rehabilitation</u>	<u>\$236,598</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$473,196</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$473,196</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Tarrytown Hall Care Center</u>	<u>\$203,539</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$407,078</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$407,078</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Terence Cardinal Cooke Health Care Ctr</u>	<u>\$1,311,391</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,622,781</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,622,781</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Citadel Rehab and Nursing Center at Kingsbridge</u>	<u>\$818,252</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,636,504</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,636,504</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Emerald Peek Rehabilitation and Nursing Center</u>	<u>\$158,711</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$317,423</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$317,423</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The Five Towns Premier Rehabilitation &amp; Nursing Center</u>	<u>\$442,673</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$885,346</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$885,346</u>	<u>04/01/2024 – 03/31/2025</u>
<u>The New Jewish Home, Manhattan</u>	<u>\$1,019,583</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$2,039,166</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$2,039,166</u>	<u>04/01/2024 – 03/31/2025</u>

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**New York  
47(aa)(3.12)**

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

**Nursing Homes (continued)**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Lump Sum Adjustment</u></b>	<b><u>Effective Dates</u></b>
<u>The New Jewish Home, Sarah Neuman</u>	\$587,161	<u>10/01/2022 – 03/31/2023</u>
	\$1,174,322	<u>04/01/2023 – 03/31/2024</u>
	\$1,174,322	<u>04/01/2024 – 03/31/2025</u>
<u>The Phoenix Rehabilitation and Nursing Center</u>	\$710,187	<u>10/01/2022 – 03/31/2023</u>
	\$1,420,374	<u>04/01/2023 – 03/31/2024</u>
	\$1,420,374	<u>04/01/2024 – 03/31/2025</u>
<u>The Plaza Rehab and Nursing Center</u>	\$1,578,142	<u>10/01/2022 – 03/31/2023</u>
	\$3,156,283	<u>04/01/2023 – 03/31/2024</u>
	\$3,156,283	<u>04/01/2024 – 03/31/2025</u>
<u>The Wartburg Home</u>	\$245,708	<u>10/01/2022 – 03/31/2023</u>
	\$491,416	<u>04/01/2023 – 03/31/2024</u>
	\$491,416	<u>04/01/2024 – 03/31/2025</u>
<u>The Willows at Ramapo Rehabilitation and Nursing Center</u>	\$328,773	<u>10/01/2022 – 03/31/2023</u>
	\$657,546	<u>04/01/2023 – 03/31/2024</u>
	\$657,546	<u>04/01/2024 – 03/31/2025</u>
<u>Tolstoy Foundation Nursing Home Co Inc</u>	\$152,704	<u>10/01/2022 – 03/31/2023</u>
	\$305,407	<u>04/01/2023 – 03/31/2024</u>
	\$305,407	<u>04/01/2024 – 03/31/2025</u>
<u>United Hebrew Geriatric Center</u>	\$579,380	<u>10/01/2022 – 03/31/2023</u>
	\$1,158,761	<u>04/01/2023 – 03/31/2024</u>
	\$1,158,761	<u>04/01/2024 – 03/31/2025</u>
<u>Upper East Side Rehabilitation and Nursing Center</u>	\$601,367	<u>10/01/2022 – 03/31/2023</u>
	\$1,202,735	<u>04/01/2023 – 03/31/2024</u>
	\$1,202,735	<u>04/01/2024 – 03/31/2025</u>
<u>Verrazano Nursing Home</u>	\$252,881	<u>10/01/2022 – 03/31/2023</u>
	\$505,762	<u>04/01/2023 – 03/31/2024</u>
	\$505,762	<u>04/01/2024 – 03/31/2025</u>
<u>Villagecare Rehabilitation and Nursing Center</u>	\$26,042	<u>10/01/2022 – 03/31/2023</u>
	\$52,083	<u>04/01/2023 – 03/31/2024</u>
	\$52,083	<u>04/01/2024 – 03/31/2025</u>

**TN #22-0084** \_\_\_\_\_

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**Effective Date** October 1, 2022

New York  
47(aa)(3.13)

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

**Nursing Homes (continued)**

<u>Provider Name</u>	<u>Gross Medicaid Lump Sum Adjustment</u>	<u>Effective Dates</u>
<u>Waterview Nursing Care Center</u>	<u>\$410,057</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$820,115</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$820,115</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wayne Center For Nursing and Rehabilitation</u>	<u>\$564,230</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,128,459</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,128,459</u>	<u>04/01/2024 – 03/31/2025</u>
<u>White Oaks Rehabilitation and Nursing Center</u>	<u>\$293,868</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$587,736</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$587,736</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wingate at Beacon</u>	<u>\$184,892</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$369,785</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$369,785</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wingate of Dutchess</u>	<u>\$221,841</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$443,682</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$443,682</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Wingate of Ulster</u>	<u>\$134,311</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$268,622</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$268,622</u>	<u>04/01/2024 – 03/31/2025</u>
<u>Workmens Circle Multicare Center</u>	<u>\$961,730</u>	<u>10/01/2022 – 03/31/2023</u>
	<u>\$1,923,461</u>	<u>04/01/2023 – 03/31/2024</u>
	<u>\$1,923,461</u>	<u>04/01/2024 – 03/31/2025</u>

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New York  
110(d)(29.1)

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

**Nursing Home Advanced Training Incentive Payments (cont'd)**

Excluded Facilities are:

- Hospital based nursing facilities; and
- Nursing Facilities that have been approved to receive Vital Access Provider (VAP) payments during the same state fiscal year the incentive payment is available.
  - However, facilities that are receiving VAP funds only through Attachment 4.19-D, "Temporary Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Nursing Homes Workforce" would be eligible for the Nursing Home Advanced Training Incentive payments.

Calculation Statewide Median and Staff Retention Percentage: Data from Schedule P (Staff Turnover) of the most recently filed Cost Report will be used to measure staff turnover and retention rates for direct care staff. The cost report two years prior to the payment year, ~~shall~~ will be used for this calculation. The staff retention percentage will be equal to the number of employees retained as of December 31, who were employed on January 1 of the same year by the number of staff as of January 1 of that year.

$$(\# \text{ of Employees Retained as of December 31, 20XX, who were Employed on January 1, 20XX}) = \text{Staff Retention \% divided by } (\# \text{ of Staff as of January 1, 20XX})$$

XX =cost report two years prior to the payment year.

A statewide staff retention median was derived by sorting the provider percentages from high to low and selecting the percentage in the middle of the range.

**Restorative (Intensive) Care in a Nursing Home**

Effective December 1, 2016 NYSDOH will implement a Restorative Care Unit Program to reduce hospital admissions and readmissions from residential health care facilities through the establishment of restorative care units. These restorative care units will provide higher-intensity treatment services to residents who are at risk of hospitalization upon an acute change in condition and seeks to improve the capacity of nursing facilities to identify and treat higher acuity patients with multiple co-morbidities as effectively as possible in place, rather than through admission to an acute care facility. Eligible facilities are required to institute new programs through which residents normally transported to hospital will be cared for in the nursing facility through the use of more intensive nursing home units.

The targeted population receiving restorative care unit services are participating in the restorative care program, post hospital admission and have an overall goal of discharging to the community.

Rate payments will be provided, semi-annually, to eligible residential health care facilities which meet the criteria of providing intensive treatments to nursing home residents in the facility and thereby avoid hospitalization. The rate adjustment is intended to:

TN #22-0084  
Supersedes TN #20-0030

Approval Date \_\_\_\_\_  
Effective Date October 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 in accordance with §2826 of New York Public Health Law.

The following changes are proposed:

**Long Term Care Services**

The following is a clarification to the September 28, 2022, noticed provision for the Nursing Home Vital Access Provider program which will be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$51 million. Medicaid expenditures attributable to state fiscal year 2023/2024 and 2024/2025 are \$102 million each.

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



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

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

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

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

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

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

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

New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave  
One Commerce Plaza  
Suite 1432  
Albany, New York 12210  
[spa\\_inquiries@health.ny.gov](mailto: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**

The following is a clarification to the June 29, 2022, noticed provision for Home Care Wage increase.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$41.3 million.

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

**PUBLIC NOTICE**

**Department of Health**

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

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

**Long Term Care Services**

Effective on or after October 1, 2022, a Nursing Home Vital Access Provider program shall be instituted to support ongoing workforce challenges in order to provide stronger staff continuity and quality of care to residents. Eligible facilities must demonstrate both financial challenges and participation in a comprehensive health, retirement and training benefit fund.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$85 million.

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

**PUBLIC NOTICE**

**Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services consistent with New York State Mental Hygiene Laws § 7.15 and § 43.02. The following changes are proposed:

**Non-Institutional Services**

Effective on or after October 1, 2022, the New York State Office of Mental Health will amend the New York Medicaid State Plan for rehabilitation services provided in Community Residence (CR) programs. The amendments are intended to codify and comprehensively describe existing service coverage, eligibility and reimbursement standards.

There is no estimated 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](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

**SUMMARY**  
**SPA #22-0087**

This State Plan Amendment proposes to decrease the administrative burden on enrolled fee-for-service Medicaid members and providers but will continue to meet the federal regulatory requirements at 42 CFR Part 456, Subparts A and B. This will be accomplished through continued utilization monitoring in a post-payment review process, with referral to the Office of Health Insurance Program (OHIP) pre-payment Provider on Review Program, and to the Office of the Medicaid Inspector General (OMIG) where suspected fraud, waste or abuse are identified in the unnecessary or inappropriate use of care, services or supplies by members or providers. The monitoring of service utilization will move from a prospective to a retrospective function and remove the requirement for provider-submitted increase requests, thereby eliminating the current administrative burden to members and providers of requesting increases to benefit limits. This should also remove confusion caused for members and providers which should result in fewer complaints.

DRAFT





**New York  
6**

Clinic Services

9.

Services will be provided in accordance with the utilization **threshold review** requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such **threshold review** requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. ~~The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.~~

DRAFT

TN #22-0087

Supersedes TN #20-0066

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

Effective Date October 1, 2022

New York  
5

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

In addition to the limitations specified on pages 1 through 4 regarding services, the following limitations also apply to the noted services:

2a; 2b; 2c; 2d; 2j;

Services will be provided in accordance with the utilization ~~threshold~~ review requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such ~~threshold~~ review requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. ~~The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.~~

~~3.~~ Laboratory Services

Services will be provided in accordance with the utilization ~~threshold~~ review requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Laboratory Provider Manual. Such ~~threshold~~ review requirements are applicable to specific provider service types including laboratories. ~~The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.~~

~~5.~~ Physician Services

Services will be provided in accordance with the utilization ~~threshold~~ review requirements described in departmental regulations, which are based on medical necessity and identified for providers in the MMIS Physician Provider Manual. Such ~~threshold~~ review requirements are applicable to specific provider service types including physicians, for services furnished in the office or patient's home. ~~The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.~~

TN #22-0087

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

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Effective Date October 1, 2022

**New York  
5(a)**

A utilization **threshold** review service is decremented each time a patient is seen by a physician including those times when the patient is seen by a physician and an electronic prescription/ fiscal order is transmitted for medically necessary pharmaceuticals and select over the counter medications.

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TN #22-0087 Approval Date \_\_\_\_\_  
Supersedes TN #09-53 Effective Date October 1, 2022



New York  
6

Clinic Services

9. Services will be provided in accordance with the utilization ~~threshold~~ review requirements described in departmental regulations which are based on medical necessity and identified for providers in the MMIS Clinic Provider Manual. Such ~~threshold~~ review requirements are applicable to specific provider service types including adult day health services, medical clinics, dental clinics, and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. ~~The requirements mandate that providers obtain prior authorization based on medical necessity for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.~~

DRAFT

TN #22-0087

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

### **PUBLIC NOTICE**

#### **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with recently enacted statutory provisions in § 365-g of the Social Services Law with regards to certain prospective utilization thresholds.

The following changes are proposed:

#### **Non-Institutional Services**

Effective on or after October 1, 2022, this notice proposes to decrease an administrative burden on enrolled fee-for-service Medicaid members and providers by eliminating the requirement for provider submitted benefit increase requests for certain services. The current regulatory thresholds established pursuant to the statutory authority of § 365-g are physician and clinic services (excluding anesthesiology and psychiatric services, mental health clinic services; and article 28 ambulatory clinic services ordered to test, diagnose, or treat a member); laboratory services, and dental clinic services. This proposal does not affect drug utilization review. The Department will continue to meet the federal regulatory requirements at 42 CFR Part 456, Subparts A and B, through continued utilization monitoring, in a post-payment review process, with referral to the Department's pre-payment Provider on Review Program, and to the Office of the Medicaid Inspector General (OMIG) where suspected fraud, waste or abuse are identified in the unnecessary or inappropriate use of care, services or supplies by members or providers.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is (\$23,100).

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

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

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

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

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

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

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

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

### **PUBLIC NOTICE**

#### **Department of Health**

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

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

#### **Non-Institutional Services**

State established rates for state-plan approved Children and Family Treatment and Support Services (CFTSS) will continue the additional 25 percent enhancement initially authorized as a temporary increase under provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARPA). Effective on or after October 1, 2022, the following CFTSS rate enhancements will continue under the state-plan: Other Licensed Practitioners (OLP), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Youth Peer Support (YPS), Crisis Intervention (CI) and Family Peer Support Services (FPSS).

