



**KATHY HOCHUL**  
Governor

## Department of Health

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Executive Deputy Commissioner

September 3, 2024

Dear Colleague:

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

**SUMMARY**  
**SPA #24-0014**

This State Plan Amendment proposes to invest in Medicaid inpatient reimbursement rates, through acute and specialty hospital rate add-ons, for public hospitals in a city with a population of one million or more effective for services on or after July 1, 2024.

DRAFT

**New York  
131(a)**

**1905(a)(1) Inpatient Hospital Services**

**New York City Non-State Government Owned or Operated Hospital Rate Add-ons**

1. Effective on or after July 1, 2024, and each calendar year thereafter, the State will provide an inpatient rate add-on to public hospitals in a city with a population of one million or more, and not owned or operated by the State of New York or the State University of New York. The payment computed pursuant to this section will be calculated in accordance with the following:

a. An estimated total payment to be distributed annually of \$325,000,000 will be allocated to qualifying hospitals using each hospital's proportionate share of Medicaid Fee-For-Service (FFS) Acute and Specialty Long Term Acute Care Hospital (LTACH) discharges to the total associated Medicaid FFS discharges of the qualifying hospitals, based on 2022 calendar year paid claims.

b. A rate add-on will be calculated and incorporated into the Acute and LTACH rates for each qualifying hospital as follows:

i. Acute rate:

- 1) The per discharge rate add-on for the period July 1, 2024 through December 31, 2024 will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS acute discharges pro-rated for six months, based on paid claims.
- 2) The per discharge rate add-on for calendar year 2025 and thereafter will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS acute discharges, based on paid claims.
- 3) The rate add-on per discharge will be added to the acute rate payment, after the application of the Service Intensity Weight and Wage Equalization Factor adjustments to the Statewide Base Price, as defined in the Hospital Acute Inpatient Reimbursement section of this Attachment.

ii. LTACH rate:

- 1) The per diem rate add-on for the period July 1, 2024 through December 31, 2024 will be calculated for by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS LTACH days pro-rated for six months, based on paid claims.
- 2) The per diem rate add-on for calendar year 2025 and thereafter will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS LTACH days, based on paid claims.
- 3) The rate add-on per diem will be added to the LTACH rate payment, as defined in the Specialty Long Term Acute Care Hospital section of this Attachment.

TN #24-0014

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

Supersedes TN NEW

Effective Date July 1, 2024

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 institutional and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

#### Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

#### Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 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

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### PUBLIC NOTICE

#### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional, non-institutional and long-term care services to comply with Section 652 of Article 19 of the New York State Labor Law. The following changes are proposed:

#### All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 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.

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### PUBLIC NOTICE

#### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0015**

This State Plan Amendment proposes to invest in Medicaid outpatient reimbursement rates, through Article 28 clinic, emergency department and ambulatory surgery rate add-ons, for public hospitals in a city with a population of one million or more, effective for services on or after July 1, 2024.

DRAFT

New York  
1(l)(iii)

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

**New York City Non-State Government Owned or Operated Hospital Rate Add-ons**

1. Effective on or after July 1, 2024, and each calendar year thereafter, the State will provide an outpatient rate add-on to public hospitals in a city with a population of one million or more, and not owned or operated by the State of New York or the State University of New York. The payment computed pursuant to this section will be calculated in accordance with the following:

- a. An estimated total payment to be distributed annually of \$80,000,000 will be allocated to qualifying hospitals using each hospital's proportionate share of total Medicaid Fee-For-Service (FFS) Article 28 general clinic, emergency department and ambulatory surgery services visits to the total associated Medicaid FFS visits of the qualifying hospitals, based on 2022 calendar year Medicaid FFS paid claims.
- b. A uniform rate add-on will be calculated and incorporated into the Article 28 general clinic, emergency department and ambulatory surgery rates for each qualifying hospital as follows:
  - i. The per visit rate add-on for the period July 1, 2024 through December 31, 2024 will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its total 2022 calendar year Medicaid FFS visits pro-rated for six months, based on the paid claims, that were used to allocate such payments.
  - ii. The per visit rate add-on for calendar year 2025 and thereafter will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its total 2022 calendar year Medicaid FFS visits, based on the paid claims, that were used to allocate such payments.
  - iii. The rate add-on per visit will be added to the Ambulatory Patient Group (APG) Article 28 general clinic, emergency department and ambulatory surgery services rate payments, as defined in the APG Rate Computation – Hospital Outpatient section of this Attachment.

TN #24-0015

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

Supersedes TN NEW

Effective Date: July 1, 2024

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#### Non-Institutional Services

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#### All Services

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### PUBLIC NOTICE

#### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

**SUMMARY**  
**SPA #24-0026**

This State Plan Amendment proposes to establish Critical Time Intervention services under the medical assistance program.

DRAFT





New York  
3b-85

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**Licensed Practitioners of the Healing Arts (LPHA):** include the following individuals licensed by the New York State Education Department (NYSED), including:

- Physician: An individual currently licensed to practice medicine by NYSED;
- Physician Assistant: An individual currently licensed to practice as a physician assistant by NYSED;
- Nurse Practitioner: An individual currently certified as a nurse practitioner by NYSED.
- Registered Nurse (RN): An individual currently licensed and registered to practice as a registered professional nurse by NYSED;
- Psychologist: An individual currently licensed to practice as a psychologist by NYSED;
- Social Worker: An individual who is either currently licensed by NYSED as a licensed clinical social worker (LCSW) or a Licensed Master of Social Work (LMSW) practicing under the supervision of a psychiatrist, psychologist, or LCSW licensed by NYSED and employed by the agency;
- Mental Health Counselor: An individual currently licensed to practice as a mental health counselor by NYSED;
- Marriage and Family Therapist: An individual currently licensed to practice as a marriage and family therapist by NYSED;
- Psychoanalyst: An individual currently licensed to practice as a psychoanalyst by NYSED; and
- Creative Arts Therapist: An individual currently licensed to practice as a creative arts therapist by NYSED.

**Professional Staff:** Professional staff are qualified by credentials, training and experience to provide and supervise the provision of CTI Services, consistent with New York State scope of practice laws and rules, including:

*Certified Psychiatric Rehabilitation Practitioner*, which means an individual who is currently certified as a Psychiatric Rehabilitation Practitioner by the Psychiatric Rehabilitation Association;

*Creative Arts Therapist*, which means an individual who is currently licensed or has a limited permit to practice as a creative arts therapist by NYSED, or who has a master's degree in a mental health field from a program approved by NYSED and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;

*Credentialed Alcoholism and Substance Abuse Counselor*, which means an individual who is currently credentialed as a Credentialed Alcoholism and Substance Abuse Counselor by the New York State Office of Addiction Services and Supports;

TN #24-0026

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

Supersedes TN NEW

Effective Date July 1, 2024

New York  
3b-86

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**Professional Staff (continued):**

Licensed Practical Nurse, which means an individual who is currently licensed or permitted as a licensed practical nurse by NYSED and is supervised by a registered professional nurse, licensed physician, or physician assistant;

Marriage and Family Therapist, which means an individual who is currently licensed or has a limited permit to practice as a marriage and family therapist by NYSED or who has at least a master's degree required for licensure as a marriage and family therapist pursuant to the NYS Education law;

Mental Health Counselor, which means an individual who is currently licensed or has a limited permit to practice as a mental health counselor by NYSED or who has at least a master's degree required for licensure as a mental health counselor pursuant to the NYS Education law;

Nurse Practitioner, which means an individual who is currently certified or has a limited permit to practice as a nurse practitioner by NYSED;

Nurse Practitioner in Psychiatry, which means an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by NYSED;

Physician, which means an individual who is currently licensed or has limited permit to practice as a physician by NYSED;

Physician Assistant, which means an individual who is currently registered or has a limited permit to practice as a physician assistant or a specialist's assistant by NYSED;

Psychiatrist, which means an individual who is currently licensed or has a limited permit to practice as a physician by NYSED and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;

Psychoanalyst, which means an individual who is currently licensed or has a limited permit to practice as a psychoanalyst by NYSED or who has at least a master's degree required for licensure as a psychoanalyst pursuant to the NYS Education law;

Psychologist, which means an individual who is currently licensed or limited permit to practice as a psychologist by NYSED, or who has at least a master's degree in psychology;



New York  
3b-88

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**CTI Services:** CTI services are provided based upon an individual's assessed mental health condition and immediate needs screening, which forms the basis for establishing a person-centered plan of care for CTI Services. CTI services may involve contact with collaterals, including family and others significant in the individual's life, for the direct benefit of the beneficiary and in accordance with the individual's person-centered plan of care.

