



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Ray Halbritter  
Nation Representative  
Oneida Indian Nation  
5218 Patrick Road  
Verona, NY 13478

Dear Representative Halbritter:

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

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

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

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Chief Hill:

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

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Amir Bassiri  
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**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Lisa Goree  
Chairwomen, Council of Trustees  
Shinnecock Indian Nation  
PO Box 5006  
Southampton, NY 11969-5006

Dear Chairwomen Goree:

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

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Medicaid Director  
Office of Health Insurance Programs

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NYSDOH American Indian Health Program



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**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Chief Hill:

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

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Office of Health Insurance Programs

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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Chief Tom Jonathan  
Tribal Clerk  
Tuscarora Indian Nation  
2006 Mount Hope Road  
Lewiston, NY 14092

Dear Chief Jonathan:

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

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/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Chief Patterson:

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

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Medicaid Director  
Office of Health Insurance Programs

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US Dept. of Health and Human Services

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Michele Hamel  
NYSDOH American Indian Health Program



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Chief Wallace:

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

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Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Representative Halftown:

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

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Sincerely,

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
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NYSDOH American Indian Health Program





# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Darwin Hill, Clerk  
Administration Office  
Tonawanda Seneca Indian Nation  
7027 Meadville Road  
Basom, NY 14013

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.

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Sincerely,

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Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Chief Cook:

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

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Sincerely,

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Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Jasmine Magee  
Keeper of Records  
Unkechaug Indian Territory  
P.O. 86  
Mastic, NY 11950

Dear Colleague:

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Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Daniel Collins Sr.  
Sachem  
Shinnecock Indian Nation  
PO Box 5006  
Southampton, New York 11969-5006

Dear Sachem Collins:

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

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Medicaid Director  
Office of Health Insurance Programs

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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Representative Twoguns:

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

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Medicaid Director  
Office of Health Insurance Programs

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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Representative Wheeler:

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Medicaid Director  
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**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear President John:

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

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**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

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

Dear Executive Director Tarrant:

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

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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Joseph Heath  
Nation Representative  
Cayuga Nation  
512 Jamesville Ave.  
Syracuse, NY 13210

Dear Representative Heath:

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Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Lance Gumbs  
Vice Chairman, Council of Trustees  
Shinnecock Indian Nation  
PO Box 5006  
Southampton, NY 11969

Dear Vice Chairman Gumbs:

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

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Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 16, 2024

Chief Donald Thompson Jr.  
Saint Regis Mohawk Tribe  
412 State Route 37  
Akwesasne, NY 13655

Dear Chief Thompson:

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
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 October 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 October 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 October 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 three 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 October 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 three 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 October 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

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 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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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 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 October 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 October 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 October 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 three 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: October 1, 2024



114 Willoughby Street  
Brooklyn, New York 11201

Bronx County, Tremont Center  
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Staten Island, New York 10301

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

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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 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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*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 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 #24-0040**

This State Plan Amendment proposes to provide emergency medical care to Medicaid enrollees without requiring the transportation of these patients from the location where the medical care was administered.

DRAFT



# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE 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  
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Long Island City, New York 11101

Kings County, Fulton Center  
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Brooklyn, New York 11201

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](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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*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 #24-0041**

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

DRAFT

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

Effective January 1, 2025, rates for EPSDT EI services delivered via telehealth pursuant to an approved Individualized Family Service Plan (IFSP) for basic and extended home and community services will be reduced by the following percentages by Region:

NYC, Westchester, Poughkeepsie, Long Island	(22%)
Rest of State	(10%)

TN #24-0041

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

Supersedes TN #23-0087

Effective Date October 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  
New York, New York 10018

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

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

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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

**Public Notice**  
**NYS Department of Health**

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

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

**Non-Institutional Services**

The following is a clarification to the March 27, 2024, noticed provision to increase provider rates for early intervention services. With clarification, this provision now includes a decrease to provider rates for early intervention services delivered via telehealth.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is now \$2.9 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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Brooklyn, New York 11201

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

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

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

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

**SUMMARY**  
**SPA #24-0065**

This State Plan Amendment proposes effective on or after October 1, 2024, New York State will reimburse Indian Health Service (IHS)/Tribal 638 facilities electing to be recognized/enrolled in New York State (NYS) Medicaid as a Tribal Federally Qualified Health Center (TFQHC) an alternative payment methodology (APM), which is equal to the federal all-inclusive rate (AIR). TFQHCs will be reimbursed the full APM/AIR for eligible threshold visits rendered by qualified healthcare practitioners. This change will allow TFQHC's facilities to be reimbursed the full APM/AIR for any eligible threshold visit provided onsite or outside the four walls of the TFQHC only for services rendered to American Indians/Alaska Natives (AI's/AN's) either outside the four walls of the IHS/Tribal facility or for services provided to AI's/AN's under a written care coordination agreement and billed to Medicaid "Through" TFQHC.