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for CFTSS services is \$1,167,032.

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](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 non-institutional services to comply with 1945 of the Social Security Act and other enacted statutory provisions. The following changes are proposed:

#### **Non-Institutional Services**

Effective on or after October 1, 2022, the proposed amendment adds an annual assessment fee to the Health Home program to ensure that any child eligible for Home and Community-Based Services (HCBS) under a waiver, demonstration, or State Plan authority will be

**SUMMARY**  
**SPA #22-0088**

This State Plan Amendment proposes to add an assessment fee to the Health Home program to ensure that any child who may be in need of Home and Community-Based Services (HCBS) under a waiver, demonstration or State Plan authority will be eligible to receive an HCBS assessment under the Health Home program.

DRAFT

[Records](#) / [Submission Packages - Your State](#)

# NY - Submission Package - NY2022MS0020D - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2022MS0020D	<b>Submission Type</b>	Draft
<b>Program Name</b>	NYS Health Home Program	<b>State</b>	NY
<b>Version Number</b>	1	<b>Region</b>	New York, NY
		<b>Package Status</b>	Pending

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

#### Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to add an assessment fee to the Health Home program to ensure that any child who may be eligible for Home and Community-Based Services (HCBS) under the Children's Waiver, demonstration or State Plan authority will be eligible to receive an HCBS assessment under the Health Home program

#### Federal Budget Impact and Statute/Regulation Citation

##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$1000000
Second	2024	\$1000000

##### Federal Statute / Regulation Citation

§ 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (22-0088)	11/14/2022 4:28 PM EST	

DRAFT

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

### Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

CMS-10434 OMB 0938-1188

**The submission includes the following:**

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

**Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.**

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

NYS Health Home Program

## Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

\*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Submission Package
<input type="checkbox"/>	Health Homes Intro	( APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	( APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	( APPROVED
<input type="checkbox"/>	Health Homes Providers	( APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	( APPROVED
<input type="checkbox"/>	Health Homes Payment Methodologies	( APPROVED
<input type="checkbox"/>	Health Homes Services	( APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	( APPROVED

**1 - 8 of 8**

1945A Health Home Program



# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header


<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Name of Health Homes Program

NYS Health Home Program

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

### Upload copies of public notices and other documents used

Name	Date Created	
FPN-NYS Register (9-28-22)(22-0088)	11/9/2022 2:30 PM EST	

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**Name of Health Homes Program:**

NYS Health Home Program

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

DRAFT

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SAMHSA Consultation

### Name of Health Homes Program

NYS Health Home Program

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

<b>Date of consultation</b>
11/20/2014

DRAFT

# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	System-Derived		

## Program Authority

1945 of the Social Security Act

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

### Name of Health Homes Program

NYS Health Home Program

## Executive Summary

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

Summary description including goals and objectives

New state plan amendment supersedes transmittal# 21-0072

Transmittal# 22-0088

Part I: Summary of new State Plan Amendment (SPA) #22-0088

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to add an assessment fee to the Health Home program to ensure that any child who may be eligible for Home and Community Based Services (HCBS) under the Children's Waiver, demonstration, or State Plan authority will be eligible to receive an HCBS assessment under the Health Home program.

## General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

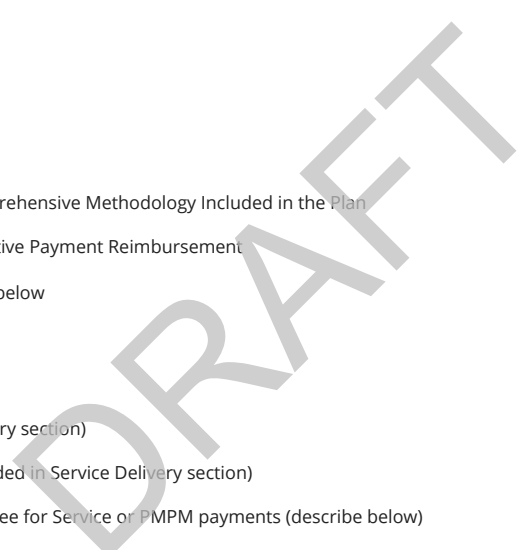
<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	User-Entered		

## Payment Methodology

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

- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Fee for Service Rates based on
    - Severity of each individual's chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement
  - Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** see text below
- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

**Describe below**  
see text box below regarding rates



# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	User-Entered		

## Agency Rates

### Describe the rates used

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

### Effective Date

4/1/2022

### Website where rates are displayed

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/billing/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/index.htm)

DRAFT

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

### Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	User-Entered		

### Rate Development

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

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

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

#### Provider Type

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

#### Care Management Fee:

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

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

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

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

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

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_rates\\_eective\\_october\\_2017.xlsx](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.xlsx)

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

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_rates\\_eective\\_october\\_2017.xlsx](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.xlsx)

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

[https://health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/billing/docs/hh\\_rates\\_effective\\_october\\_2018.xlsx](https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018.xlsx)

8.xlsx

State Health Home Rates and Rate Codes Effective July 1, 2020, can be found at:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/billing/hh\\_rates\\_effective\\_july\\_2020.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm)

#### Population Case Mix Definitions for Health Home Adult Rates

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

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

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

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

Effective July 1, 2020, the PMPM for case finding will be reduced to \$0 as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above.

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

#### Managed Care Considerations:

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

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

- The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks to include additional State designated health home providers to ensure appropriate access.
- Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes.
- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its' network.

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

#### Targeted Case Management (TCM) Conversion Considerations:

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid



their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

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

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

Children's Transitional Rates

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

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$948.00	\$992.00	SED (L)	\$1,173.00	\$1,232.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$723.00	\$753.00	SED (M)	\$1,173.00	\$1,232.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$423.00	\$433.00	SED (H)	\$1,173.00	\$1,232.00

July 1, 2019 through December 31, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$711.00	\$744.00	SED (L)	\$936.00	\$984.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$542.00	\$565.00	SED (M)	\$992.00	\$1,044.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$317.00	\$325.00	SED (H)	\$1,067.00	\$1,124.00

January 1, 2020 through June 30, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$474.00	\$496.00	SED (L)	\$699.00	\$736.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$362.00	\$377.00	SED (M)	\$812.00	\$856.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$212.00	\$217.00	SED (H)	\$962.00	\$1,016.00

July 1, 2020 through December 31, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$237.00	\$248.00	SED (L)	\$462.00	\$488.00
1870: Medium	\$450.00	\$479.00	7925: SED (M)	\$181.00	\$188.00	SED (M)	\$631.00	\$667.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$106.00	\$108.00	SED (H)	\$856.00	\$907.00

January 1, 2019 through June 30, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$925.00	\$960.00	B2H (L)	\$1,150.00	\$1,200.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$700.00	\$721.00	B2H (M)	\$1,150.00	\$1,200.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$400.00	\$401.00	B2H (H)	\$1,150.00	\$1,200.00

July 1, 2019 through December 31, 2019

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$694.00	\$720.00	B2H (L)	\$919.00	\$960.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$525.00	\$541.00	B2H (M)	\$975.00	\$1,020.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$300.00	\$301.00	B2H (H)	\$1,050.00	\$1,100.00

January 1, 2020 through June 30, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$463.00	\$480.00	B2H (L)	\$688.00	\$720.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$350.00	\$361.00	B2H (M)	\$800.00	\$840.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$200.00	\$201.00	B2H (H)	\$950.00	\$1,000.00

July 1, 2020 through December 31, 2020

Health Home	Add-On		Transitional Rate					
	Upstate	Downstate	Upstate	Downstate	Upstate	Downstate		
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$231.00	\$240.00	B2H (L)	\$456.00	\$480.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$175.00	\$180.00	B2H (M)	\$625.00	\$659.00

1871: High \$750.00 \$799.00 8000: B2H (H) \$100.00 \$100.00 B2H (H) \$850.00 \$899.00

Enhanced FMAP from Section 9817 of the American Rescue Plan Act of 2021 will be utilized to fund an assessment fee from April 1, 2021 until March 31, 2024, in accordance with the ARPA spending plan, at which time regular FMAP will be utilized for the continuation of the fee.

Effective October 1, 2022, Children's Health Homes may receive an assessment fee to ensure that any child who may be eligible for Home and Community-Based Services (HCBS) under the Children's Waiver, demonstration or State Plan authority will be eligible

to receive a timely HCBS assessment under the Health Home program. The HH HCBS assessment fee will compensate the HH for the costs associated with conduct of:

- Evaluation and/or re-evaluation of HCBS level of care;
- Assessment and/or reassessment of the need for HCBS;
- Inclusion of all aspects of an HCBS Plan of Care in the HH's Comprehensive Care Plan.

This fee will be paid in addition to the PMPM calculated above and is contingent upon the Health Home completing a timely and complete assessment.

DRAFT

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	User-Entered		

## Assurances

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

**Describe below how non-duplication of payment will be achieved** All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/rate\\_information.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/rate_information.htm).

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

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

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

## Optional Supporting Material Upload

Name	Date Created	
No items available		

DRAFT

# Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program

## Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	User-Entered		

## Service Definitions

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

### Comprehensive Care Management

#### Definition

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

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

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

Care managers are responsible for the development and maintenance of a comprehensive care plan including all aspects of an HCBS Plan of Care for children enrolled under the Children's Waiver.

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

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

#### Scope of service

#### The service can be provided by the following provider types

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

Other (specify)

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

**Care Coordination**

**Definition**

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

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

The health home provider will be required to develop and have policies, procedures and accountabilities (contractual agreements) in place, to support and define the roles and responsibilities for effective collaboration between primary care, specialist, behavioral health providers and community-based organizations. The health home providers policies and procedures will direct and incorporate successful collaboration through use of evidence-based referrals, follow-up consultations, and regular, scheduled case review meetings with all members of the interdisciplinary team. The health home provider will have the option of utilizing technology conferencing tools including audio, video and /or web deployed solutions when security protocols and precautions are in place to protect PHI to support care management/coordination activities.

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

Care managers are responsible for initiating the process to evaluate and/or re-evaluate the individual's HCBS level of care and to assess and/or reassess of the need for HCBS at least annually for children enrolled under the Children's Waiver.

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

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

**Scope of service**

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

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

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

**Health Promotion**

**Definition**

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

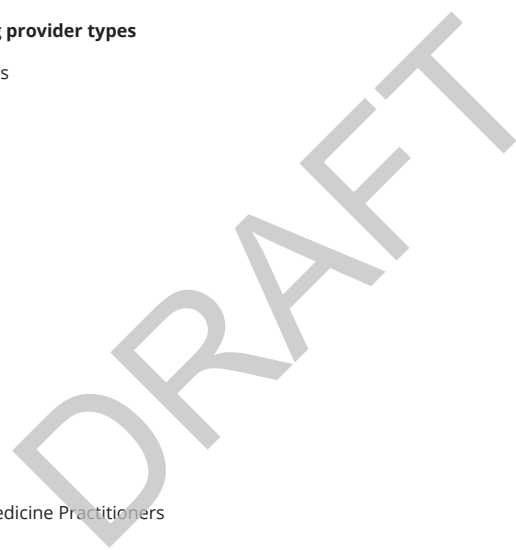
**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum**

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

**Scope of service**

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

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



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

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

**Definition**

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

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

The health home provider will be required to develop and have a systematic follow-up protocol in place to assure timely access to follow-up care post discharge

that includes at a minimum receipt of a summary care record from the discharging entity, medication reconciliation, and a plan for timely scheduled appointments at recommended outpatient providers.

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

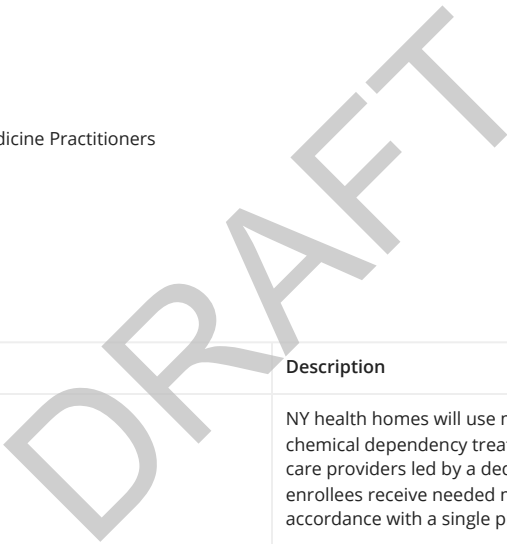
**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum**

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

**Scope of service**

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

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



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

**Individual and Family Support (which includes authorized representatives)**

**Definition**

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

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

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

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

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

**Scope of service**

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

- Behavioral Health Professionals or Specialists
- Nurse Practitioner

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

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

**Referral to Community and Social Support Services**

**Definition**

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

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

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

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

**Scope of service**

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

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



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

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## Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0020D | NYS Health Home Program


### Package Header

<b>Package ID</b>	NY2022MS0020D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0072		
	User-Entered		

### Health Homes Patient Flow

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

See NY Health Home Patient flow chart below

Name	Date Created	
<a href="#">NY Health Home Patient Flow Charts</a>	9/19/2016 3:56 PM EDT	

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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 11/18/2022 11:59 AM EST*

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with recently enacted statutory provisions in § 365-g of the Social Services Law with regards to certain prospective utilization thresholds.