Medically necessary CTI Services include:

- **Person-Centered Planning:** Person-centered planning is a continuous process of assessing an individual's strengths, goals, barriers to achieving goals, and service needs, through the observation and evaluation of the individual's current mental, physical, and behavioral health condition and history. This service engages each individual and collaterals, as applicable, as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and community integration.

**Practitioner Qualifications:** Person-Centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

- **Psychosocial Rehabilitation Services:** Psychosocial rehabilitation services motivate and support individuals receiving CTI Services to engage in mental health and other community-based supportive services and continue to participate in the recovery process. Psychosocial rehabilitation services also motivate and support collaterals to engage in the treatment and discharge planning process for the benefit of the Medicaid beneficiary. Psychosocial Rehabilitation services assist in developing and enhancing an individual's stability in the community and address the symptoms of mental illness that interfere in the individual's ability to function in the community. Psychosocial rehabilitation services also include skill development and relapse prevention training services for the individual or collaterals, as applicable, to help the individual identify solutions to and resolve problems that threaten recovery and to restore age-appropriate skills which were lost or delayed due to the symptoms of mental illness.

**Practitioner Qualifications:** Person-Centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

New York  
3b-89

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**CTI Services (continued):**

- **Crisis Prevention Services:** Crisis Prevention services to safely and respectfully de-escalate situations where individuals are experiencing or are at risk of acute distress or agitation which require immediate attention.

**Practitioner Qualifications:** Crisis Prevention Services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

- **Health Services:** Health services include gathering of data concerning the individual's physical health, history, and any current signs and symptoms, and need for referral to appropriate medical services.

**Practitioner Qualifications:** Health Services are provided by a Registered Professional Nurse, Licensed Practical Nurse, Physician Assistant, Nurse Practitioner, Physician, or Psychiatrist.

- **Care Coordination Services:** Care Coordination services to support individuals living in the community or transitioning between levels of care. Care coordination is an active process that includes screening for service needs, helping beneficiaries by coordinating services and supports, referral and linkage, and identification or modification of supports, to promote community tenure and manage behavioral and physical health needs.

**Practitioner Qualifications:** Care coordination services are provided by professional staff and paraprofessional staff.

**Limitations on amount and duration of CTI Services:**

Due to the time-limited nature of CTI services and to promote the transition to other appropriate services, reimbursement for CTI services will be limited in the event that the beneficiary is also enrolled in and receiving other Medicaid-funded care coordination services, including Assertive Community Treatment, and Coordinated Specialty Care Services for individuals experiencing first-episode psychosis. Reimbursement for CTI services will be limited to one full calendar month during which both a CTI service provider and the other care coordination services provider qualify for Medicaid reimbursement.

New York  
3b-84

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services**

**Assurances:**

The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of the Medicaid-eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act:

- A. educational, vocational and job training services;
- B. room and board;
- C. habilitation services;
- D. services to inmates in public institutions as defined in 42 CFR §435.1010;
- E. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

**Description:**

Critical Time Intervention (CTI) Services are an evidence-based, time-limited, and phased approach to rehabilitate individuals with mental illness during critical times of transition in their lives, such as transitions from inpatient hospitalization or incarceration settings, to address the symptoms of mental illness and restore lost functionality. CTI Services are provided to both adults and children and emphasize assisting individuals, and their families, as applicable, to restore the functional skills necessary to return to or remain in integrated community settings and strengthen linkages to mental health and other supportive services that will remain in place after the time-limited intervention ends. CTI Services also include remedial and care coordination services prior to the individual's discharge from an inpatient hospital to promote community integration.

**Provider Qualifications**

CTI Services are recommended by a Licensed Practitioner of the Healing Arts. CTI services are provided by a multidisciplinary team of professional and paraprofessional staff under the supervision of professional staff, as defined herein, employed or contracted by an agency licensed or authorized by the NYS Office of Mental Health to provide CTI Services.

New York  
3b-85

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**Licensed Practitioners of the Healing Arts (LPHA):** include the following individuals licensed by the New York State Education Department (NYSED), including:

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New York  
3b-86

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**Professional Staff (continued):**

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Psychiatrist, which means an individual who is currently licensed or has a limited permit to practice as a physician by NYSED and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology;

Psychoanalyst, which means an individual who is currently licensed or has a limited permit to practice as a psychoanalyst by NYSED or who has at least a master's degree required for licensure as a psychoanalyst pursuant to the NYS Education law;

Psychologist, which means an individual who is currently licensed or limited permit to practice as a psychologist by NYSED, or who has at least a master's degree in psychology;

New York  
3b-87

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**Professional Staff (continued):**

*Psychoanalyst*, which means an individual who is currently licensed or has a limited permit to practice as a psychoanalyst by NYSED or who has at least a master's degree required for licensure as a psychoanalyst pursuant to the NYS Education law;

*Psychologist*, which means an individual who is currently licensed or limited permit to practice as a psychologist by NYSED, or who has at least a master's degree in psychology;

*Registered Professional Nurse*, which means an individual who is currently licensed or has a limited permit to practice as a registered professional nurse by NYSED;

*Rehabilitation Counselor*, which means an individual who has either a master's degree in rehabilitation counseling from a program approved by NYSED or current certification by the Commission on Rehabilitation Counselor Certification;

*Social Worker*, which means an individual who is currently licensed or has a limited permit to practice as a master social worker (LMSW) or clinical social worker (LCSW) by NYSED or who has at least a master's degree required for licensure as a social worker pursuant to the NYS Education law;

*Therapeutic Recreation Specialist*, which means an individual who has either a master's degree in therapeutic recreation from a program approved by NYSED or registration as a therapeutic recreation specialist by the National Therapeutic Recreation Society.

**Paraprofessional Staff:** Paraprofessional staff must be at least 18 years of age and have attained a bachelor's degree or be at least 18 years of age, have attained a high-school diploma or equivalent, and at least six (6) months of direct care experience with individuals with serious mental illness.

**Staff Supervision and Training Requirements**

Staff supervision for professional and paraprofessional staff in the provision of CTI Services occurs both formally, through direct supervision and consultation, as well as informally through regular team meetings. All CTI staff, including professionals and paraprofessionals are required to complete State-approved training in the CTI model.

New York  
3b-88

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**CTI Services:** CTI services are provided based upon an individual's assessed mental health condition and immediate needs screening, which forms the basis for establishing a person-centered plan of care for CTI Services. CTI services may involve contact with collaterals, including family and others significant in the individual's life, for the direct benefit of the beneficiary and in accordance with the individual's person-centered plan of care.

Medically necessary CTI Services include:

- **Person-Centered Planning:** Person-centered planning is a continuous process of assessing an individual's strengths, goals, barriers to achieving goals, and service needs, through the observation and evaluation of the individual's current mental, physical, and behavioral health condition and history. This service engages each individual and collaterals, as applicable, as an active partner in developing, reviewing, and modifying a course of care that supports the individual's progress toward recovery and community integration.