IHS/Tribal 638 facilities, including TFQHCs, will be able to be reimbursed for up to a total of five (5) encounters/services per member per day for any combination of medical, behavioral health, dental, and ambulatory visits delivered face-to-face (either in person or via telehealth/telemedicine) as part of an eligible threshold visit. Tribal FQHC's may offer an array of distinct, non-related services to a member during a single encounter. This change would allow IHS/Tribal providers the ability to be reimbursed the full APM/AIR for up to five (5) eligible threshold encounters/services rendered face-to-face (either in person or via telehealth/telemedicine) when distinct, non-related services are provided to a member during an eligible threshold visit, or for any encounter/service billed "Through" a TFQHC for services rendered offsite as a part of a care coordination agreement.

New York  
14(a)

**1905(a)(2)(B) Rural Health Clinic (RHC) Services; 1905(a)(2)(C) Federally Qualified Health Centers (FQHC); and 1905(a)(9) Clinic Services**

**Methods and Standards for Establishing Payment rates for Indian Health Service and Tribal 638 Outpatient Facilities**

- ☐ Indian Health Service outpatient facilities are paid the outpatient per visit rate published in the Federal Register.
- ☐ Tribal 638 outpatient facilities are paid using the outpatient per visit rate published in the Federal Register.
- ☐ Indian Health Service outpatient facilities are paid using the same methodologies and standards as non-HIS facilities of the same type.
- ☐ Tribal 638 outpatient facilities are paid using the same methodologies and standards as non-Tribal facilities of the same type.
- ☐ Indian Health Service outpatient facilities are paid using the methodology described below:
- ☒ Tribal 638 outpatient facilities are paid using the methodology decreed below:

~~Tribal 638 outpatient facilities, operating as diagnostic and treatment centers and designated by the Department as eligible facilities, are paid using the outpatient per visit rate published in the Federal Register, as an all inclusive rate for medical services as otherwise provided by diagnostic and treatment centers licensed under Article 28 of the Public Health Law.~~

Outpatient services provided by or through facilities of the Indian Health Services (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by the Indian Self-Determination Act (Public Law 93-638), also known as Tribal 638 facilities are paid at the most current applicable rates published in the Federal Register or Federal Register Notices by IHS.

TN #24-0065

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

Supersedes TN #99-39

Effective Date October 1, 2024

IHS/Tribal 638 facilities, including TFOHCs, will be able to be reimbursed for up to a total of five (5) encounters/services per member per day for any combination of medical, behavioral health, dental, and ambulatory visits delivered face-to-face (either in person or via telehealth/telemedicine) as part of an eligible threshold visit. Eligible threshold visits are limited to Medicaid-covered services rendered by qualified healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. IHS/Tribal 638/TFOHC's may offer an array of distinct, non-related services to a member during a single encounter. This change would allow IHS/Tribal 638/TFOHC providers the ability to be reimbursed the full APM/AIR for up to five (5) eligible threshold encounters/services rendered face-to-face (either in person or via telehealth/telemedicine) per member per day when distinct, non-related services are provided to a member during an eligible threshold visit, or for any encounter/service billed "Through" a TFOHC for services rendered offsite as a part of a care coordination agreement.

Supersedes TN NEW Effective Date October 1, 2024

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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1916 Monterey Avenue  
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95 Central Avenue, St. George  
Staten Island, New York 10301

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to outpatient clinics operated by a tribe or tribal organization and funded by the Indian Self-Determination Act (Public Law 93-638). The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will amend the New York Medicaid State Plan for Tribal 638 outpatient facilities to clarify that outpatient services provided by or through facilities of the Indian Health Services (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by Title I or V of the Indian Self Determination and Education Assistance Act, also known as Tribal 638 facilities are paid at the most current applicable rates published in the Federal Register or Federal Register Notices by IHS.

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

Effective on or after October 1, 2024, New York State will reimburse Indian Health Service (IHS) /Tribal 638 facilities enrolled in New York State (NYS) Medicaid as a Tribal Federally Qualified Health Center (TFQHC) an alternative payment methodology (APM), which is equal to the federal all-inclusive rate (AIR) published annually in the Federal Register. TFQHCs will be reimbursed the full APM/AIR for eligible threshold visits rendered by qualified healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. This change will allow TFQHC's to be reimbursed the full APM/AIR for services provided to American Indians/Alaska Natives (AI's/AN's) either outside the four walls of the IHS/Tribal facility or for services provided to AI's/AN's "Through" the TFQHC under a written care coordination agreement.