The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2022, this notice proposes to decrease an administrative burden on enrolled fee-for-service Medicaid members and providers by eliminating the requirement for provider submitted benefit increase requests for certain services. The current regulatory thresholds established pursuant to the statutory authority of § 365-g are physician and clinic services (excluding anesthesiology and psychiatric services, mental health clinic services; and article 28 ambulatory clinic services ordered to test, diagnose, or treat a member); laboratory services, and dental clinic services. This proposal does not affect drug utilization review. The Department will continue to meet the federal regulatory requirements at 42 CFR Part 456, Subparts A and B, through continued utilization monitoring, in a post-payment review process, with referral to the Department's pre-payment Provider on Review Program, and to the Office of the Medicaid Inspector General (OMIG) where suspected fraud, waste or abuse are identified in the unnecessary or inappropriate use of care, services or supplies by members or providers.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is (\$23,100).

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

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

#### Non-Institutional Services

State established rates for state-plan approved Children and Family Treatment and Support Services (CFTSS) will continue the additional 25 percent enhancement initially authorized as a temporary increase under provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARPA). Effective on or after October 1, 2022, the following CFTSS rate enhancements will continue under the state-plan: Other Licensed Practitioners (OLP), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Youth Peer Support (YPS), Crisis Intervention (CI) and Family Peer Support Services (FPSS).

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for CFTSS services is \$1,167,032.

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 1945 of the Social Security Act and other enacted statutory provisions. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2022, the proposed amendment adds an annual assessment fee to the Health Home program to ensure that any child eligible for Home and Community-Based Services (HCBS) under a waiver, demonstration, or State Plan authority will be

eligible to receive an annual HCBS Eligibility Determination assessment under the Health Home program.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative is approximately \$2,000,000. All children receiving HCBS already receive care management under the existing authorities.

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](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](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

### New York State Homes and Community Renewal Plus One ADU Program

#### For the creation and improvement of Accessory Dwelling Units

##### Purpose

The Housing Trust Fund Corporation ("HTFC") as part of New York State Homes and Community Renewal ("HCR") invites eligible applicants to apply to administer the Plus One ADU Program, an initiative to create and improve Accessory Dwelling Units (ADUs). This RFP describes the purpose for which the available funds are to be used and the methodology for disbursing those funds.

Through this RFP, HTFC plans to make up to twenty million dollars (\$20,000,000) available to ten (10) eligible applicants for the administration of the Plus One ADU Program. As such, ten million dollars (\$10,000,000) shall be available to applicants within New York City and Long Island and ten million dollars (\$10,000,000) for the rest of the state. Eligible applicants are invited to submit applications for funding to cover grants to eligible homeowners and for the anticipated costs associated with program delivery.

Applications must be submitted via email to [NOFA\\_Applications@hcr.ny.gov](mailto:NOFA_Applications@hcr.ny.gov) no later than 3:00 PM (EST) on October 28, 2022. The initial contract shall be for two (2) years, with the potential for an extension depending on the need and at the discretion of HCR staff.

##### Program Overview

By working with units of local government and community development partners, Plus One ADU will provide a full-service program to

support low- and middle-income single-family homeowner occupants who wish to build a new ADU on their property or improve an existing ADUs that needs to be brought into compliance with local and state code requirements. Depending on the property and what the locality permits, ADUs may be small, stand-alone (detached) units on single-family lots, basement apartments, garage conversions, or other permitted units.

##### Background

The 2022-2023 NYS Capital Budget made available \$85,000,000 for the purposes of creating and upgrading accessory dwelling units across the state, as part of a five (5) year Housing Plan. Since each community's need for ADUs are different, HTFC is initially making funding available, to select awardees, with the aim of crafting community-specific programs for generating safe, quality ADUs. HCR anticipates subsequent opportunities for ADU funding.

##### Eligible Applicants

Competitive applications must include partnerships between a non-profit housing organization and a municipal or county government. Either the governmental or non-profit entity may serve in the role of the lead Applicant and the proposal should specify which entity is the lead.

##### Eligible Activities

Applicants selected by HTFC to administer the Plus One ADU Program (the "Awardees") will be expected to work with HCR staff to create a work plan, which shall include, pre-development activities, construction oversight and post construction monitoring.

##### 1. Pre-development Activities:

Awardees will identify low- and moderate-income homeowner occupants who wish to add an ADU to their property or make capital repairs to an existing ADU. In all cases, awardees will be required to cap participation of homeowners with household income of no more than one hundred percent (100%) AMI for the County or MSA, adjusted for family size and all ADUs must be permitted by the locality.

Awardees will establish standards for eligibility and perform assessments of potential homeowner participants to include current mortgage debt and affordability, building violation searches, documentation of good standing for any existing mortgages, and other due diligence to determine the likelihood that the homeowner participant will maintain the property in good financial and physical health.

Awardees will oversee the pre-development process including design, budgeting, permitting, environmental assessment, appraisals, and other required due diligence to secure funding from HTFC or other needed sources.

Awardees will secure the services of appropriate design professional(s). Each property must have plans and an identified scope, which complies with design standards approved by HCR staff.

Prior to the formal commitment or expenditure funds, the environmental effects of each program activity must be assessed in accordance with the State Environmental Quality Review Act ("SEQRA") at 6 NYCRR Part 617.

##### 2. Construction Oversight:

Awardees will oversee all aspects of the construction process from contractor bidding and selection, compliance with MWBE utilization standards, general construction oversight and coordination between property owners and contractors, preparation of payment requests and other essential activities to ensure efficient construction for each ADU.

##### 3. Post-Construction Monitoring:

Awardees are required to enter a Regulatory Agreement, and associated declining balance enforcement documents, with the participating homeowners for the Regulatory Period which shall not be less ten (10) years.

Compliance monitoring will include the collection of annual compliance certifications including confirmation that the ADU is being used as permanent housing rather than as a short-term rental, and site visits every two years to ensure appropriate property maintenance and quality housing standards, among other standards. The Awardee is expected to assist with the completion of the compliance documentation from homeowners as needed.

**SUMMARY**  
**SPA #22-0090**

This State Plan Amendment proposes to allow Article 29-I Health Facilities to be reimbursed for care and services provided by exempt practitioners as defined under State law who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting, working under the supervision of a professional licensed pursuant to Article 153 (psychologists), 154 (social workers) or 163 (mental health practitioners) of the State Education law.

DRAFT

New York  
3b-12.4

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.c. Preventive Services - 42 CFR 440.130(c)

The following explanations apply to all Preventive Residential Treatment (PRT) services for children under the age of 21:

EPSDT Preventive Attestations: The State assures that all preventive services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that preventive services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to PRT services under this State Plan and Other Limited Health Benefits:

- The State assures that the provision of PRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the PRT services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive PRT services, condition receipt of preventive residential services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these PRT services.
- Providers of PRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for PRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.
- Any individual, group of individuals or entity who meets the State's provider and practitioner qualifications ~~may~~ will enroll in Medicaid and furnish the services under the plan.

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, ~~or registered professional nurse,~~ or previously license exempt, unlicensed professionals who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting under the supervision of an appropriate licensed individual. ~~The-s~~ Services should prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. PRT delivers preventive services to address the health issues identified on the treatment plan.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends

New York  
3b-12.6

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education and operating within the scope of his or her practice as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW)-, or be a previously license exempt, unlicensed professional who was employed by an authorized setting as of June 24, 2022 and continues to work there or in another authorized setting under the supervision of an appropriate licensed individual.

- B. Nursing services and medication management – The PRT service must prevent disease, disability and other health conditions or their progression and will include twenty-four (24) hour medical availability when medically necessary. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:
- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
  - Routine screening for child abuse, drug abuse, and developmental milestones
  - Routine health management ordered during medical appointments, urgent/emergency care or hospitalization and training to prevent the progression of chronic diseases, such as diabetes and asthma
  - Training and health education including reproductive health education
  - Medical care for children on home visits, as medically necessary and monitoring of child healthcare needs, as medically necessary,
  - Educate caregivers on the medical needs of the child
  - Medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the PRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the PRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

- C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:
- Treatment Plan Development – A service coordinator within the agency providing PRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
  - Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care that the child ~~may~~ will receive at school.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends



New York  
3b-12.7

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

- Discharge Planning - The PRT must transition the child from PRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Service Coordination staff must be at least 21 years old, and have a high school diploma or equivalent certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse; or previously license exempt, unlicensed professional who was employed by an authorized setting as of June 24, 2022 and continues to work there or in another authorized setting under the supervision of an appropriate licensed individual.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing PRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and ~~may~~ will not be an Institute for Mental Disease (IMD). PRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing PRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

PRT services are provided according to an individualized person-centered treatment plan, which ~~may~~ will be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific preventive services.

An agency providing PRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the PRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

TN # 22-0090 Approval Date \_\_\_\_\_

Supersedes TN # 21-0003 Effective Date Day after PHE ends

New York  
3b-40

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

4.b. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued

13.d. Rehabilitative Services - 42 CFR 440.130(d)

The following explanations apply to all Rehabilitative Residential Treatment (RRT) services for children under the age of 21:

EPSDT Rehabilitative Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to RRT services under this State Plan and Other Limited Health Benefits:

- The State assures that the provision of RRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the RRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive RRT services, condition receipt of RRT services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these RRT services.
- Providers of RRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for RRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.
- Any individual, group of individuals or entity who meets the State's provider and practitioner qualifications ~~may~~ will enroll in Medicaid and furnish the services under the plan.

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse ~~, or previously license exempt, unlicensed professionals who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting under the supervision of an appropriate licensed individual.~~

The treatment includes the medical or remedial services listed below, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. RRT delivers rehabilitative services including psychiatric services, service coordination and skill-building. RRT must address the health issues identified on the treatment plan. Treatment will relate directly to restoring the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts or medically appropriate care).

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends

New York  
3b-42

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW) within the scope of his or her practice; or be a previously license exempt, unlicensed professional who was employed by an authorized setting as of June 24, 2022 and continues to work there or in another authorized setting under the supervision of an appropriate licensed individual.

B. Nursing services and medication management – The RRT service must provide medical care to meet the needs of children with monitoring and twenty-four (24) hour medical availability, when appropriate, medically necessary and relevant within their scope of practice. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:

- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for child abuse, drug abuse, and developmental milestones
- Routine health care management ordered during medical appointments, urgent/emergency care or hospitalization and training regarding chronic conditions, such as diabetes and asthma
- Training and health education including reproductive health education
- Medical care for children on home visits as medically necessary and monitor child healthcare needs, as medically necessary,
- Educate caregivers on the medical needs of the child,
- Medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the RRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the RRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:

- Treatment Plan Development – A service coordinator within the agency providing RRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
- Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care the child ~~may~~ will receive at school.

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Effective Date Day after PHE ends

New York  
3b-43

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

- Discharge Planning - The RRT must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse; or previously license exempt, unlicensed professionals who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting under the supervision of an appropriate licensed individual.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing RRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and ~~may~~ will not be an Institute for Mental Disease (IMD). RRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing RRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

RRT services are provided according to an individualized person-centered treatment plan, which ~~may~~ will be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitation services.

An agency providing RRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends

New York  
3b-12.4

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.c. Preventive Services - 42 CFR 440.130(c)

The following explanations apply to all Preventive Residential Treatment (PRT) services for children under the age of 21:

EPSDT Preventive Attestations: The State assures that all preventive services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that preventive services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to PRT services under this State Plan and Other Limited Health Benefits:

- The State assures that the provision of PRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the PRT services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive PRT services, condition receipt of preventive residential services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these PRT services.
- Providers of PRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for PRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.
- Any individual, group of individuals or entity who meets the State's provider and practitioner qualifications ~~may~~ will enroll in Medicaid and furnish the services under the plan.

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, ~~or registered professional nurse,~~ or previously license exempt, unlicensed professionals who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting under the supervision of an appropriate licensed individual. ~~The-s~~ Services should prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. PRT delivers preventive services to address the health issues identified on the treatment plan.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends



New York  
3b-12.6

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education and operating within the scope of his or her practice as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW)-, or be a previously license exempt, unlicensed professional who was employed by an authorized setting as of June 24, 2022 and continues to work there or in another authorized setting under the supervision of an appropriate licensed individual.

- B. Nursing services and medication management – The PRT service must prevent disease, disability and other health conditions or their progression and will include twenty-four (24) hour medical availability when medically necessary. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:
- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
  - Routine screening for child abuse, drug abuse, and developmental milestones
  - Routine health management ordered during medical appointments, urgent/emergency care or hospitalization and training to prevent the progression of chronic diseases, such as diabetes and asthma
  - Training and health education including reproductive health education
  - Medical care for children on home visits, as medically necessary and monitoring of child healthcare needs, as medically necessary,
  - Educate caregivers on the medical needs of the child
  - Medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the PRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the PRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

- C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:
- Treatment Plan Development – A service coordinator within the agency providing PRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
  - Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care that the child ~~may~~ will receive at school.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends

New York  
3b-12.7

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

- Discharge Planning - The PRT must transition the child from PRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Service Coordination staff must be at least 21 years old, and have a high school diploma or equivalent certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse; or previously license exempt, unlicensed professional who was employed by an authorized setting as of June 24, 2022 and continues to work there or in another authorized setting under the supervision of an appropriate licensed individual.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing PRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and ~~may~~ will not be an Institute for Mental Disease (IMD). PRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing PRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

PRT services are provided according to an individualized person-centered treatment plan, which ~~may~~ will be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific preventive services.