**Practitioner Qualifications:** Person-Centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

- **Psychosocial Rehabilitation Services:** Psychosocial rehabilitation services motivate and support individuals receiving CTI Services to engage in mental health and other community-based supportive services and continue to participate in the recovery process. Psychosocial rehabilitation services also motivate and support collaterals to engage in the treatment and discharge planning process for the benefit of the Medicaid beneficiary. Psychosocial Rehabilitation services assist in developing and enhancing an individual's stability in the community and address the symptoms of mental illness that interfere in the individual's ability to function in the community. Psychosocial rehabilitation services also include skill development and relapse prevention training services for the individual or collaterals, as applicable, to help the individual identify solutions to and resolve problems that threaten recovery and to restore age-appropriate skills which were lost or delayed due to the symptoms of mental illness.

**Practitioner Qualifications:** Person-Centered Planning services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

New York  
3b-89

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

**13.d Rehabilitative Services**

**Critical Time Intervention (CTI) Services (Continued)**

**CTI Services (continued):**

- **Crisis Prevention Services:** Crisis Prevention services to safely and respectfully de-escalate situations where individuals are experiencing or are at risk of acute distress or agitation which require immediate attention.

**Practitioner Qualifications:** Crisis Prevention Services are provided by professional staff or paraprofessional staff under the supervision of professional staff.

- **Health Services:** Health services include gathering of data concerning the individual's physical health, history, and any current signs and symptoms, and need for referral to appropriate medical services.

**Practitioner Qualifications:** Health Services are provided by a Registered Professional Nurse, Licensed Practical Nurse, Physician Assistant, Nurse Practitioner, Physician, or Psychiatrist.

- **Care Coordination Services:** Care Coordination services to support individuals living in the community or transitioning between levels of care. Care coordination is an active process that includes screening for service needs, helping beneficiaries by coordinating services and supports, referral and linkage, and identification or modification of supports, to promote community tenure and manage behavioral and physical health needs.

**Practitioner Qualifications:** Care coordination services are provided by professional staff and paraprofessional staff.

**Limitations on amount and duration of CTI Services:**

Due to the time-limited nature of CTI services and to promote the transition to other appropriate services, reimbursement for CTI services will be limited in the event that the beneficiary is also enrolled in and receiving other Medicaid-funded care coordination services, including Assertive Community Treatment, and Coordinated Specialty Care Services for individuals experiencing first-episode psychosis. Reimbursement for CTI services will be limited to one full calendar month during which both a CTI service provider and the other care coordination services provider qualify for Medicaid reimbursement.

New York  
3Q

**1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services**

**13d. Rehabilitative Services**

**Critical Time Intervention (CTI) Reimbursement**

CTI services are reimbursed regional monthly fees as follows.

Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of CTI services. The agency's fee schedule rate is effective as of July 1, 2024, and such rate is effective for services provided on or after that date. All rates are published at the following link:

[https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/cti.xlsx](https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/cti.xlsx)

Monthly fees are based on projected costs necessary to operate a CTI team of corresponding caseload and specialization and are calculated by dividing allowable projected annual costs by 12 months, caseload size, and annual volume. Such monthly fee is then adjusted by a factor to account for fluctuations in case load or when the provider cannot submit monthly claims because a minimum contact threshold cannot be met. No costs for room and board are included when calculating CTI reimbursement rates.

CTI services are reimbursed a monthly fee based on the number of contacts in which CTI services, including any combination of medically necessary CTI subcomponent services are provided during a calendar month. A CTI services provider may not bill more than one monthly fee for the same individual in the same month.

No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one face-to-face contact with an individual and one collateral contact.

CTI services provided by New York State Office of Mental Health licensed or authorized adult CTI services providers to individuals aged 16 and over will be reimbursed a tiered, regional monthly fee based on the number of contacts in which CTI services were provided to the eligible individual or collateral during the calendar month, as follows: There are three fee levels. Level 1 for a minimum of six contacts; Level 2 for a minimum of four contacts; and Level 3 for a minimum of two contacts per calendar month.

TN #24-0026

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

Supersedes TN NEW

Effective Date July 01, 2024

### Critical Time Intervention (CTI) Reimbursement (Continued)

The State also monitors the provision of CTI services to ensure that beneficiaries receive the types, quantity and intensity of services required to meet their needs through services and provider monitoring tools including regular reporting to OMH, CTI Dashboard, and PSYCKES data and provider licensing activities to monitor for compliance with New York State requirements. Providers of CTI services are required to perform patient-specific reporting to the State at routine intervals as a condition of licensure.

Effective Date July 1, 2024

ology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$597,564.

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 sections 7.15, 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Department of Health will amend the New York State Plan to establish Medical Assistance coverage and rates of payment for Critical Time Intervention (CTI) services provided by providers licensed by the New York State Office of Mental Health. CTI services are time-limited interventions to assist individuals during the transition from inpatient psychiatric hospital, emergency, and crisis services or other institutional or incarceration settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributed to this initiative is \$33 million.

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

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Bronx, New York 10457

Richmond County, Richmond Center  
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 institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals pursuant to Mental Hygiene Law 43.02(a). The following changes are proposed:

#### Institutional Services

Effective on or after July 1, 2024, the operating reimbursement for OPWDD Specialty Hospitals will be updated to recognize differences in provider cost structure associated with service capacity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$6.1 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

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3220 Northern Boulevard  
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114 Willoughby Street  
Brooklyn, New York 11201

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

**SUMMARY**  
**SPA #24-0041**

This State Plan Amendment proposes to increase the reimbursement rates for EPSDT early intervention (EI) services. This rate increase is needed to address provider capacity issues that municipalities are facing statewide.

DRAFT



## Page 1(a)(iii)(2)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

**1905(a)(4)(B) Early and Periodic Screening, Diagnostic, and Treatment services**

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

## EPSDT provided as EPSDT Early Intervention (EI) Services

Early and periodic screening, diagnostic and treatment services (EPSDT) for individuals under 21 years of age, and treatment of conditions found.

EPSDT EI services are delivered by Department of Health-approved early intervention service providers in each county of the State or the City of New York and include the following Medicaid services as described in Item 6.d(i) of Section 3.1-A and 3.1-B of the Medicaid State Plan.

1) Screening Services, 2) Evaluation Services, 3) Audiology Services, 4) Nursing Services, 5) Nutrition Services, 6) Occupational Therapy Services, 7) Physical Therapy Services, 8) Psychological Services, 9) Social Work Services, 10) Special Instruction/Developmental Services, 11) Speech-Language Pathology Services, 12) Medical Equipment and Appliances, 13) Vision Services, 14) Applied Behavioral Analysis Services, 15) Transportation Services.

Fees established by the Department of Health and in effect on July 1, 2018, will be used to pay for EPSDT EI services furnished on or after July 1, 2018. The fees are available on the Department of Health's website at the following links:

EPSDT EI Services (other than DME and transportation):

[www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

Fees established by the Department of Health and in effect on July 1, 2023, will be used to pay for EPSDT EI transportation services furnished on or after July 1, 2023. The fees are available on the Department of Health's website at the following links:

EPSDT EI transportation services:

[www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

Medical equipment and appliances are reimbursed in accordance with the methodology in place for Durable Medical Equipment on page 6(a)(viii) of the State Plan.

Effective July 1, 2024, and applicable to services on and after July 1, 2024, rates for EPSDT Early Intervention services will be increased by 5%.

TN #24-0041

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

Supersedes TN #23-0087

Effective Date July 1, 2024

# 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 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 April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

## PUBLIC NOTICE Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road  
Berlin, NY  
Rensselaer County

.21 ± acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

*For further information, please contact:* Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

## 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, non-institutional and long term care services to comply with the 2024-2025 proposed executive budget. The following changes are proposed:

### All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

### Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

#### Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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  
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Staten Island, New York 10301

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

#### Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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:

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250 Church Street  
New York, New York 10018

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Brooklyn, New York 11201

Bronx County, Tremont Center  
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Bronx, New York 10457

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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 to comply with statutory provisions. The following changes are proposed:

#### Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

**SUMMARY**  
**SPA #24-0060**

This State Plan Amendment proposes to update the Ambulatory Patient Group (APG) payment methodology for hospital-based clinic and ambulatory surgery services, including emergency room services, to reflect the recalculated weight and component updates that will become effective on or after July 1, 2024.