IHS/Tribal 638 facilities, including TFQHCs, will be able to be reimbursed for up to a total of three (3) services per member per day for any combination of medical, behavioral health, dental, and ambulatory visits delivered face-to-face (either in person or via telehealth/telemedicine) as part of an eligible threshold visit. Eligible threshold visits are limited to Medicaid-covered services rendered by qualified

healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. Tribal FQHC's may provide an array of distinct, non-related services to a member during a single encounter. This change would allow IHS/Tribal facilities the ability to be reimbursed the full APM/AIR for up to three (3) eligible threshold visits rendered face-to-face (either in person or via telehealth/telemedicine) when distinct, non-related services are provided to a member during a member encounter or when delivered as a part of a care coordination agreement per member per day.

The estimated net aggregate increase in gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2024-2025 is \$2.6 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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Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 367-a, in Part I of Chapter 57 of the Laws of 2024. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department proposes to amend pharmacy reimbursement for brand prescription drugs from wholesale acquisition cost minus 3.3 percent to wholesale acquisition cost in the reimbursement methodology. Additionally, the Department will amend the physician administered drug reimbursement for drugs provided and claimed separately by a medical practitioner from actual acquisition cost to the lower of:

- National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC); or
- the Federal Upper Limit (FUL); or
- the State Maximum Acquisition Cost (SMAC); or
- the actual cost of the drug to the practitioner.



# 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.

## NOTICE OF PUBLIC HEARING Environmental Facilities Corporation

**SUMMARY:** The Environmental Facilities Corporation ("EFC") will hold a public hearing on February 10, 2025. EFC will hold this hearing in person. At this public hearing, EFC will hear testimony on the proposed amendments to update and modernize the priority ranking system scoring criteria for projects receiving financial assistance from the Clean Water State Revolving Fund program. The Notice of Proposed Rule Making was published in the State Register on November 20, 2024. The public should note that this public hearing will be the only opportunity to offer oral comments to EFC for the proposed amendments. The deadline for the submission of written comments is 5 p.m. on February 18, 2025.

**DATES:** The public hearing will convene on February 10, 2025 at 5:30 p.m. The public hearing will end at 7:00 p.m. or at the conclusion of public testimony, whichever is earlier. The deadline for submitting written comments is 5:00 p.m. on February 18, 2025.

**ADDRESSES:** This public hearing will be conducted in person at 625 Broadway, Room 129B, Albany, NY 12207.

*For further information contact:* Derek Sellman, Deputy General Counsel, (518) 402-6924 or [derek.sellman@efc.ny.gov](mailto:derek.sellman@efc.ny.gov). Interpreter services shall be made available to deaf persons, and translator services shall be made available to persons with limited English proficiency, at no charge for either service, upon written request. Requests should be received 10 calendar days before the meeting, but EFC will make every effort to fulfill requests received closer to the meeting date.

Information concerning the proposed amendments, including text of proposed rule, is available at EFC's website at <https://efc.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 methodology in accordance with the Public Health Law § 2807(2-a)(e). The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2025, 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 \$2 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  
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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 outpatient clinics operated by a tribe or tribal organization and funded by the Indian Self-Determination Act (Public Law 93-638). The following changes are proposed:



**Non-Institutional Services**

The following is a clarification to the September 25, 2024, noticed provision to amend the total of encounters/services per member per day from three (3) to five (5), that Indian Health Services (IHS)/Tribal 638 facilities, including Tribal Federally Qualified Health Centers (TFQHCs), will be reimbursed for any combination of medical, behavioral health, dental, and ambulatory visits delivered face-to-face (either in-person or via telehealth/telemedicine) as part of an eligible threshold visit. Eligible threshold visits are limited to Medicaid-covered services rendered by qualified healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. IHS/Tribal 638/TFQHC providers may offer an array of distinct, non-related services to a member during a single encounter. This change would allow IHS/Tribal 638/TFQHC providers the ability to be reimbursed the full alternative payment methodology (APM)/all-inclusive rate (AIR) for up to a total of five (5) eligible threshold visits rendered face-to-face (either in person or via telehealth/telemedicine) when distinct, non-related services are provided to a member during a member encounter or when delivered as a part of a care coordination agreement per member per day.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2024-2025 is \$2.7 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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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, non-institutional and long-term care services to comply with statutory provisions. The following changes are proposed:

**Non-Institutional Services**

Effective on or after January 1, 2025, this proposal continues the supplemental upper payment limit payments made to general hospitals,

other than major public general hospitals under non-institutional services of \$339 million annually.