An agency providing PRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the PRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

TN # 22-0090 Approval Date \_\_\_\_\_

Supersedes TN # 21-0003 Effective Date Day after PHE ends

**New York  
3b-40**

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**4.b. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

13.d. Rehabilitative Services - 42 CFR 440.130(d)

The following explanations apply to all Rehabilitative Residential Treatment (RRT) services for children under the age of 21:

EPSDT Rehabilitative Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child. Medically necessary services will be furnished to those under age 21 without limitation in accordance with Section 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include any of the following:

- A. Educational, vocational and job training services;
- B. Room and board;
- C. Services to inmates in public institutions as defined in 42 CFR §435.1010;
- D. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- E. Recreational and social activities; and
- F. Services that must be covered elsewhere in the New York Medicaid State Plan.

Additional assurances related to RRT services under this State Plan and Other Limited Health Benefits:

- The State assures that the provision of RRT services will not restrict an individual's free choice of Medicaid providers.
- The State assures that the RRT services will not be used to restrict an individual's access to other services under the plan
- Individuals will not be compelled to receive RRT services, condition receipt of RRT services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of these RRT services.
- Providers of RRT services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.
- Payment for RRT services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.
- Any individual, group of individuals or entity who meets the State's provider and practitioner qualifications ~~may~~ will enroll in Medicaid and furnish the services under the plan.

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse ~~, or previously license exempt, unlicensed professionals who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting under the supervision of an appropriate licensed individual.~~

The treatment includes the medical or remedial services listed below, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level. RRT delivers rehabilitative services including psychiatric services, service coordination and skill-building. RRT must address the health issues identified on the treatment plan. Treatment will relate directly to restoring the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts or medically appropriate care).

**TN #** 22-0090

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

**Supersedes TN #** 21-0003

**Effective Date** Day after PHE ends



New York  
3b-42

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

Practitioner qualifications: Behavioral health counselors must be at least 21 years of age and licensed by the State of New York Department of Education as: Licensed Psychoanalyst, Licensed Clinical Social Worker (LCSW), Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist or Licensed Master Social Worker (LMSW) within the scope of his or her practice; or be a previously license exempt, unlicensed professional who was employed by an authorized setting as of June 24, 2022 and continues to work there or in another authorized setting under the supervision of an appropriate licensed individual.

- B. Nursing services and medication management – The RRT service must provide medical care to meet the needs of children with monitoring and twenty-four (24) hour medical availability, when appropriate, medically necessary and relevant within their scope of practice. Coverage for the cost of medications is under the Medicaid pharmacy authority in the State Plan. Components include:
- Nursing assessments, including: HIV risk assessments, intake assessments, general first aid and triage activities
  - Routine screening for child abuse, drug abuse, and developmental milestones
  - Routine health care management ordered during medical appointments, urgent/emergency care or hospitalization and training regarding chronic conditions, such as diabetes and asthma
  - Training and health education including reproductive health education
  - Medical care for children on home visits as medically necessary and monitor child healthcare needs, as medically necessary,
  - Educate caregivers on the medical needs of the child,
  - Medical care for children on community provider visits, as medically necessary.

Practitioner qualifications: Nursing services and medication management must be performed by an individual licensed by the State of New York Department of Education as a nurse practitioner or registered professional nurse within the scope of his or her practice. The nurse practitioner or registered professional nurse must be at least 21 years old. Prescribers must be available to prescribe medications and provide medical orders as necessary. Nursing services are provided within the RRT in the costs for the level of care. Nursing services do not substitute for Private Duty Nursing or Certified Home Health Aide Care in Foster Boarding Homes. Private Duty Nursing or Certified Home Health Aide Care continues to be available under EPSDT if the resources already in the RRT rate cannot meet the needs of an individual child. The State will prior authorize these services to ensure that there is no duplication of funding.

- C. Service Coordination including the development/implementation of the Treatment Plan and Discharge Planning – Components include:
- Treatment Plan Development – A service coordinator within the agency providing RRT must develop a treatment plan for the Medicaid services provided to the child by the agency. The treatment plan is developed under the supervision of a licensed practitioner.
  - Service Coordination - Service coordination entails the coordination of Medicaid-covered services in the community, including medical care the child ~~may~~ will receive at school.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends

New York  
3b-43

**1905(a)(4)(B) Nursing Facility Services & 1905(a)(13)(C) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

- Discharge Planning - The RRT must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of New York and must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse; or previously license exempt, unlicensed professionals who were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting under the supervision of an appropriate licensed individual.

Provider Agency Qualifications: Any unlicensed practitioner providing health services must operate within an agency licensed, certified or designated by DOH or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. The State will ensure, consistent with Section 1905(r)(5) of the Social Security Act, that medically necessary EPSDT services reflecting the medical practices for children will be provided in a timely manner even if the evidence-based practice is not otherwise listed in the State Plan.

An agency providing RRT must be licensed as a health facility by Department of Health in conjunction with the Office of Children and Family Services and ~~may~~ will not be an Institute for Mental Disease (IMD). RRT staff must be supervised by one of the following licensed practitioners operating within the scope of their practice under their State license: a licensed psychiatrist, physician, psychologist, master social worker, clinical social worker, mental health counselor, marriage and family therapist, or psychoanalyst, licensed creative arts therapist, nurse practitioner, or registered professional nurse. The licensed practitioner must provide twenty-four (24) hour, on-call coverage seven (7) days a week for emergency consultation.

An agency providing RRT must provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. Room and board is reimbursed separately using non-Medicaid funding.

RRT services are provided according to an individualized person-centered treatment plan, which ~~may~~ will be subject to prior approval by DOH or its designee. The activities included in the service must be intended to achieve identified treatment plan goals or objectives of the Medicaid eligible child. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitation services.

An agency providing RRT must coordinate with the child's community resources including Medicaid community-based providers when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals.

TN # 22-0090

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

Supersedes TN # 21-0003

Effective Date Day after PHE ends

mgd (peak day), and renewal with modification to increase consumptive use (peak day) by an additional 0.480 mgd, for a total consumptive use of up to 0.750 mgd (Docket No. 20021010).

10. Project Sponsor and Facility: SWN Production Company, LLC (Lycoming Creek), Lewis Township, Lycoming County, Pa. Application for renewal of surface water withdrawal of up to 0.500 mgd (peak day) (Docket No. 20171208).

11. Project Sponsor and Facility: SWN Production Company, LLC (Lycoming Creek), McIntyre Township, Lycoming County, Pa. Application for renewal of surface water withdrawal of up to 0.500 mgd (peak day) (Docket No. 20171209).

12. Project Sponsor: The United States Department of Veterans Affairs. Project Facility: Indiantown Gap National Cemetery, East Hanover and Union Townships, Lebanon County, Pa. Application for consumptive use of up to 0.099 mgd (30-day average).

13. Project Sponsor: Veolia Water Pennsylvania, Inc. Project Facility: Grantham Operation, Upper Allen Township, Cumberland County, Pa. Application for renewal of groundwater withdrawal of up to 0.395 mgd (30-day average) from Well 2 (Docket No. 19901104).

Project Scheduled for Action Involving a Diversion:

14. Project Sponsor and Facility: BlueTriton Brands, Inc. (Valley View Springs), Hegins Township, Schuylkill County, Pa. Application for approval of an out-of-basin diversion of up to 0.200 mgd (peak day).

Opportunity to Appear and Comment:

Interested parties may call into the hearing to offer comments to the Commission on any business listed above, including the fee schedule, 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](mailto: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 2:15 p.m. Guidelines for the public hearing are posted on the Commission's website, [www.srbc.net](http://www.srbc.net), prior to the hearing for review. The presiding officer reserves the right to modify or supplement such guidelines at the hearing. Written comments on any business listed above required to be the subject of a public hearing may also be mailed to Mr. Jason Oyler, Secretary to the Commission, Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, Pa. 17110-1788, or submitted electronically through <https://www.srbc.net/regulatory/public-comment/>. Comments mailed or electronically submitted must be received by the Commission on or before November 14, 2021, to be considered.

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

Dated: October 7, 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 November 2022 will be conducted on November 16 and November 17 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

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

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional and Non-Institutional Services. The following changes are proposed:

### Non-Institutional

Effective on or after November 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.0% percent rate adjustment for the following Office of Addiction Services and Supports (OASAS) State Plan Services: OASAS outpatient addiction services (hospital and non-hospital), OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, and OASAS Part 820 residential services. OASAS will also further enhance freestanding outpatient addiction services in-community rates by 40%.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this change for State Fiscal Year 2023 is \$1.83 million.

### Institutional Services

Effective on or after November 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.0% percent rate adjustment for Office of Addiction Services and Supports Residential Rehabilitation Services for Youth.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this change for State Fiscal Year 2023 is \$220,000.

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](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](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

Department of Health

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

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

### Non-Institutional Services

Effective at the end of the Public Health Emergency, the Medicaid State Plan will be amended to authorize payment for services provided in an article 29-I Health Facility by formerly license-exempt staff

members who were employed by an authorized setting on June 24, 2022.

Formerly exempt practitioners as defined under State law, will work under the supervision of a professionally licensed practitioner pursuant to Article 153 (psychologists), 154 (social workers) or 163 (mental health practitioners) of the State Education law. State Education law Articles 153 (§ 7605), 154 (§ 7706), and 163 (§ 8410) authorize exempt individuals who were previously employed in a program or service operated, regulated, funded or approved by the Office of Mental Health (OMH), the Office of Addiction Services and Supports (OASAS), the Office for People with Developmental Disabilities (OPWDD), the Office of Children and Family Services (OCFS), the Department of Corrections and Community Supervision (DOCCS), the Office of Temporary and Disability Assistance (OTDA), the New York State Office for the Aging (NYSOFA), the Department of Health (DOH) or a local government unit defined by Section 41.03 of the Mental Hygiene Law or a social services district as defined in Section 61 of the Social Services Law to practice under an exemption from licensing requirements.

Due to the workforce shortage and challenges of hiring behavioral health providers and the difficulties providing on-going services to children and families who have also faced tremendous hardships due to the pandemic, NYS will authorize exempt practitioners who meet the NYS Education law licensure exemption requirements to provide services in Article 29-I Health Facilities. It is imperative that exempt practitioners be authorized to provide these important and necessary services to children and youth who are served by the 29-I Health Facilities during this ongoing crisis. Additionally, these services are needed to maintain the health and safety of children and youth who have histories of trauma and neglect in addition to the impact of the pandemic.

There is no estimated 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](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](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

Oneida-Herkimer Solid Waste  
Management Authority  
Award of Contract for Landfill Gas Utilization  
at Oneida-Herkimer Regional Landfill

On September 12, 2022 the Oneida-Herkimer Solid Waste Management Authority awarded a contract to BerQ RNG pursuant to section one hundred twenty-w of the general municipal law for the Utilization of Landfill Gas produced at the Oneida-Herkimer Regional Landfill. The validity of this contract or the procedures which led to its award may be hereafter contested only by action, suit or proceeding commenced within sixty days after the date of this notice and only upon the ground or grounds that: (1) such award or procedure was not authorized pursuant to that section; or (2) any of the provisions of that section which should be complied with at the date of this publication have not been substantially complied with; or (3) a conflict of interest can be shown in the manner in which the contract was awarded; or by action, suit or proceeding commenced on the grounds that such contract was awarded in violation of the provisions of the Constitution.

*For further information, contact* Oneida-Herkimer Solid Waste Authority, Emily M. Albright, Director of Recycling, 1600 Genesee St., Utica, NY 13502

## PUBLIC NOTICE

Department of State  
F-2022-0424

Date of Issuance – October 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 of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at:

<https://dos.ny.gov/system/files/documents/2022/09/f-2022-0424a.pdf>

<https://dos.ny.gov/system/files/documents/2022/09/f-2022-0424b.pdf>

In F-2022-0424 or the "Safe Harbors Haverstraw Marina", the applicant – SHM Haverstraw, LLC – proposes to over sheet the four existing bulkheads with steel sheet piles, replace the deteriorated members and hardware in order to maintain the existing wave screen to the south east of the marina entrance, and reconfigure the floating docks within the existing marina perimeter.

The proposed project will take place at 600 Beach Road in the town of Haverstraw, Rockland County on the Hudson River. The purpose of this project is to replace the existing significantly deteriorated bulkheads and repair the wave screen surrounding the Safe Harbor Haverstraw Marina. In addition, the reconfiguration of the marina is to better accommodate vessels and provide safer navigation through the marina.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, November 10, 2022.

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

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

**SUMMARY**  
**SPA #22-0091**

This State Plan Amendment proposes to continue the additional 25 percent rate increase effective October 1, 2022, initially authorized as a temporary increase under provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARPA) for Children and Family Treatment and Support Services. This includes Other Licensed Practitioners (OLP), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Youth Peer Support (YPS), Crisis Intervention (CI) and Family Peer Support Services (FPSS).

DRAFT



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: New York  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF  
CARE**

**1905(a)(6) Medical Care, or Any Other Type of Remedial Care**

**Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)**

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 10/01/2022 the 25% temporary rate increase, initially authorized under provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARPA) was extended permanently.