DRAFT

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

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

## APG Reimbursement Methodology – Hospital Outpatient

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

### Contact Information:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Contacts."

3M APG Crosswalk, version 3.18; updated as of ~~01/01/24 and 04/01/24~~ 07/01/24 and 10/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/crosswalk/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm)

<https://www.emedny.org/Crosswalk/> Click on "Accept" at bottom of page to gain access.

**APG Alternative Payment Fee Schedule; updated as of 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of ~~01/01/24 and 04/01/24~~ 07/01/24 and 10/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "2024"

**APG 3M Definitions Manual Versions; updated as of ~~01/01/24 and 04/01/24~~ 07/01/24 and 10/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/crosswalk/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm)

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Investments by Rate Period."

**APG Relative Weights; updated as of ~~01/01/24~~ 07/01/24:**

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

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Ancillary Policy."

**TN #24-0060**

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

**Supersedes TN #24-0016**

Effective Date July 1, 2024

**New York  
1(e)(2.1)**

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

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Carve Outs."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "CIFs by Rate Period."

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

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

**If Stand Alone, Do Not Pay Procedures; updated as of 07/01/22:**

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

**Modifiers; updated as of ~~01/01/24~~ 07/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

## Never Pay Procedures; updated as of 01/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend Procedures."

**TN #24-0060**

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

**Supersedes TN #24-0016**

Effective Date July 1, 2024



# 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

### Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for July 2024 will be conducted on July 17 and July 18 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. 1, Albany, NY 12239, (518) 473-6598

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with the 2024-2025 enacted budget. The following changes are proposed:

#### Long Term Care Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of residential health care facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$282.5 million.

#### Non Institutional Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Assisted Living Programs (ALPs).

The estimated net aggregate increase in gross Medicaid expendi-

tures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$15 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Adult Day Health Centers (ADHCs).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$2 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Hospice programs.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$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](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 to revise provisions of the Ambulatory Patient Group (APG) reimbursement method-

ology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$597,564.

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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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 sections 7.15, 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Department of Health will amend the New York State Plan to establish Medical Assistance coverage and rates of payment for Critical Time Intervention (CTI) services provided by providers licensed by the New York State Office of Mental Health. CTI services are time-limited interventions to assist individuals during the transition from inpatient psychiatric hospital, emergency, and crisis services or other institutional or incarceration settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributed to this initiative is \$33 million.

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

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*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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 institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals pursuant to Mental Hygiene Law 43.02(a). The following changes are proposed:

#### Institutional Services

Effective on or after July 1, 2024, the operating reimbursement for OPWDD Specialty Hospitals will be updated to recognize differences in provider cost structure associated with service capacity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$6.1 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.

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



**SUMMARY**  
**SPA #24-0061**

This State Plan Amendment proposes to update the Ambulatory Patient Group (APG) payment methodology for freestanding clinic and ambulatory surgery center services to reflect the recalculated weight and component updates that will become effective on or after July 1, 2024.

DRAFT

New York  
2(g)(2)

**1905(a)(9) Clinic Services**

**APG Reimbursement Methodology – Freestanding Clinics**

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

**Contact Information:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Contacts."

**3M APG Crosswalk\*:**

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

**APG Alternative Payment Fee Schedule; updated as of 01/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Alternative Payment Fee Schedule."

**APG Consolidation Logic; logic is from version ~~3.18.24.1 and 3.18.24.2~~ 3.18.24.3 and 3.18.24.4, updated as of ~~01/01/24 and 04/01/24~~ 07/01/24 and 10/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "2024"

**APG 3M Definitions Manual; version 3.18 updated as of ~~01/01/24 and 04/01/24~~ 07/01/24 and 10/01/24:** [http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "3M Versions and Crosswalk."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Investments by Rate Period."

**APG Relative Weights; updated as of ~~01/01/24~~ 07/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Ancillary Policy."

\*Older 3M APG crosswalk versions available upon request.

TN #24-0061

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

Supersedes TN #24-0017

Effective Date July 1, 2024

### 1905(a)(9) Clinic Services

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Carve Outs."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "CIFs by Rate Period."

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

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

**If Stand Alone, Do Not Pay Procedures; updated 07/01/22:**

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

**Modifiers; updated as of ~~01/01/24~~ 07/01/24:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

## Never Pay Procedures; updated as of 01/01/24:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No-Blend Procedures."

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

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on APGs."

# 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

### Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for July 2024 will be conducted on July 17 and July 18 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. 1, Albany, NY 12239, (518) 473-6598

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with the 2024-2025 enacted budget. The following changes are proposed:

#### Long Term Care Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of residential health care facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$282.5 million.

#### Non Institutional Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Assisted Living Programs (ALPs).

The estimated net aggregate increase in gross Medicaid expendi-

tures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$15 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Adult Day Health Centers (ADHCs).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$2 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Hospice programs.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$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  
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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](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 to revise provisions of the Ambulatory Patient Group (APG) reimbursement method-

ology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$597,564.

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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*For further information and to review and comment, please contact:*  
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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services consistent with sections 7.15, 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Department of Health will amend the New York State Plan to establish Medical Assistance coverage and rates of payment for Critical Time Intervention (CTI) services provided by providers licensed by the New York State Office of Mental Health. CTI services are time-limited interventions to assist individuals during the transition from inpatient psychiatric hospital, emergency, and crisis services or other institutional or incarceration settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributed to this initiative is \$33 million.

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

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*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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 institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals pursuant to Mental Hygiene Law 43.02(a). The following changes are proposed:

#### Institutional Services

Effective on or after July 1, 2024, the operating reimbursement for OPWDD Specialty Hospitals will be updated to recognize differences in provider cost structure associated with service capacity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$6.1 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.

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Richmond County, Richmond Center

**SUMMARY**  
**SPA #24-0062**

This State Plan Amendment proposes to establish a Medicaid rate that reflects the approved costs associated with providing care to children with medical fragility, for eligible pediatric Diagnostic and Treatment Centers (D&TCs).

DRAFT

## Pediatric Diagnostic and Treatment Center Rate

- Based on the aforementioned, the total annual operating costs will be divided by the total annual visits to establish the operating cost component of the rate and the total annual capital costs will be divided by the total annual visits to establish the capital cost component of the rate.

In addition to required annual cost reports, pediatric D&TCs, as defined by this section, will submit additional data as the commissioner requires.



95 Central Avenue, St. George  
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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](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 to comply with Public Health Law § 2807(2)(g)(iii). The following changes are proposed:

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

Effective for services on or after July 1, 2024, through March 31, 2027, qualified pediatric Diagnostic and Treatment Centers (D&TCs) will be eligible for a Medicaid rate that reflects the approved costs associated with providing care to children with medical fragility. The pediatric D&TC must be participating in a demonstration program for children with medical fragility, for which at least eighty percent of its total Medicaid fee-for-service reimbursement is derived from the provision of services to children under the age of twenty-one with medical fragility. The pediatric D&TC must also be affiliated with a pediatric residential health care facility, which is freestanding or has a discrete unit within a facility, authorized to provide extensive nursing, medical, psychological and counseling support services solely to children under the age of twenty-one.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.5 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](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  
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**Bronx County, Tremont Center**  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## **PUBLIC NOTICE**

Department of State  
F-2024-0143

Date of Issuance – June 26, 2024

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-2024-0143, John C Devine, is proposing to reconstruct existing deteriorated dock by driving steel pilings on the edge of the existing stone cribbing. Construct a steel frame on the pilings and wooden decking on top of the steel frame. SECTION 1: 15 ft-wide x 40 ft-long (600 sq ft) ; SECTION 2: 24 ft-wide by 20 ft-long (480 sq ft). The proposed project would be located at 23399 Road 908, Lake Ontario, Town of Brownville, Jefferson County.

The stated purpose of the proposed action is to “Reconstruct dock over original stone cribbing utilizing steel pilings, steel framing and wooden decking/staving.”