**All rates are published on the Department of Health website:**

**Crisis Intervention Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/child-family\\_rate\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf)

**Family Peer Supports Services and Youth Peer supports Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/fpss\\_bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/fpss_bh_kids_ffs_rates.pdf)

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

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf)

**TN # #22-0091**

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

**Supersedes TN # 22-0074**

**Effective Date October 1, 2022**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**STATE: New York**  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE**

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Rehabilitative Services (EPSDT only)**

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

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

Provider agency's rates were set as of July 1, 2019 for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020 for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training.

Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).

Effective 10/01/2022 the 25% temporary rate increase, initially authorized under provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARPA) was extended permanently.

**All rates are published on the Department of Health website:**

**Crisis Intervention Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/child-family\\_rate\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf)

**Family Peer Supports Services and Youth Peer supports Rates:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/fpss\\_bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/fpss_bh_kids_ffs_rates.pdf)

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

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/bh\\_kids\\_ffs\\_rates.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf)

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

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

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

**TN #** #22-0091

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

**Supersedes TN #** 22-0074

**Effective Date** October 1, 2022

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with recently enacted statutory provisions in § 365-g of the Social Services Law with regards to certain prospective utilization thresholds.

The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2022, this notice proposes to decrease an administrative burden on enrolled fee-for-service Medicaid members and providers by eliminating the requirement for provider submitted benefit increase requests for certain services. The current regulatory thresholds established pursuant to the statutory authority of § 365-g are physician and clinic services (excluding anesthesiology and psychiatric services, mental health clinic services; and article 28 ambulatory clinic services ordered to test, diagnose, or treat a member); laboratory services, and dental clinic services. This proposal does not affect drug utilization review. The Department will continue to meet the federal regulatory requirements at 42 CFR Part 456, Subparts A and B, through continued utilization monitoring, in a post-payment review process, with referral to the Department's pre-payment Provider on Review Program, and to the Office of the Medicaid Inspector General (OMIG) where suspected fraud, waste or abuse are identified in the unnecessary or inappropriate use of care, services or supplies by members or providers.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is (\$23,100).

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

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

#### Non-Institutional Services

State established rates for state-plan approved Children and Family Treatment and Support Services (CFTSS) will continue the additional 25 percent enhancement initially authorized as a temporary increase under provisions of Section 9817 of the American Rescue Plan Act of 2021 (ARPA). Effective on or after October 1, 2022, the following CFTSS rate enhancements will continue under the state-plan: Other Licensed Practitioners (OLP), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Youth Peer Support (YPS), Crisis Intervention (CI) and Family Peer Support Services (FPSS).

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for CFTSS services is \$1,167,032.

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 1945 of the Social Security Act and other enacted statutory provisions. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2022, the proposed amendment adds an annual assessment fee to the Health Home program to ensure that any child eligible for Home and Community-Based Services (HCBS) under a waiver, demonstration, or State Plan authority will be



**SUMMARY**  
**SPA #22-0093**

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.

DRAFT

**New York  
136(c.3)**

**1905(a)(1) Inpatient Hospital Services****Hospitals (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Soldiers & Sailors Memorial Hospital	<del>\$ 19,625</del>	<del>02/01/2014 – 03/31/2014</del>
	<del>\$ 117,252</del>	<del>04/01/2014 – 03/31/2015</del>
	<del>\$ 134,923</del>	<del>04/01/2015 – 03/31/2016</del>
South Nassau Communities Hospital	\$3,000,000	11/01/2014 – 03/31/2015
	\$1,000,000	04/01/2015 – 03/31/2016
	\$4,000,000	07/01/2018 – 03/31/2019
	\$4,000,000	04/01/2019 – 03/31/2020
	\$4,000,000	04/01/2020 – 03/31/2021
Strong Memorial Hospital	<del>\$4,163,227</del>	<del>04/01/2018 – 03/31/2019</del>
	<del>\$4,594,780</del>	<del>04/01/2019 – 03/31/2020</del>
	\$4,370,030	04/01/2020 – 03/31/2021
	<del>\$1,153,579</del>	<del>01/01/2020 – 03/31/2020</del>
	\$2,588,381	04/01/2020 – 03/31/2021
	\$2,235,555	04/01/2021 – 03/31/2022
	\$ 806,648	09/01/2022 – 09/30/2022
	\$ 806,648	10/01/2022 – 12/31/2022
	\$ 806,648	01/01/2023 – 03/31/2023
	\$ 254,735	04/01/2023 – 06/30/2023
	\$ 254,735	07/01/2023 – 09/30/2023
	\$ 254,735	10/01/2023 – 12/31/2023
	\$ 254,735	01/01/2024 – 03/31/2024
	\$ 139,869	04/01/2024 – 06/30/2024
	\$ 139,869	07/01/2024 – 09/30/2024
\$ 139,869	10/01/2024 – 12/31/2024	
\$ 139,869	01/01/2025 – 03/31/2025	
Wyckoff Heights Medical Center	<del>\$1,321,800</del>	<del>01/01/2014 – 03/31/2014</del>
	<del>\$1,314,158</del>	<del>04/01/2014 – 03/31/2015</del>
	<del>\$1,344,505</del>	<del>04/01/2015 – 03/31/2016</del>
	\$970,000	03/01/2022 – 03/31/2022
	\$970,000	04/01/2022 – 06/30/2022
	\$970,000	07/01/2022 – 09/30/2022
	\$970,000	10/01/2022 – 12/31/2022
	\$970,000	01/01/2023 – 03/31/2023
	\$18,500,000	12/01/2022 – 03/31/2023
	\$18,500,000	04/01/2023 – 03/31/2024

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

TN #22-0093 \_\_\_\_\_

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

Supersedes TN #22-0085 \_\_\_\_\_

Effective Date December 1, 2022

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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

**Institutional Services**

Effective on or after December 1, 2022, 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 Hospital:

- Wyckoff Heights Medical Center with aggregate payment amounts totaling up to \$18,500,000 for the period December 1, 2022, through March 31, 2023, and \$18,500,000 for the period April 1, 2023, through March 31, 2024.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$18,500,000. Medicaid expenditures attributable to state fiscal year 2023/2024 is \$18,500,000.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department’s website at [http://www.health.ny.gov/regulations/state\\_plans/status](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-2022-0820

Date of Issuance – November 30, 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-2022-0820, the applicant, the Village of Mamaroneck, is proposing 10-year maintenance dredging within a 431,822 square foot area to remove approx. 63,984 cubic yards of material. Surplus dredge material to be placed in temporary stockpile locations in the upland areas adjacent to the dredge location, then will be transferred by truck to an approved upland facility. This project is located at Mamaroneck River, Sheldrake River, and Beaver Swamp Brook, Village of Mamaroneck, Westchester County.

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/11/f-2022-0820app.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):

- Village of Mamaroneck Local Waterfront Revitalization Program: <https://dos.ny.gov/location/village-mamaroneck-local-waterfront-revitalization-program>

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 December 30, 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-2022-0829

Date of Issuance – November 30, 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.

**SUMMARY**  
**SPA #22-0095**

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.

DRAFT



# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE

### Division of Criminal Justice Services DNA Subcommittee

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

Date: November 18, 2022  
Time: 9:00 a.m. - 11:00 a.m.

#### Primary Conference Site:

Empire State Development Corporation  
(ESDC)  
633 3rd Ave.  
37th Fl./Conference Rm.  
New York, NY

\*Identification and sign-in required

#### Secondary/ Video Conference Sites:

107 College Place, Syracuse, NY  
Shapiro Bldg., Rm. 5044  
70 Francis St., Boston, MA

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>

\*Identification and sign-in is required at this location. For further information, or if you need a reasonable accommodation to attend this meeting, contact [forensiclabs@dcjs.ny.gov](mailto:forensiclabs@dcjs.ny.gov), Division of Criminal Justice Services, Office of Forensic Services, 80 Swan St., Albany, NY 12210, (518) 457-1901

## 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

Effective on or after December 1, 2022, 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 Hospital:

Oishei Children's Hospital with aggregate payment amounts totaling up to \$25,000,000 for the period December 1, 2022, through March 31, 2023.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$25,000,000.

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](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](mailto:spa_inquiries@health.ny.gov)



## PUBLIC NOTICE

Department of State  
F-2022-0510

Date of Issuance – November 9, 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 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-2022-0510, John Benson, is proposing construct a 2,780sf boathouse. The boathouse is proposed to be 54'-6" long and 51' wide with a single 40' long by 18' wide boat slip. The enclosed portion of the boathouse would be 46' long by 26' wide. On the exterior of the boathouse would be an 8' wide dock on the eastern side, a 16' wide deck on the western side, and an 8' wide dock on the southern side. The boathouse would include 36" wide steps on the eastern side leading to a 58'-6" by 31' observation deck. The observation deck would have 42" high railings. The height of the boathouse as measured from the Ordinary High Water Level to the top of the observation deck railing would be 27'-10". The boathouse would be supported by 48 6" open steel piles. There would also be an 8' wide walkway along the shoreline landward of the Ordinary High Water mark.

In addition, the proposal includes a 30' long by 6' wide floating dock located ~120' west of the proposed boathouse. The floating dock would be accessed by a 4' wide hinged ramp that would be connected to boulders on the shoreline landward of the Ordinary High Water line.

The proposal is associated with a proposed 4,868 square foot three-story house and associated proposed upland residential development including 1,200 gallon septic tank, 767 square foot drain field, 1,000 gal propane tank, well, retaining wall, gravel driveway, crushed stone pathway, shed and a future 3,600sf building. The three-story house would be supported by 12"x12" columns and partially overhang the rock bluff located along the river. The first floor would be located at elevation 267' or ~20' above the Ordinary High Water level of the river and the top of the roof would be located at elevation ~315 or 67' above the Ordinary High Water level of the river.

The proposal is for an ~1.5 acre property located on the St. Lawrence River at 35D Riverledge Road in the Town of Hammond, St. Lawrence County.

The stated purpose of the proposed action is "Boat dockage and storage"

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/11/f-2022-0510publicnotice.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or December 9, 2022.

*Comments should be addressed to:* Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000, Fax (518) 473-2464. Electronic submissions can be made by email at: [CR@dos.ny.gov](mailto: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-2022-0522

Date of Issuance – November 9, 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-2022-0522, the City of Kingston is proposing the replacement of a utility line over the north jetty of Rondout Harbor to the Kingston Roundout Lighthouse. The proposed installation of a new underground electrical conduit and cable, approximately 600 feet, extending from the northwest corner of the parcel to the landward end of the stony jetty. The conduit will transition above grade and be anchored to the top of the northern line of wood piles, approximately 2,300 feet, before entering the lighthouse. A platform with a waterproof disconnection point above base flood elevation on the mainland and a disconnection point at the lighthouse will be constructed to allow the conduit to be removed if required to allow for maintenance of the jetty. The site is located on 4 and 6 North Street in the city of Kingston, Ulster County along Roundout Creek and the Hudson River.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/11/f-2022-0522.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 December 9, 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](mailto: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-2022-0714

Date of Issuance – November 9, 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-2022-0714, Barlovento, LLC is proposing to construct a new elevated dock consisting of a 4' x 288' elevated walkway, 4' x 34' dock with 3' x 12' ramp, 6' x 20' float, 8" float securing piles (2), and 8" mooring piles (2). The site is located on Mecox Bay at 23 Wheaton Way, Water Mill, NY, 11976.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/11/f-2022-0714barloventollc.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 December 9, 2022.

**SUMMARY**  
**SPA #22-0096**

This State Plan Amendment proposes to provide a 5.0% rate adjustment for the single OASAS freestanding service in the institutional state plan, specifically: residential rehabilitation services for youth (this program is subject to UPL requirements).

DRAFT



**New York  
12**

**1905(a)(16): IMD under age 21**

Statewide RRSY Fees:

Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees	Bed Size	RRSY Fees
14	\$418.43	22	\$374.90	30	\$347.69	38	\$328.28	46	\$313.39	54	\$301.41
15	\$411.47	23	\$370.88	31	\$344.93	39	\$326.21	47	\$311.75	55	\$300.07
16	\$405.07	24	\$367.06	32	\$342.28	40	\$324.21	48	\$310.16	56	\$298.76
17	\$399.14	25	\$363.44	33	\$339.73	41	\$322.27	49	\$308.61	57	\$297.48
18	\$393.64	26	\$359.99	34	\$337.27	42	\$320.39	50	\$307.10	58	\$296.22
19	\$388.50	27	\$356.70	35	\$334.90	43	\$318.56	51	\$305.63	59	\$294.99
20	\$383.69	28	\$353.57	36	\$332.62	44	\$316.79	52	\$304.19	60+	\$293.79
21	\$379.17	29	\$350.56	37	\$330.41	45	\$315.06	53	\$302.78		

The geographic regions and regional cost factors applicable to the statewide RRSY fees from the first table are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange
4	1.1009	Dutchess, Putnam
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, rates in the table above will receive a cost-of-living adjustment of 5.4%, followed on November 1, 2022, by another 5.0% rate increase. Both rate increases ~~and will~~ are ~~be~~ published at the following link:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

TN #22-0096

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

Supersedes TN #22-0064

Effective Date November 1, 2022

mgd (peak day), and renewal with modification to increase consumptive use (peak day) by an additional 0.480 mgd, for a total consumptive use of up to 0.750 mgd (Docket No. 20021010).

10. Project Sponsor and Facility: SWN Production Company, LLC (Lycoming Creek), Lewis Township, Lycoming County, Pa. Application for renewal of surface water withdrawal of up to 0.500 mgd (peak day) (Docket No. 20171208).

11. Project Sponsor and Facility: SWN Production Company, LLC (Lycoming Creek), McIntyre Township, Lycoming County, Pa. Application for renewal of surface water withdrawal of up to 0.500 mgd (peak day) (Docket No. 20171209).

12. Project Sponsor: The United States Department of Veterans Affairs. Project Facility: Indiantown Gap National Cemetery, East Hanover and Union Townships, Lebanon County, Pa. Application for consumptive use of up to 0.099 mgd (30-day average).

13. Project Sponsor: Veolia Water Pennsylvania, Inc. Project Facility: Grantham Operation, Upper Allen Township, Cumberland County, Pa. Application for renewal of groundwater withdrawal of up to 0.395 mgd (30-day average) from Well 2 (Docket No. 19901104).

Project Scheduled for Action Involving a Diversion:

14. Project Sponsor and Facility: BlueTriton Brands, Inc. (Valley View Springs), Hegins Township, Schuylkill County, Pa. Application for approval of an out-of-basin diversion of up to 0.200 mgd (peak day).

Opportunity to Appear and Comment:

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

Dated: October 7, 2022

Jason E. Oyler,

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The estimated net aggregate increase in gross Medicaid expenditures attributable to this change for State Fiscal Year 2023 is \$1.83 million.

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The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](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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### Non-Institutional Services

Effective at the end of the Public Health Emergency, the Medicaid State Plan will be amended to authorize payment for services provided in an article 29-I Health Facility by formerly license-exempt staff

**SUMMARY**  
**SPA #22-0097**

This State Plan Amendment proposes to provide a 5.0% rate increase for OASAS Part 822 freestanding outpatient addiction rehab, freestanding outpatient addiction day rehab, and freestanding opioid treatment programs as well as Part 820 residential services (all three elements - stabilization, rehabilitation, and reintegration), freestanding inpatient rehabilitation, and freestanding medically supervised withdrawal and stabilization. It also provides a 40% rate differential for freestanding outpatient services provided in the community (off-site). All increases are effective November 1, 2022.

DRAFT

New York  
10(a.1)(a)**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services****Rehabilitative Services - Addiction Services****Addiction Residential Services (cont.)**

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, fees for Residential Stabilization, Residential Rehabilitation, and Residential Reintegration will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, the existing July 1, 2022, fees for Residential Stabilization, Residential Rehabilitation, and Residential Reintegration will receive a 5.4% COLA. Effective November 1, 2022, fees for Residential Stabilization, Residential Rehabilitation, and Residential Reintegration will receive a 5.0% rate increase. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

DRAFT

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

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Reimbursement methodology (cont.)**

OASAS freestanding APG base rates effective July 1, 2022, are as follows.

<b>Service Type</b>	<b>7-1-22 Fee</b>	
	<b>Upstate</b>	<b>Downstate</b>
Outpatient Addiction Rehab	\$150.11	\$175.64
Outpatient Addiction Day Rehab	\$150.52	\$176.12
Opioid Treatment Program	\$138.31	\$161.82

OASAS freestanding APG base rates for in-community services effective July 1, 2022, with all three services sharing the same in-community APG base rates, are as follows:

<b>Service Type</b>	<b>7-1-22 Fee</b>	
	<b>Upstate</b>	<b>Downstate</b>
Outpatient Addiction Rehab - In-Community	\$150.52	\$176.12
Outpatient Addiction Day Rehab - In-Community	\$150.52	\$176.12
Opioid Treatment Program - In-Community	\$150.52	\$176.12

Effective April 1, 2022, the November 1, 2021, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs (including in-community services) will receive a 5.4% cost-of-living adjustment (COLA). The July 1, 2022, rates for the same services will also receive the same 5.4% COLA. Effective November 1, 2022, rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs, as well as the in-community fees for the same services, will receive a 5.0% rate increase. Also, effective November 1, 2022, in-community rates will receive an additional, compounding 40% off-site rate enhancement. All rates will be posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

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

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

Statewide RMSW fees:

Bed Size	RMSW Fees
6	\$ 408.97
7	\$ 401.53
8	\$ 395.20
9	\$ 389.70
10	\$ 384.85
11	\$ 380.51
12	\$ 376.59
13	\$ 373.01
14	\$ 369.74
15	\$ 366.72
16	\$ 363.91

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange, Putnam
4	1.1009	Dutchess
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective November 1, 2022, the RMSW fees will receive a 5.0% rate increase. ~~These~~All fees will be posted on the OASAS website at:

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**TN: #22-0097**  
**Superseding TN: 22-0062**

**Approval Date:** \_\_\_\_\_  
**Effective Date: November 1, 2022**

**New York  
10(a.6)(a)**

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Chemical Dependence Freestanding Residential Rehabilitation Services (cont.)**

Effective April 1, 2022, the January 1, 2019, fees for Freestanding Residential Rehabilitation Services will receive a 5.4% cost-of-living adjustment (COLA). Effective November 1, 2022, fees for Freestanding Residential Rehabilitation Services will receive a 5.0% rate increase. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

DRAFT

**TN: #22-0097**  
**Superseding TN: 22-0062**

**Approval Date: \_\_\_\_\_**  
**Effective Date: November 1, 2022**

New York  
10(a.7)(a)

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology  
– Freestanding Weekly Bundles (cont.)**

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, the existing the July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective November 1, 2022, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. All fees associated with these adjustments will be posted on the OASAS website at:

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DRAFT

TN: #22-0097  
Superseding TN: 22-0062

Approval Date: \_\_\_\_\_  
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mgd (peak day), and renewal with modification to increase consumptive use (peak day) by an additional 0.480 mgd, for a total consumptive use of up to 0.750 mgd (Docket No. 20021010).

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**SUMMARY**  
**SPA #22-0098**

This State Plan Amendment proposes to add a 5.0% rate adjustment for OASAS Part 822 hospital outpatient services; Chemical Dependence (CD) Clinic, CD Outpatient Rehabilitation, and Opioid Treatment Programs.

DRAFT

**New York  
1(e)(6)**

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

**Dually Licensed Article 28 & Article 32 Hospital-Based APG Base Rate Table**

<b>Peer Group</b>	<b>Region</b>	<b>Rate Start Date</b>	<b>Base Rate as of 01/01/11</b>
Chemical Dependence Outpatient Clinic	Downstate	10/1/10	\$181.72
Chemical Dependence Outpatient Clinic	Upstate	10/1/10	\$146.57
Opioid Treatment Program (Clinic)	Downstate	1/3/11	\$180.99
Opioid Treatment Program (Clinic)	Upstate	1/3/11	\$157.14
Outpatient Rehabilitation Clinic	Downstate	1/1/11	\$151.20
Outpatient Rehabilitation Clinic	Upstate	1/1/11	\$116.23

Hospital-based OASAS clinic Medicaid rates can be found on the Office of Addiction Services and Supports (OASAS) website at:

<https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

Effective April 1, 2022, the posted rates for April 1, 2018 will receive a cost-of-living adjustment of 5.4%. Effective November 1, 2022, the April 1, 2022, rates will receive a 5.0% rate increase. The April 1, 2022, and November 1, 2022, rates can be found at the link above.

TN #22-0098

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

Supersedes TN #22-0063

Effective Date: November 1, 2022

New York  
1(p)(iv)

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

**OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Hospital Weekly Bundles (continued)**

Each program furnishing OTP bundled services shall keep those records necessary to disclose the extent of services the program furnishes to beneficiaries and, on request, furnish to OASAS that information. Such information shall include, at minimum, the following: date of service; name of recipient; Medicaid identification number; name of practitioner providing each service; exact nature of the service, extent or units of service; and the place of service. OASAS will review such data in order to revise, as necessary, the bundled payments described herein.

OASAS will conduct regular programmatic reviews for compliance with state regulations and Federal law and issue corrective actions plans for any noted deficiencies. In addition, service frequency and utilization data will be collected and tracked by OASAS.

The bundled payments shown for April 1, 2021 were calculated by regionalizing the statewide COVID bundled payments approved in the NYS disaster relief SPA, which are the 2019 base (unregionalized) Medicare bundled payments, using the OASAS OTP regional factor of 1.1700 (Downstate relative to Upstate) for freestanding facilities. The calculated payments are the same for hospitals and freestanding programs. The regional factor was applied assuming that the Downstate region would continue to have 94.41% of the methadone bundle service volume, which is the value found in the initial service period COVID bundle data used for the rate calculation. The pre-April 1, 2021 statewide bundled payments for rate code 7973 and 7975 were \$207.49 and \$258.47 respectively. The April 1, 2021 medication take home fees are identical to those of Medicare, which are not regionalized.

Effective April 1, 2022, the ~~posted~~ rates for April 1, 2021 (~~found in OASAS section Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology Hospital Weekly Bundles~~) will receive a cost-of-living adjustment of 5.4%. Effective November 1, 2022, the April 1, 2022, rates will receive a 5.0% rate increase. ~~The April 1, 2022~~ All OTP Weekly Bundles rates can be found at the link below:

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TN #22-0098

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**SUMMARY**  
**SPA #23-0001**

This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 138% and the Qualified Individual eligibility level to greater than 138% FPL to 186% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in New York. The income level used for the Medically Needy program will be increased to 138% FPL, instead of a dollar amount calculated annually. The resource levels for the Medically Needy program will continue to be calculated at one and half times the annual income level for households of one and two. The resource limit for the Ticket to Work Basic Group and the Ticket to Work Medical Improvement Group will be brought into alignment with the resource limits for the Medically Needy program.

DRAFT

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# NY - Submission Package - NY2022MS0018D - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2022MS0018D	<b>Submission Type</b>	Draft
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>Version Number</b>	1	<b>Region</b>	New York, NY
		<b>Package Status</b>	Pending

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# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT



### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 138% and the Qualified Individual eligibility level to greater than 138% FPL to 186% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in New York. The income level used for the Medically Needy program will be increased to 138% FPL, instead of a dollar amount calculated annually. The resource levels for the Medically Needy program will continue to be calculated at one and half times the annual income level for households of one and two. The resource limit for the Ticket to Work Basic Group and the Ticket to Work Medical Improvement Group will be brought into alignment with the resource limits for the Medically Needy program.

#### Federal Budget Impact and Statute/Regulation Citation




##### Federal Budget Impact

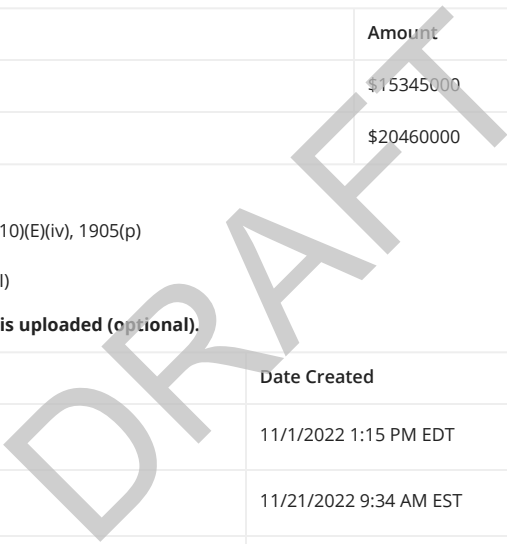
	Federal Fiscal Year	Amount
First	2023	\$15345000
Second	2024	\$20460000

##### Federal Statute / Regulation Citation

MSP - 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), 1905(p)  
 MN - 1902(a)(10)(C), 1902(r)(2), 1905(w)  
 TWIIA - 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">SPA Fiscal</a>	11/1/2022 1:15 PM EDT	
<a href="#">Fiscal Calculations (23-0001) (11-16-22)</a>	11/21/2022 9:34 AM EST	
<a href="#">Authorizing Provisions (23-0001) (10-11-22)</a>	11/21/2022 9:35 AM EST	



## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

CMS-10434 OMB 0938-1188

### The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Reviewable Unit Name	Included in Another Source Type Submission Package
AFDC Income Standards	APPROVED

Medically Needy Income Level

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

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

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

Mandatory Eligibility Groups

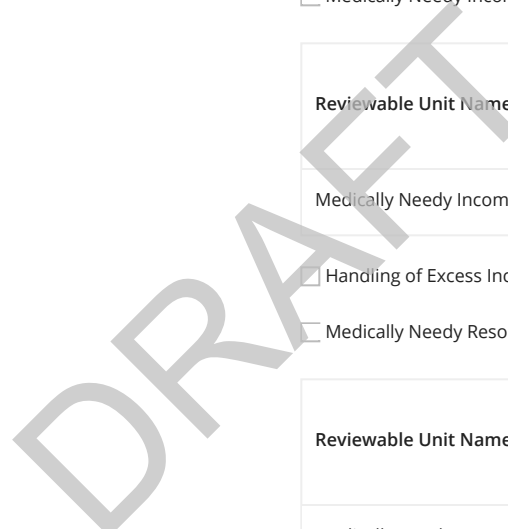
Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes



Benefits and Payments

DRAFT

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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

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

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- 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.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
	e-mail

All Urban Indian Organizations

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>

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

All Indian Tribes

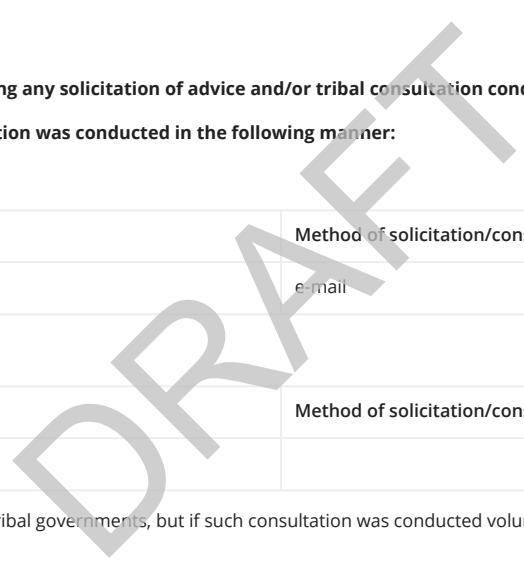
<b>Date of consultation:</b>	<b>Method of consultation:</b>

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

Name	Date Created
No items available	

**Indicate the key issues raised (optional)**

- Access
- Quality



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

DRAFT

# Medicaid State Plan Eligibility

## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

The standard that varies by some other way is:  
Variations used

Name	Description
By County	Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.