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/06/f-2024-0143.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 July 26, 2024.

*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-2024-0250

Date of Issuance – June 26, 2024

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-2024-0250, the applicant, Peter V. Moot III, is proposing to dredge approximately 193 cubic yards in a channel and boat docking area and to construct a 90-foot long living shoreline along a portion of the bank. The project is located at 45416 CR 191, Wellesley Island in Jefferson County in the Lake of the Isles on the Saint Lawrence River.

The stated purpose of the proposed action is to restore navigational access to the boat dockage area.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/06/f-2024-0250.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.



**SUMMARY**  
**SPA #24-0063**

This State Plan Amendment proposes to provide a one time across the board funding increase of up to \$280.5 million to Nursing Homes for the period July 1, 2024 to March 31, 2025.

DRAFT

New York  
A(a.2)

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

For the period beginning July 1, 2024 and ending March 31, 2025, a one-time across-the-board (ATB) increase will be provided to Article 28 nursing homes, increasing overall Medicaid reimbursement by up to \$280.5 million.

- a. Programs to receive funding as a part of this increase include:
  - i. Nursing Homes
  - ii. Specialty care facilities
- b. In order to fully distribute the available funding, one-time lump sum payments will be made to each facility. The lump sum payment per facility will be calculated as follows:
  - i. Divide the available amount of the ATB increase by the total of all facility patient days for the most recent reported calendar year (2022). This will result in an ATB increase per patient day.
  - ii. Then, take the ATB increase per patient day and multiply it by each facility's patient days.

TN #24-0063

Supersedes TN NEW

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

Effective Date July 1, 2024

# 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

### Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for July 2024 will be conducted on July 17 and July 18 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. 1, Albany, NY 12239, (518) 473-6598

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with the 2024-2025 enacted budget. The following changes are proposed:

#### Long Term Care Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of residential health care facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$282.5 million.

#### Non Institutional Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Assisted Living Programs (ALPs).

The estimated net aggregate increase in gross Medicaid expendi-

tures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$15 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Adult Day Health Centers (ADHCs).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$2 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Hospice programs.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$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:

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Bronx, New York 10457

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

*For further information and to review and comment, please contact:* Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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 to revise provisions of the Ambulatory Patient Group (APG) reimbursement method-

ology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$597,564.

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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*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 sections 7.15, 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Department of Health will amend the New York State Plan to establish Medical Assistance coverage and rates of payment for Critical Time Intervention (CTI) services provided by providers licensed by the New York State Office of Mental Health. CTI services are time-limited interventions to assist individuals during the transition from inpatient psychiatric hospital, emergency, and crisis services or other institutional or incarceration settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributed to this initiative is \$33 million.

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

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*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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 institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals pursuant to Mental Hygiene Law 43.02(a). The following changes are proposed:

#### Institutional Services

Effective on or after July 1, 2024, the operating reimbursement for OPWDD Specialty Hospitals will be updated to recognize differences in provider cost structure associated with service capacity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$6.1 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.

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

**SUMMARY**  
**SPA #24-0064**

This State Plan Amendment proposes to provide a one time across the board funding increase of up \$19.5 million to Assisted Living Programs (ALPS), Adult Day Health Centers (ADHC) and Hospice providers for the period July 1, 2024 to March 31, 2025.

DRAFT

New York  
A (7.12)

**1905(a)(7) Home Health Services, 1905(a)(18) Hospice Care, 1905(a)(22) Home or Community Care**

For the period beginning July 1, 2024 and ending March 31, 2025, a one-time across-the-board (ATB) increase will be provided to non-institutional long term care providers, increasing overall Medicaid reimbursement by up to \$19.5 million.

- a. Programs to receive funding as a part of this increase include:
  - i. Assisted Living Programs
  - ii. Adult Day Health Care Facilities
  - iii. Residential Hospice Programs
- b. In order to fully distribute the available funding, one-time lump sum payments will be made to each facility. The lump sum payment per facility will be calculated as follows:
  - i. Divide the available amount of the ATB increase by the total of all facility patient days for the most recent reported calendar year (2022). This will result in an ATB increase per patient day.
  - ii. Then, take the ATB increase per patient day and multiply it by each facility's patient days.

TN #24-0064

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

Supersedes TN NEW

Effective Date July 1, 2024

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

## PUBLIC NOTICE

### Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for July 2024 will be conducted on July 17 and July 18 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. 1, Albany, NY 12239, (518) 473-6598

## PUBLIC NOTICE

### Department of Health

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with the 2024-2025 enacted budget. The following changes are proposed:

#### Long Term Care Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of residential health care facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$282.5 million.

#### Non Institutional Services

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Assisted Living Programs (ALPs).

The estimated net aggregate increase in gross Medicaid expendi-

tures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$15 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Adult Day Health Centers (ADHCs).

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$2 million.

Effective on or after July 1, 2024, this proposal would provide a one-time increase in funding associated with reimbursement of Hospice programs.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$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.

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ology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is \$597,564.

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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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services consistent with sections 7.15, 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after July 1, 2024, the Department of Health will amend the New York State Plan to establish Medical Assistance coverage and rates of payment for Critical Time Intervention (CTI) services provided by providers licensed by the New York State Office of Mental Health. CTI services are time-limited interventions to assist individuals during the transition from inpatient psychiatric hospital, emergency, and crisis services or other institutional or incarceration settings.

The estimated annual net aggregate increase in gross Medicaid expenditures attributed to this initiative is \$33 million.

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

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan institutional services methods and standards for setting Medicaid payment rates for Office of People With Developmental Disabilities (OPWDD) Specialty Hospitals pursuant to Mental Hygiene Law 43.02(a). The following changes are proposed:

#### Institutional Services

Effective on or after July 1, 2024, the operating reimbursement for OPWDD Specialty Hospitals will be updated to recognize differences in provider cost structure associated with service capacity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$6.1 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.

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Richmond County, Richmond Center



**SUMMARY**  
**SPA #24-0066**

This State Plan Amendment proposes to reduce Care Coordination Organizations (CCO's) reimbursement in accordance with the Fiscal Year 2025 Enacted Budget.

DRAFT

# NY - Submission Package - NY2024MS0006D - Health Homes

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

CMS 10434 OMB 0938 1188

## Package Information

<b>Package ID</b>	NY2024MS0006D	<b>Submission Type</b>	Draft
<b>Program Name</b>	NY CCO/HHS erving Individuals with I/DD	<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 | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

## State Information

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

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

DRAFT

Submission Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded PA ID	N/A		

Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to reduce Care Coordination Organizations (CCO's) reimbursement in accordance with the Fiscal Year 2025 Enacted Budget.

Federal Budget Impact and Statute/Regulation Citation



Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$-1391667
Second	0	\$ 3 0000

Federal Statute / Regulation Citation

§194 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Fiscal Calculations (24-0066) (7-31-24)</a>	8/1/2024 1:16 PM EDT	
<a href="#">Authorizing Provisions ( 4 0066) (7 1 4)</a>	7/1/20 4 1 16 PM EDT	

Submission Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded PA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 4 days
- ☐ Other

DRAFT

Submission Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD  
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 CCO/HHs Serving Individuals with I/DD

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 checked="" 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 checked="" 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 of

☐ 194 A Health Home Program

# Submission Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header


Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

☐ Public notice was provided due to proposed changes in methods and standards for setting payment rates for services pursuant to 4 CFR 447.0

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

Name	Date Created	
<a href="#">FPN-NYS Register (7-31-24)</a>	7/31/2024 10:21 AM EDT	

DRAFT

# Submission Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Name of Health Homes Program:  
NYS CCO/HHs Serving Individuals with I/DD

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 PA

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
- ☐ 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

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



Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SAMHSA Consultation

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

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

Date of consultation
4/1/2022

DRAFT

# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-23-0062		
	System-Derived		

## Program Authority

1945 of the Social Security Act  
The state elects to implement the Health Homes state plan option under section 194 of the Social Security Act

**Name of Health Homes Program**  
NYS CCO/HHs Serving Individuals with I/DD

## 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**

This State Plan Amendment proposes to reduce Care Coordination Organizations (CCO's) reimbursement in accordance with the Fiscal Year 2025 Enacted Budget.