Household size	Standard
1	\$529.00
2	\$684.00
3	\$836.00
4	\$982.00
5	\$1130.00
6	\$1244.00
7	\$1362.00
8	\$1509.00
9	\$1607.00
10	\$1704.00

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

Yes  No

**Incremental Amount**

\$97.00

The dollar amounts increase automatically each year

Yes  No





## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### B. AFDC Payment Standard in Effect As of July 16, 1996

The standard that varies by some other way is:

Variations used

**Name**

By County

**Description**

Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.

Household size	Standard
1	\$517.00
2	\$646.00
3	\$768.00
4	\$892.00
5	\$1020.00
6	\$1113.00
7	\$1212.00
8	\$1338.00
9	\$1411.00
10	\$1483.00

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

Yes  No

**Incremental Amount**

\$73.00

The dollar amounts increase automatically each year

Yes  No



### AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

The standard that varies by some other way is:  
Variations used

Name	Description
By County	Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.

Household size	Standard
1	\$620.00
2	\$784.00
3	\$942.00
4	\$1102.00
5	\$1265.00
6	\$1394.00
7	\$1528.00
8	\$1691.00
9	\$1799.00
10	\$1907.00

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

Yes  No

Incremental Amount

\$109.00

The dollar amounts increase automatically each year

Yes  No



## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### D. AFDC Need Standard in Effect As of July 16, 1996

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### AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

**E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.**

#### Statewide standard

The statewide standard is:

Household size	Standard
1	\$750.00
2	\$936.00
3	\$1114.00
4	\$1293.00
5	\$1479.00
6	\$1614.00
7	\$1757.00
8	\$1940.00
9	\$2045.00
10	\$2150.00

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

Yes  No

#### Incremental Amount

\$106.00

The dollar amounts increase automatically each year

Yes  No

The basis of the increase is:

CPI-U  
 Other basis

The annual increase occurs in the month and day indicated:

Every

of



## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

**F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.**

**Statewide standard**

The statewide standard is:

Household size	Standard
1	\$1507.00
2	\$2030.00
3	\$2553.00
4	\$3076.00
5	\$3599.00
6	\$4122.00
7	\$4646.00
8	\$5169.00
9	\$5692.00
10	\$6215.00

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

Yes  No

**Incremental Amount**

\$524.00

The dollar amounts increase automatically each year

Yes  No

The basis of the increase is:

- CPI-U
- Other basis

**Name of basis**

Annual Federal Poverty Level

The annual increase occurs in the month and day indicated:

Every

of

## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### G. TANF payment standard

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## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### H. MAGI-equivalent TANF payment standard

DRAFT

## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	13-0053		
	System-Derived		

### I. Additional Information (optional)

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# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0016		
	System-Derived		

#### 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:

**A percent of the Federal Poverty Level:**  
138.00%

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## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0016 System-Derived		

### 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.

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## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0016 System-Derived		

### C. Additional Information (optional)

DRAFT

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0016		
	System-Derived		

#### 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.

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## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0016		
	System-Derived		

### B. Resource Level Used

The level used is:

Household size	Standard
2	\$37902.00
1	\$28133.00

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

- Yes
- No

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## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-22-0016		
	System-Derived		

### C. Additional Information (optional)

DRAFT

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-19-0009		
	System-Derived		

### Mandatory Coverage

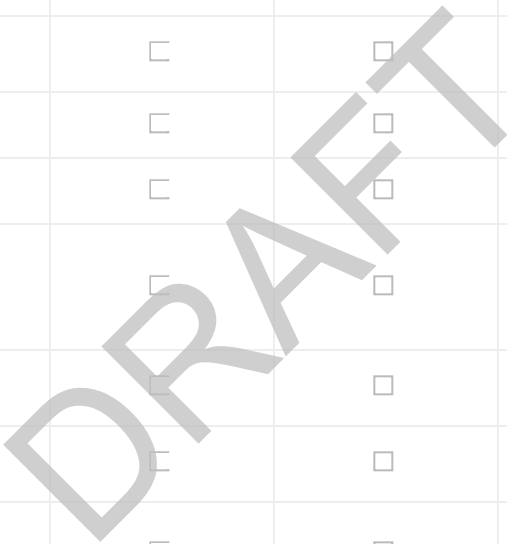
A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:





#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <sup>?</sup>	Included in Another Submission Package	Source Type <sup>?</sup>
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <sup>?</sup>	Included in Another Submission Package	Source Type <sup>?</sup>
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

DRAFT



## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-19-0009		
	System-Derived		

#### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Adult Group	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CONVERTED

#### C. Additional Information (optional)

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

DRAFT

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

DRAFT

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes  
 No

The less restrictive income methodologies are:

- A specific percent of the Federal Poverty Level is disregarded: **FPL 38.00%**

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes  
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

DRAFT

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

DRAFT

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### F. Additional Information (optional)

The income standard used for this group will be 138% Federal Poverty Level, which reflects a 38% income disregard.

DRAFT

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

DRAFT

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

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## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

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## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### F. Additional Information (optional)

SLIMB is being subsumed into to the QMB group due to the requested expansion.

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# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

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# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

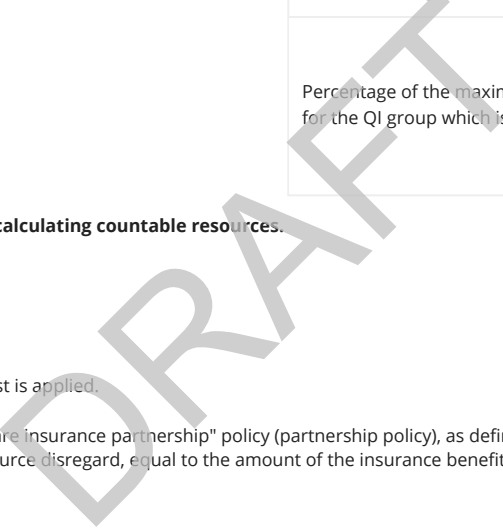
Name of disregard:	Description:
Percentage of the maximum FPL for the QI group which is 135%	Disregard 38% of 135% of the Federal Poverty Level which is the upper income threshold for QI. This percentage is not more than the percentage disregarded for the QMB group.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.
- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.



## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

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## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#10-15		
	User-Entered		

### F. Additional Information (optional)

The income standard for this group will be 186% Federal Poverty Level.

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# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

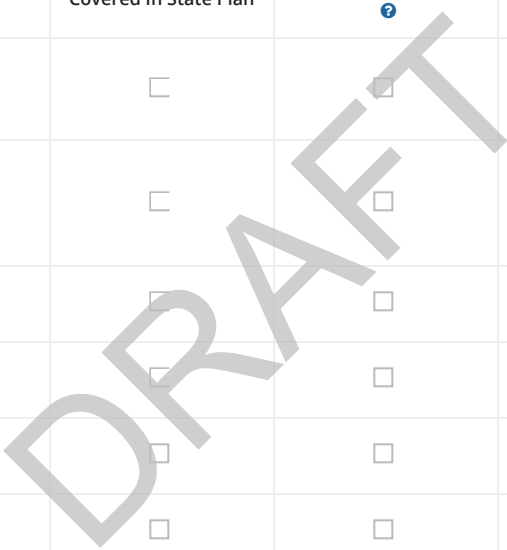
The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

















#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <sup>?</sup>	Included in Another Submission Package	Source Type <sup>?</sup>
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <sup>?</sup>	Included in Another Submission Package	Source Type <sup>?</sup>
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW





## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	NY-20-0009		
	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

Individuals between ages 16 and 64 with a disability, who have earned income.

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

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## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

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# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.  This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

**Description of disregard:** Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

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## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:

**FPL** 250.00%

- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

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## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$28133.00

**Couple** \$37902.00

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## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

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## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### F. Additional Information (optional)

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# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

#### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - a. Earning at least the minimum wage and working at least 40 hours per month.
  - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

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# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.  This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

**Description of disregard:** Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

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# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

## Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

## C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
  - 250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

DRAFT

## Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$28133.00

**Couple** \$37902.00

DRAFT

## Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

DRAFT

## Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0018D

### Package Header

<b>Package ID</b>	NY2022MS0018D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	#11-44		
	User-Entered		

### F. Additional Information (optional)

DRAFT



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 11/21/2022 9:44 AM EST*

DRAFT

**SUMMARY**  
**SPA #23-0006**

This State Plan Amendment proposes to allow the postpartum period to be extended, with federal financial participation, from 60-days to 12-months

DRAFT

[Records](#) / [Submission Packages - Your State](#)

# NY - Submission Package - NY2022MS0019D - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2022MS0019D	<b>Submission Type</b>	Draft
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>Version Number</b>	1	<b>Region</b>	New York, NY
		<b>Package Status</b>	Pending

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

## Package Header

<b>Package ID</b>	NY2022MS0019D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

#### Package Header

<b>Package ID</b>	NY2022MS0019D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** Effective March 1, 2023, this amendment will implement the continuous eligibility for pregnant women and extended postpartum coverage option at 1902(e)(16). Medicaid-eligible pregnant individuals will be able to access full Medicaid benefits for the duration of their pregnancy and the 12-month postpartum period, regardless of any changes in income or household size. The 12-month postpartum coverage period will begin on the last day of the pregnancy and end on the last day of the 12th month.

#### Federal Budget Impact and Statute/Regulation Citation




##### Federal Budget Impact

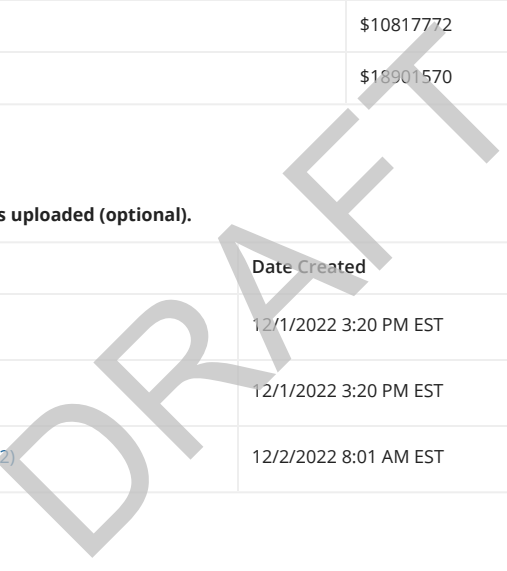
	Federal Fiscal Year	Amount
First	2023	\$10817772
Second	2024	\$18901570

##### Federal Statute / Regulation Citation

1902(e)(16)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Authorizing Provisions (23-0006) (11-29-22)</a>	12/1/2022 3:20 PM EST	
<a href="#">Fiscal Calculations (23-0006) (12-1-22)</a>	12/1/2022 3:20 PM EST	
<a href="#">Postpartum SPA Fiscal Backup (23-0006) (12-2-22)</a>	12/2/2022 8:01 AM EST	



## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

### Package Header

<b>Package ID</b>	NY2022MS0019D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

CMS-10434 OMB 0938-1188

### The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Reviewable Unit Name	Included in Another Submission Package	Source Type
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	(	NEW

Benefits and Payments

DRAFT

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

## Package Header

<b>Package ID</b>	NY2022MS0019D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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

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

DRAFT



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

## Package Header

<b>Package ID</b>	NY2022MS0019D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- 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.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
11/15/2022	E-mail

All Urban Indian Organizations

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

All Indian Tribes

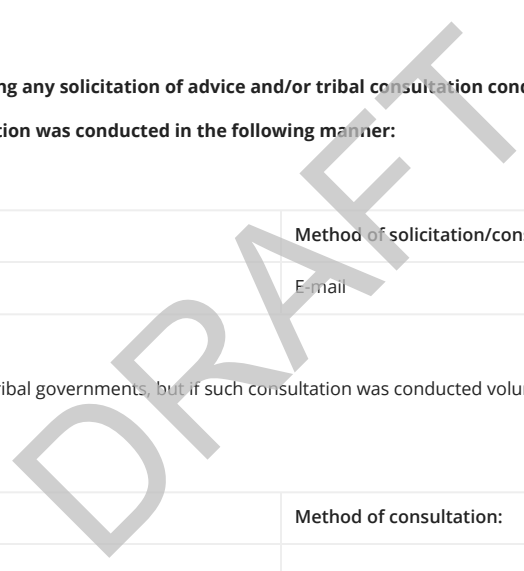
<b>Date of consultation:</b>	<b>Method of consultation:</b>

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

Name	Date Created
Regina	11/15/2022 12:01 PM EST

**Indicate the key issues raised (optional)**

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



Other issue

DRAFT

# Medicaid State Plan Eligibility

## Eligibility and Enrollment Processes

### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | NY2022MS0019D

#### Package Header

<b>Package ID</b>	NY2022MS0019D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	New		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
- No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

#### 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 12/2/2022 8:03 AM EST*

**SUMMARY**  
**SPA #23-0017**

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.