The New York State Department of Health (DOH) in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD) is seeking a new Health Home State Plan effective July 1 201 to create and authorize Health Home care management for individuals with intellectual and/or developmental disabilities (I/DD). The goal of establishing Health Homes to serve the I/DD population is to provide a strong, stable, person-centered approach to holistic service planning and coordination required to ensure the delivery of quality care that is integrated and supports the needs of individuals with I/DD chronic conditions. The Health Home program authorized under this State Plan shall be known as the NYS Care Coordination Organizations/Health Homes (CCO/HHs) Serving Individuals with Intellectual and Developmental Disabilities (I/DD) Program (NYS CCO/HHs Serving I/DD) and Health Homes authorized under this State Plan shall be known as Care Coordination Organizations/Health Homes (CCO/HHs). As described in more detail, this SPA will establish requirements for the NY CCO/HHs serving I/DD Program including establishing eligible I/DD Health Home chronic conditions transitioning Medicaid service Coordination (M C) and Plan of Care support services (PCS ) to Health Homes establishing per member per month rates for Health Homes designated to serve members with I/DD; defining CCO/HHs core requirements, including Health Information Technology (HIT) requirements; establishing the processes for referring Medicaid members to CCO/HHs ; and defining the requirements for providers to be eligible to be designated as CCO/HHs. The State Plan authorizes the statewide enrollment of individuals with eligible Developmental Disability conditions in designated CCO/HHs.

## 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 | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-23-0062		
	System-Derived		

## Payment Methodology

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

☐ Fee for Service

☐ Individual Rates Per Service

☐ Per Member, Per Month Rates

☐ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

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

☐ Other

**Describe below**

see text box below regarding rates.

☐ Comprehensive Methodology Included in the Plan

☐ Incentive Payment Reimbursement

**Describe any variations in payment based on provider 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)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded PA ID	NY 006		
	System-Derived		

Agency Rates

Describe the rates used

- ☐ FF 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

8/1/2024

Website where rates are displayed

[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/)

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Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
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Superseded PA ID	NY 006		
System-Derived			

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.

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies  
Effective July 1 2020 certain rate setting provisions in the approved 0 0 0 1 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Care Management Fee

CCO/HH providers that meet State and federal standards will be paid a per member per month care management fee that is based on region assessment data residential status and other functional indicators. A unit of service will be defined as a billable unit per service month. To be reimbursed for a billable unit of service per month CCO/HH providers must at a minimum, provide active care management by providing at least one of the core health home services per month. Once an individual has been assigned a care manager and is enrolled in the CCO/HHs program, the active care management per member per month (PMPM) may be billed. Care managers must maintain the CCO/HHs consent forms and document all services provided to the member in the member's life plan. Upon enrollment in the program, Care Managers will attest in the State system the individual's consent to enroll in Health Homes. The CCO will maintain the consent form electronically within the individual's record in the Care Coordination system.

As described in the attachment CCO/HH Rate Setting Methodology, the care management PMPM will include four rate tiers. The rate tier of an individual is determined by region, the intensity of care coordination required to serve the individual and the residential/living setting of the individual. For enrollees who are new to the OPWDD service delivery system, there will be a separate tiered CCO/HH care management PMPM that may be billed for the first month of enrollment in CCO/HH for individuals who have never received a Medicaid-funded long-term service. The separate tiered rate includes costs related to preparing an initial life plan an initial Medicaid application if needed and gathering documentation and records to support the I/DD diagnosis, that such I/DD condition results in substantial handicap and the individual's ability to function normally in society and level of care determination. The PMPM rate tiers are calculated based on total costs relating to the care manager (salary, fringe benefits, non-personal services, capital and administration costs) and, for each tier, caseload assumptions. The State will periodically review the CCO/HH payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services. In addition, based on operating experience, the State will make adjustments as appropriate to the PMPM.

Medicaid Service Coordinators (MSC) and Plan of Care Support Services (PCSS)

CCO/HH MSC and PCSS agencies that provide care management to individuals with developmental disabilities under the State Plan that convert to a CCO/HH or become part of a CCO/HHs will be paid the care management PMPMs described above.

All payment policies have been developed to assure that there is no duplication of payment for CCO/HH services

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006D | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded PA ID	NY 006		
System-Derived			


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.
- ☐ The state has developed payment methodologies and rates that are consistent with section 1902(a)( 0)(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	
2024 NI Rate SFQs (24-0066) (7-31-24)	8/1/2024 1:28 PM EDT	

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 8/1/2024 1 29 PM EDT*

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# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](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 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 Health Home Services Provided by Care Coordination Organization services to comply with the Fiscal Year 2025 Enacted Budget. The following changes are proposed:

### Non-Institutional Services

Effective on or after August 1, 2024, the reimbursements for Health Home Services Provided by Care Coordination Organizations (CCO's) will be reduced in accordance with the Fiscal Year 2025 Enacted Budget.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative for State Fiscal Year 2025 is (\$12.7M).

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 to comply with Social Security Act Section 1905(a)(12), 42 Code Federal Regulation Section 440.120. The following changes are proposed:

### Non-Institutional Services

Effective on or after August 1, 2024, the New York State Plan will allow the coverage of certain imported drugs deemed medically necessary per 21 United States Code Section 381(d)(1)(B).

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

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

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2024-0104 Matter of EXP, Volodymyr Lytvyn, 1170 Route 22, Suite 103, Bridgewater, NJ 08807, for a variance concerning safety requirements, including dead-end corridors. Involved is an elevated signal tower building known as Beach 105th Station located at Beach 105th Street and Rockaway Freeway in the Borough of Queens, City of New York, State of New York.

2024-0332 Matter of Emerald Point Developers, LLC, 3850 Buffalo Road, Rochester, NY 14624, for a variance concerning safety requirements, including fire apparatus access roads. Involved is an addition to an existing building located at 3841 Buffalo Road, Town of Ogden, County of Monroe, State of New York.

2024-0340 Matter of MTA Construction and Development, 2 Broadway, 8th Floor, New York, NY 10004, for a variance concerning safety requirements, including Wide Aisle Gates. Involved is an existing transit station, known as the Kingsbridge Road Station, located in the City of New York, Borough of the Bronx, County of Bronx, State of New York.

## PUBLIC NOTICE

Department of State  
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2024- 0341 Matter of Blue Line 9 Inc., Angel Aponte, 1330 Washington Avenue, Bayshore, NY 11706, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 149 Hilltop Drive, Town of Brentwood, County of Suffolk, State of New York.

2024-0342 Matter of Captain Permit, Mike Arato, 245 NY-109, Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 50 Sunset Blvd.; Town of Oyster Bay, County of Nassau, State of New York.

2024-0344 Matter of Jose David Ventura, 52 Long Drive, Hempstead, NY 11550, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 52 Long Drive, Village of Hempstead, County of Nassau, State of New York.

2024-0346 Matter of Captain Permit, Mike Arato, 245 NY-109,

Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including ceiling height requirements. Involved is an existing dwelling located at 703 Provost Avenue, Town of Brookhaven, County of Suffolk, State of New York.

2024-0348 Matter of Arpitha Chakalakal, 1653 Highland Ave., New Hyde Park, NY 11040, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 1653 Highland Avenue, Town of North Hempstead, County of Nassau, State of New York.

## PUBLIC NOTICE

Susquehanna River Basin Commission  
General Permit Notice

SUMMARY: This notice lists General Permits approved by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: June 1-30, 2024

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax (717) 238-2436; e-mail: joyler@srbc.gov. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists General Permits for projects, described below, pursuant to 18 CFR § 806.17(c)(4), for the time period specified above.

1. Lear Corporation Pine Grove – Penn Dye and Finishing Plant, General Permit Approval of Coverage No. GP-01-20240606, Pine Grove Borough, Schuylkill County, Pa.; groundwater remediation system withdrawal approved up to 0.297 mgd (30-day average); Approval Date: June 13, 2024.

Authority: Public Law 91-575, 84 Stat. 1509 et seq., 18 CFR parts 806 and 808.

Dated: July 11, 2024.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

## PUBLIC NOTICE

Susquehanna River Basin Commission  
Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists Approvals by Rule for projects by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: June 1 - 30, 2024.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22(e) and (f) for the time period specified above.

Water Source Approval - Issued Under 18 CFR 806.22(e):

1. Cargill Cocoa & Chocolate, Inc. - Hazleton Plant; ABR-202406002; Hazle Township, Luzerne County, Pa.; Consumptive Use of Up to 0.0800 mgd; Approval Date: June 14, 2024.

2. Hershey Creamery Co. - Middledown Manufacturing, ABR-202406003; Lower Swatara Township, Dauphin County, Pa.; Consumptive Use of Up to 0.0500 mgd; Approval Date: June 14, 2024.

Water Source Approval - Issued Under 18 CFR 806.22(f):

1. RENEWAL - Chesapeake Appalachia, L.L.C.; Pad ID: Chancellor; ABR-20090532.R3; Asylum Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: June 5, 2024.

**SUMMARY**  
**SPA #24-0069**

This State Plan Amendment proposes to reduce the capital component of the Medicaid rates for all Adult Day Health Care facilities by 10%.

DRAFT

**New York  
7(a)(ii)**

**1905(a)(22) Home or Community Care**

For rates of payment effective for adult day health care services provided on and after January 1, 2009 through March 31, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be adjusted such that any increase to the average trend factor for the period April 1, 2008 through December 31, 2008 will be reduced, on an annualized basis, by 1.3%. However, no retroactive adjustment to such trend factor will be made for the period April 1, 2008 through December 31, 2008. Effective on and after April 1, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be zero.

For rates of payment effective for adult day health care services provided on and after January 1, 2009 through March 31, 2009, a trend factor equal to the otherwise applicable trend factor attributable to the period January 1, 2009 through December 31, 2009, less 1% will be applied. Effective on and after April 1, 2009 the otherwise applicable trend factor attributable to the 2009 calendar year period will be zero.

For rates of payment effective for services provided on and after January 1, 2010 through March 31, 2010, the otherwise applicable final trend factor attributable to the 2010 calendar year period will be zero.

For rates of payment effective for adult day health care services provided on and after April 1, 2010, the otherwise applicable trend factor attributable to the 2010 calendar year period will be zero.

For rates of payment effective for adult day health care services provided on and after April 1, 2011, the otherwise applicable trend factors attributable to the 2011 through 2014 calendar year periods will be no greater than zero. For such rates effective for the period January 1, 2015 through March 31, 2015 and for the period April 23, 2015 through December 31, 2015 otherwise applicable trend factors attributable to the 2015 calendar year period will be no greater than zero. For rates of payment effective for adult day health care services provided on and after January 1, 2016 through March 31, 2017 and for the period April 1, 2017 through December 31, 2017, the otherwise applicable trend factor attributable to the 2016 and 2017 calendar year periods will be zero. For rates of payment effective for adult day health care services provided on and after January 1, 2018 through March 31, 2019 and for the period April 1, 2019 through December 31, 2019, the otherwise applicable trend factor attributable to the 2018 and 2019 calendar year periods will be zero. For rates of payment effective for adult day health care services provided on and after January 1, 2020, the otherwise applicable trend factor will be zero.

Effective on April 2, 2020, the capital component of the Medicaid rate will be adjusted to eliminate reimbursement for residual equity payments and reduce capital reimbursement by 5% for all Adult Day Health Care Facilities.

Effective on July 1, 2024, the capital component of the Medicaid rate will be adjusted to reduce capital reimbursement by 10% for all Adult Day Health Care Facilities. This is in addition to all existing rate add-ons and reductions.

TN     #24-0069    

Approval Date                     

Supersedes TN     #20-0049    

Effective Date   July 1, 2024

# 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 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 section 1, Subparagraph (iv) of paragraph (b) of subdivision 2-b of section 2808 of the Public Health Law, as amended by section 2 of Part E of Chapter 57 of the laws of 2024. The following changes are proposed:

### Non-Institutional Services

Effective on or after July 1, 2024, and each SFY thereafter, this proposal would reduce funding associated with Adult Day Health Care capital reimbursement by an additional 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$100,000).

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at [http://www.health.ny.gov/regulations/state\\_plans/status](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-2024-0228

Date of Issuance – June 12, 2024

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-2024-0228, River Road Solar A LLC and River Road Solar B LLC are proposing the development of a 10 MW-ac ground mount, fixed tilt, community solar PV array located on a portion of a 91.4-acre parcel. Actions required for the development of this Project include minor permanent impacts to a federally jurisdictional stream for a necessary culvert replacement and filling and grading to widen the existing gravel access road to accommodate construction vehicle access and emergency vehicle access to the project area.

This project is located along River Road in the Town of Bethlehem, Albany County, Tributary to the Hudson River.

The stated purpose of the proposed action is to “[develop a] solar array to meet renewable energy demands and New York State goals for renewable energy.”

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/6/f-2024-0228a.pdf>, <https://dos.ny.gov/system/files/documents/2024/6/f-2024-0228b.pdf>, <https://dos.ny.gov/system/files/documents/2024/6/f-2024-0228c.pdf>, <https://dos.ny.gov/system/files/documents/2024/6/f-2024-0228d.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 July 12, 2024.

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

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

## PUBLIC NOTICE

Department of State  
F-2024-0287

Date of Issuance – June 12, 2024

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-2024-0287, Nassau County DPW is proposing to upgrade the drainage system of Bayville and Adams Avenues with larger diameter pipes or box culverts. Excavate 740 SF of channel (65cys) and plant with wetland vegetation. Bound the west and east sides of proposed channel with two 33LF runs of cantilevered steel bulkhead, placing stone at existing revetment on shoreline above MHW at the road ending of Adams Avenue, in the Village of Bayville, Nassau County, Mill Neck Creek.

The stated purpose of the proposed action: To mitigate flooding through the maintenance construction of storm drainage improvements, increasing both capacity and providing water quality facilities.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/06/f-2024-0287.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 July 12, 2024.

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

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

## PUBLIC NOTICE

Department of State  
F-2024-0288

Date of Issuance – June 12, 2024

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-2024-0288, the Palisades Interstate Park Commission is proposing various amenities/improvements at Sojourner Truth State Park (STSP). The park is located within the City of Kingston and Town of Ulster in Ulster County. The proposed amenities include general access roads, trails and building as well as additional facilities located in four focus areas in the park and include:

### Entrances and Roads

- An entrance is proposed on the east side of Route 32, continuing east into STSP along a currently gravel and rocky unimproved access road. This entrance would continue to the Main Street/First Avenue entrance.
- An emergency vehicle access road to connect into Quarry Lake west of First Avenue.
- A vehicular road extending south from the entrance road east of First Avenue to a parking area east of First Avenue opposite the emergency road to Quarry Lake.
- The North Trail Entrance located at John Street near the Empire State Trail.
- The Southern entrance would provide connection into the Site at the Empire State Trail at the boundary with Hutton Brickyards to the south.
- A road to the north from Sojourner Truth Way, connecting to Main Street.
- Parking areas are proposed: a) at John Street near the northern entrance and the kayak launch; b) on the east side of Main Street opposite Quarry Lake; c) along Sojourner Truth Way; d) at an existing informal parking area north of the Commons (Focus Area 3); and 4) at the southern gateway entrance on North Street.
- Additional roadway improvements are proposed to facilitate these entrances, including an upgrade through signalization at the intersection of Frank Sottile Boulevard and Route 32 north of the western entrance and an upgrade through signalization at the intersection of Route 9W and Route 32.