DRAFT

**SPA 23-0017**  
**Attachment A**  
**Annotated Pages**

**Annotated Page: 136(c)**

DRAFT



**New York  
136(b)**

**1905(a)(1) Inpatient Hospital Services**

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

**Hospitals:**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Auburn Community Hospital	\$541,888	09/01/2022 – 09/30/2022
	\$541,888	10/01/2022 – 12/31/2022
	\$541,889	01/01/2023 – 03/31/2023
	\$406,416	04/01/2023 – 06/30/2023
	\$406,416	07/01/2023 – 09/30/2023
	\$406,416	10/01/2023 – 12/31/2023
	\$406,417	01/01/2024 – 03/31/2024
	\$406,416	04/01/2024 – 06/30/2024
	\$406,416	07/01/2024 – 09/30/2024
	\$406,416	10/01/2024 – 12/31/2024
	\$406,417	01/01/2025 – 03/31/2025
<del>Beth Israel Medical Center</del>	<del>\$15,000,000</del>	<del>11/01/2014 – 03/31/2015</del>
	<del>\$33,200,000</del>	<del>04/01/2015 – 03/31/2016</del>
	<del>\$33,200,000</del>	<del>04/01/2016 – 03/31/2017</del>
<del>Brookdale University Hospital and Medical Center</del>	<del>\$14,000,000</del>	<del>02/01/2014 – 03/31/2014</del>
<del>Brooklyn Hospital Center</del>	<del>\$5,000,000</del>	<del>02/01/2014 – 03/31/2014</del>
	<del>\$5,000,000</del>	<del>04/01/2014 – 03/31/2015</del>
<del>Canton-Potsdam Hospital/EJ Noble</del>	<del>\$2,000,000</del>	<del>01/01/2014 – 03/31/2014</del>
	<del>\$400,000</del>	<del>04/01/2014 – 03/31/2015</del>
Catskill Regional Medical Center	<del>\$889,105</del>	<del>01/01/2014 – 03/31/2014</del>
	<del>\$1,040,305</del>	<del>04/01/2014 – 03/31/2015</del>
	<del>\$1,164,505</del>	<del>04/01/2015 – 03/31/2016</del>
	\$ 3, 514,212	01/01/2023 - 03/31/2023
	\$ 3, 514,212	04/01/2023 – 03/31/2024
	\$ 3, 514,212	04/01/2024 – 03/31/2025
<del>Champlain Valley Physicians Hospital Medical Center</del>	<del>\$1,450,852</del>	<del>05/01/2017 – 03/31/2018</del>
	<del>\$ 981,422</del>	<del>04/01/2018 – 03/31/2019</del>
	<del>\$ 660,708</del>	<del>04/01/2019 – 03/31/2020</del>
Eastern Niagara Hospital	<del>\$1,425,000</del>	<del>07/01/2018 – 03/31/2019</del>
	<del>\$1,575,000</del>	<del>04/01/2019 – 03/31/2020</del>
	\$666,667	08/19/2021 – 09/30/2021
	\$666,667	10/01/2021 – 12/31/2021
	\$666,667	01/01/2022 – 03/31/2022
	\$1,000,000	04/01/2022 – 06/30/2022
	\$1,000,000	07/01/2022 – 09/30/2022

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

**TN #23-0017**  
Supersedes TN     #22-0085    

**Approval Date** \_\_\_\_\_  
**Effective Date**     January 1, 2023

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

**1905(a)(1) Inpatient Hospital Services****Hospitals (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Bassett Medical Center	<del>\$861,356</del>	<del>04/01/2018 – 03/31/2019</del>
	<del>\$861,356</del>	<del>04/01/2019 – 03/31/2020</del>
	\$861,360	04/01/2020 – 03/31/2021
Claxton Hepburn Medical Center	<del>\$ 250,000</del>	<del>01/01/2020 – 03/31/2020</del>
	\$1,000,000	04/01/2020 – 03/31/2021
	\$1,000,000	04/01/2021 – 03/31/2022
	\$ 750,000	04/01/2022 – 12/31/2022
Oswego Hospital	<del>\$250,000</del>	<del>02/01/2015 – 03/31/2015</del>
	<del>\$1,000,000</del>	<del>04/01/2015 – 03/31/2016</del>
	<del>\$1,000,000</del>	<del>04/01/2016 – 03/31/2017</del>
	<del>\$750,000</del>	<del>04/01/2017 – 06/30/2017</del>
	<del>\$387,520</del>	<del>04/12/2018 – 03/31/2019</del>
	<del>\$737,626</del>	<del>04/01/2019 – 03/31/2020</del>
	\$374,854	04/01/2020 – 03/31/2021
	\$ 8,190,593	01/01/2023 – 03/31/2023
	\$ 5,277,476	04/01/2023 – 03/31/2024
\$ 2,864,087	04/01/2024 – 03/31/2025	
Arnot Health, Inc/St. Joseph's Hospital Elmira	<del>\$1,553,578</del>	<del>09/11/2014 – 03/31/2015</del>
	<del>\$1,773,128</del>	<del>04/01/2015 – 03/31/2016</del>
	<del>\$1,710,279</del>	<del>04/01/2016 – 03/31/2017</del>
	<del>\$ 301,744</del>	<del>12/01/2017 – 03/31/2018</del>
	<del>\$ 618,290</del>	<del>04/01/2018 – 03/31/2019</del>
	<del>\$ 590,069</del>	<del>04/01/2019 – 03/31/2020</del>
	\$ 289,897	04/01/2020 – 03/31/2021
SUNY Upstate Medical University	\$ 200,000	09/01/2021 – 12/31/2021
	\$ 52,500	01/01/2022 – 03/31/2022
	\$1,208,552	04/01/2022 – 12/31/2022
	\$402,851	01/01/2023 – 03/31/2023
	\$1,000,352	04/01/2023 – 12/31/2023
	\$333,451	01/01/2024 – 03/31/2024
	\$751,721	04/01/2024 – 12/31/2024
\$250,573	01/01/2025 – 03/31/2025	

**TN #23-0017**  
**Supersedes TN #21-0020**

**Approval Date** \_\_\_\_\_  
**Effective Date** January 1, 2023



New York  
136(c)**1905(a)(1) Inpatient Hospital Services****Hospitals (Continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Ellis Hospital</u>	<u>\$12,000,000</u>	<u>01/01/2023 – 03/31/2023</u>
	<u>\$3,000,000</u>	<u>04/01/2023 – 06/30/2023</u>
	<u>\$3,000,000</u>	<u>07/01/2023 – 09/30/2023</u>
	<u>\$3,000,000</u>	<u>10/01/2023 – 12/31/2023</u>
	<u>\$3,000,000</u>	<u>01/01/2024 – 03/31/2024</u>
	<u>\$12,000,000</u>	<u>04/01/2024 - 03/31/2025</u>
<u>Faxton- St. Luke's Healthcare</u>	<u>\$9,358,757</u>	<u>01/01/2023 – 03/31/2023</u>
<u>Interfaith Medical Center</u>	<u>\$13,384,525</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Jamaica Hospital Medical Center</u>	<u>\$2,600,000</u>	<u>03/01/2022 – 03/31/2022</u>
	<u>\$ 650,000</u>	<u>04/01/2022 – 06/30/2022</u>
	<u>\$ 650,000</u>	<u>07/01/2022 – 09/30/2022</u>
	<u>\$ 650,000</u>	<u>10/01/2022 – 12/31/2022</u>
	<u>\$ 650,000</u>	<u>01/01/2023 – 03/31/2023</u>
<u>Long Island Jewish Medical Center</u>	<u>\$1,000,000</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Maimonides Medical Center</u>	<u>\$4,387,492</u>	<u>03/01/2022 – 03/31/2022</u>
	<u>\$ 780,702</u>	<u>04/01/2022 – 06/30/2022</u>
	<u>\$ 780,702</u>	<u>07/01/2022 – 09/30/2022</u>
	<u>\$ 780,703</u>	<u>10/01/2022 – 12/31/2022</u>
	<u>\$ 780,703</u>	<u>01/01/2023 – 03/31/2023</u>
	<u>\$ 459,881</u>	<u>04/01/2023 – 06/30/2023</u>
	<u>\$ 459,881</u>	<u>07/01/2023 – 09/30/2023</u>
	<u>\$ 459,881</u>	<u>10/01/2023 – 12/31/2023</u>
	<u>\$ 459,881</u>	<u>01/01/2024 – 03/31/2024</u>

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

New York  
136(c.3)1905(a)(1) Inpatient Hospital Services  
Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<del>Soldiers &amp; Sailors Memorial Hospital</del>	<del>\$ 19,625</del>	<del>02/01/2014 — 03/31/2014</del>
	<del>\$ 117,252</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$ 134,923</del>	<del>04/01/2015 — 03/31/2016</del>
South Nassau Communities Hospital	<del>\$3,000,000</del>	<del>11/01/2014 — 03/31/2015</del>
	<del>\$1,000,000</del>	<del>04/01/2015 — 03/31/2016</del>
	<del>\$4,000,000</del>	<del>07/01/2018 — 03/31/2019</del>
	<del>\$4,000,000</del>	<del>04/01/2019 — 03/31/2020</del>
	\$4,000,000	04/01/2020 – 03/31/2021
<u>St. Elizabeth Medical Center</u>	<u>\$5,050,152</u>	<u>01/01/2023-3/31/2023</u>
Strong Memorial Hospital	<del>\$4,163,227</del>	<del>04/01/2018 — 03/31/2019</del>
	<del>\$4,594,780</del>	<del>04/01/2019 — 03/31/2020</del>
	\$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
	\$ 806,648	09/01/2022 – 09/30/2022
	\$ 806,648	10/01/2022 – 12/31/2022
	\$ 806,648	01/01/2023 – 03/31/2023
	\$ 254,735	04/01/2023 – 06/30/2023
	\$ 254,735	07/01/2023 – 09/30/2023
	\$ 254,735	10/01/2023 – 12/31/2023
	\$ 254,735	01/01/2024 – 03/31/2024
	\$ 139,869	04/01/2024 – 06/30/2024
	\$ 139,869	07/01/2024 – 09/30/2024
\$ 139,869	10/01/2024 – 12/31/2024	
\$ 139,869	01/01/2025 – 03/31/2025	
Wyckoff Heights Medical Center	<del>\$1,321,800</del>	<del>01/01/2014 — 03/31/2014</del>
	<del>\$1,314,158</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$1,344,505</del>	<del>04/01/2015 — 03/31/2016</del>
	\$970,000	03/01/2022 – 03/31/2022
	\$970,000	04/01/2022 – 06/30/2022
	\$970,000	07/01/2022 – 09/30/2022
	\$970,000	10/01/2022 – 12/31/2022
\$970,000	01/01/2023 – 03/31/2023	

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

## **Public Notice** **NYS Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with §2826 of New York Public Health Law. The following changes are proposed:

### **Institutional Services**

Effective on or after January 1, 2023, 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 five Hospitals:

- Ellis Hospital with aggregate payment amounts totaling up to \$12,000,000 for the period January 1, 2023, through March 31, 2023, and \$12,000,000 for the period April 1, 2023, through March 31, 2024, and \$12,000,000 for the period April 1, 2024, through March 31, 2025.
- Faxton-St. Luke's Healthcare with aggregate payment amounts totaling up to \$9,358,757 for the period January 1, 2023, through March 31, 2023.
- St. Elizabeth Medical Center with aggregate payment amounts totaling up to \$5,050,152 for the period January 1, 2023, through March 31, 2023.

- Catskill Regional Medical Center with aggregate payment amounts totaling up to \$3,514,212 for the period January 1, 2023, through March 31, 2023, and \$3,514,212 for the period April 1, 2023, through March 31, 2024, and \$3,514,212 for the period April 1, 2024, through March 31, 2025.
- Oswego Hospital with aggregate payment amounts totaling up to \$8,190,593 for the period January 1, 2023, through March 31, 2023, and \$5,277,476 for the period April 1, 2023, through March 31, 2024, and \$2,864,087 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$38,113,714 in 2022/2023. The Medicaid expenditures attributable to state fiscal year 2023/2024 and state fiscal year 2024/2025 are \$20,791,688 and \$18,378,299, 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](http://www.health.ny.gov/regulations/state_plans/status). Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

Kings County, Fulton Center  
114 Willoughby Street

Brooklyn, New York 11201

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

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

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

New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave  
One Commerce Plaza  
Suite 1432  
Albany, New York 12210  
[spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

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