### Administration, Maintenance and Operation:

- A Service Drive to Main Street, with connection on the southeast end with Sojourner Truth Way east of Main Street/First Avenue.
  - Three single story buildings are proposed including a Maintenance Center, an Administration Building and a smaller Salt Storage Shed.
  - A year-round rest room is proposed at this location served by a septic system. Municipal water will be provided from the City of Kingston.
  - Staff Parking and Staff and Visitor Parking are provided.
- Shultz Brickyard: This Focus Area is in the northeast corner of STSP
- Parking and arrival area, accessible path to launch, and the Shultz Chimney.
  - West of the Empire State Trail is the existing Shultz Mule Barn, which is currently being stabilized and may have future potential upgrades including a storytelling circle and a future bathroom, served by a septic system. Municipal water will be provided from the Town of Ulster.
  - Further south is a solar array, fishing post and swings, and path to the Scenic Hudson Barge Dock.

West Quarry Lakes: This Focus Area is located west of Main Street/First Avenue

- Activities proposed include swimming in Quarry Lake, the Poplar Pool Overlook, gathering areas, water stations and restrooms and showers. This will be served by a sanitary force main from the City of Kingston. Municipal water will be provided from the City of Kingston.
- A trail is proposed along the west side of Quarry Lake.
- Wetland restoration is proposed within Wetland G.
- A swimming pavilion.

The Commons: This Focus Area is east of Main Street and found at the eastern limit of Sojourner Truth Way.

- Activities include The Kingston Commons, Cement Industry, Commons Meadows, Remnant Ramble, The Shed, Event Ground and Plug+Play Flex/Pop Up area.

- A three-season restroom/pavilion, served by a septic system. Municipal water will be from the City of Kingston.

Steep Rocks Trail: This Focus Area is south of The Commons

- 0.7-mile accessible trail to Steep Rocks and includes an Overlook, and Arrival Area.

**SUMMARY**  
**SPA #24-0073**

This State Plan Amendment proposes to cover prescribed drugs when medically necessary in cases of a drug shortage.

DRAFT



New York  
2(c.1)

**1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses**

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

<https://www.emedny.org/info/formfile.aspx>

9. Drug Shortages: Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) are covered when medically necessary during drug shortages identified by the Food and Drug Administration.

**13c. Preventive Services**

New York State Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practitioner's office.

Preventive Services specified in section 4106 of the Affordable Care Act are all available under the State Plan and are covered under the physician, other practitioner, nurse-midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B.

The State will maintain documentation supporting expenditures claimed for these Preventive Services and ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.

**Lactation Consultant Services**

Effective April 1, 2021, evidence-based breastfeeding education and lactation counseling consistent with the United States Preventive Services Task Force (USPSTF) recommendation will be covered as a preventive service to prevent adverse outcomes and promote health of infants. Qualified providers include licensed physicians, licensed physician assistants, licensed pediatric or family nurse practitioners, licensed midwives, and licensed registered nurses. All practitioners must be certified as lactation educators/counselors by a nationally recognized accrediting agency.

Breastfeeding education and lactation counseling services must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under state law.

New York  
2(c.1)

**1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses**

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Breastfeeding education and lactation counseling services must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under state law.

TN #24-0073 Approval Date \_\_\_\_\_  
Supersedes TN #21-0014 Effective Date August 1, 2024



# 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 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 Health Home Services Provided by Care Coordination Organization services to comply with the Fiscal Year 2025 Enacted Budget. The following changes are proposed:

### Non-Institutional Services

Effective on or after August 1, 2024, the reimbursements for Health Home Services Provided by Care Coordination Organizations (CCO's) will be reduced in accordance with the Fiscal Year 2025 Enacted Budget.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative for State Fiscal Year 2025 is (\$12.7M).

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 to comply with Social Security Act Section 1905(a)(12), 42 Code Federal Regulation Section 440.120. The following changes are proposed:

### Non-Institutional Services

Effective on or after August 1, 2024, the New York State Plan will allow the coverage of certain imported drugs deemed medically necessary per 21 United States Code Section 381(d)(1)(B).

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

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

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Staten Island, New York 10301

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

## PUBLIC NOTICE

Department of State  
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2024-0104 Matter of EXP, Volodymyr Lytvyn, 1170 Route 22, Suite 103, Bridgewater, NJ 08807, for a variance concerning safety requirements, including dead-end corridors. Involved is an elevated signal tower building known as Beach 105th Station located at Beach 105th Street and Rockaway Freeway in the Borough of Queens, City of New York, State of New York.

2024-0332 Matter of Emerald Point Developers, LLC, 3850 Buffalo Road, Rochester, NY 14624, for a variance concerning safety requirements, including fire apparatus access roads. Involved is an addition to an existing building located at 3841 Buffalo Road, Town of Ogden, County of Monroe, State of New York.

2024-0340 Matter of MTA Construction and Development, 2 Broadway, 8th Floor, New York, NY 10004, for a variance concerning safety requirements, including Wide Aisle Gates. Involved is an existing transit station, known as the Kingsbridge Road Station, located in the City of New York, Borough of the Bronx, County of Bronx, State of New York.

## PUBLIC NOTICE

Department of State  
Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2024- 0341 Matter of Blue Line 9 Inc., Angel Aponte, 1330 Washington Avenue, Bayshore, NY 11706, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 149 Hilltop Drive, Town of Brentwood, County of Suffolk, State of New York.

2024-0342 Matter of Captain Permit, Mike Arato, 245 NY-109, Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 50 Sunset Blvd.; Town of Oyster Bay, County of Nassau, State of New York.

2024-0344 Matter of Jose David Ventura, 52 Long Drive, Hempstead, NY 11550, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 52 Long Drive, Village of Hempstead, County of Nassau, State of New York.

2024-0346 Matter of Captain Permit, Mike Arato, 245 NY-109,

Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including ceiling height requirements. Involved is an existing dwelling located at 703 Provost Avenue, Town of Brookhaven, County of Suffolk, State of New York.

2024-0348 Matter of Arpitha Chakalakal, 1653 Highland Ave., New Hyde Park, NY 11040, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 1653 Highland Avenue, Town of North Hempstead, County of Nassau, State of New York.

## PUBLIC NOTICE

Susquehanna River Basin Commission  
General Permit Notice

SUMMARY: This notice lists General Permits approved by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: June 1-30, 2024

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax (717) 238-2436; e-mail: joyler@srbc.gov. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists General Permits for projects, described below, pursuant to 18 CFR § 806.17(c)(4), for the time period specified above.

1. Lear Corporation Pine Grove – Penn Dye and Finishing Plant, General Permit Approval of Coverage No. GP-01-20240606, Pine Grove Borough, Schuylkill County, Pa.; groundwater remediation system withdrawal approved up to 0.297 mgd (30-day average); Approval Date: June 13, 2024.

Authority: Public Law 91-575, 84 Stat. 1509 et seq., 18 CFR parts 806 and 808.

Dated: July 11, 2024.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

## PUBLIC NOTICE

Susquehanna River Basin Commission  
Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists Approvals by Rule for projects by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: June 1 - 30, 2024.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22(e) and (f) for the time period specified above.

Water Source Approval - Issued Under 18 CFR 806.22(e):

1. Cargill Cocoa & Chocolate, Inc. - Hazleton Plant; ABR-202406002; Hazle Township, Luzerne County, Pa.; Consumptive Use of Up to 0.0800 mgd; Approval Date: June 14, 2024.

2. Hershey Creamery Co. - Middletown Manufacturing, ABR-202406003; Lower Swatara Township, Dauphin County, Pa.; Consumptive Use of Up to 0.0500 mgd; Approval Date: June 14, 2024.

Water Source Approval - Issued Under 18 CFR 806.22(f):

1. RENEWAL - Chesapeake Appalachia, L.L.C.; Pad ID: Chancellor; ABR-20090532.R3; Asylum Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: June 5, 2024.