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

For the period beginning January 1, 2025 through December 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For the period beginning January 1, 2025 through December 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

**Institutional Services**

Effective on or after January 1, 2025, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For the period beginning January 1, 2025 through December 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For the period beginning January 1, 2025 through December 31, 2025, this proposal continues supplemental payments to State government owned hospitals. These payments will not exceed the upper payment limit for inpatient services provided by State government-owned hospitals when aggregated with other Medicaid payments.

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

**Long Term Care Services**

Effective on or after January 1, 2025, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city

**SUMMARY**  
**SPA #24-0071**

This State Plan Amendment proposes effective October 1<sup>st</sup>, 2024, payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for medically necessary dental implants and implant-supported services will be made using the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

Reimbursement for dental implant services will be made using the Current Dental Terminology (CDT) codes and fees identified below in the NYS Medicaid dental fee schedule.

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FDental%2FPDFS%2FDental\\_Fee\\_Schedule.xls&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FDental%2FPDFS%2FDental_Fee_Schedule.xls&wdOrigin=BROWSELINK)

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

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers (FQHC)**

**Dental Implant Services – Federally Qualified Health Centers and Rural Health Clinics**

Reimbursement Methodology:

Effective October 1<sup>st</sup>, 2024, payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for medically necessary dental implants and implant-supported services will be made using the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs and RHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

Reimbursement for dental implant services will be made using the Current Dental Terminology (CDT) codes and fees identified below in the NYS Medicaid dental fee schedule.

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FDental%2FPDFS%2FDental\\_Fee\\_Schedule.xls&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FDental%2FPDFS%2FDental_Fee_Schedule.xls&wdOrigin=BROWSELINK)

TN #24-0071

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

Supersedes TN NEW

Effective Date October 1, 2024

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 365-a (1), (2). The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1st, 2024, payments to Federally Qualified Health Centers (FQHCs) for medically necessary dental implants and implant-supported services will be made using an alternative payment methodology (APM) via the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$10,637.

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

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

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 25 percent statewide for Partial Hospitalization providers licensed by the Office of Mental Health.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative, contained in the budget for state fiscal year 2024-2025 is \$95,000.

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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12210, spa-inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

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

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 2.8% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The quality program will be enhanced to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.0 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.

**SUMMARY**  
**SPA #24-0072**

This State Plan Amendment proposes to make a technical change to align with New York statute which allows residents of Adult Care Facilities to receive both Hospice and Assisted Living Program services without having to disenroll from either. The Department convened a stakeholder workgroup which studied how the two programs will coordinate services, responsibilities, and reimbursement to help ensure no duplicative services or payments. It was determined that a Medicaid State Plan Amendment was necessary to align with statute and ensure the State Plan explicitly allows Hospice services for those enrolled in the Assisted Living Program. Prior to this statutory change, those enrolled in the Assisted Living Program who elected Hospice were required to disenroll from the Assisted Living Program, and with this change that will no longer be necessary.

DRAFT

New York  
3(c)

**1905(a)(18) Hospice care**

**18. Limitations on Hospice Services:**

Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately twelve months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home, in a hospital, in an assisted living program, or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. For services delivered to a hospice patient residing at an assisted living program, the rate associated with the assisted living program will cover services, durable medical equipment and medications associated with that rate. Services, durable medical equipment, and medications approved and provided in connection with hospice care will be covered by the hospice rate. The assisted living program may not bill Medicaid for services, medications or durable medical equipment provided by the hospice provider. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.

Registered professional nurse ~~shall~~ will mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.

New York  
3(c)

**1905(a)(18) Hospice care**

**18. Limitations on Hospice Services:**

Hospice services are provided to individuals who are certified by a physician as being terminally ill, with a life expectancy of approximately twelve months or less.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services provided are palliative in nature as opposed to curative: Services include supportive medical, social, emotional, and spiritual services to terminally ill individuals as well as emotional support for family members. Hospice services may be delivered at home, in a nursing home, in a hospital, in an assisted living program, or in a hospice residence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. For services delivered to a hospice patient residing at an assisted living program, the rate associated with the assisted living program will cover services, durable medical equipment and medications associated with that rate. Services, durable medical equipment, and medications approved and provided in connection with hospice care will be covered by the hospice rate. The assisted living program may not bill Medicaid for services, medications or durable medical equipment provided by the hospice provider. A Medicaid or Children's Health Insurance Program (CHIP) eligible child, under age 21, electing hospice is not required to forego curative treatment for the treatment of the terminal illness.

Hospice services provider qualifications are provided for registered professional nurse, home health aide, physical therapist, occupational therapist, speech pathologist, personal care aide, housekeeper/homemaker, pastoral care coordinator, social worker, nutritionist, audiologist, and respiratory therapist.

Registered professional nurse ~~shall~~ will mean a person who is licensed and currently registered as a registered professional nurse pursuant to Article 139 of the New York State Education Law.



averages) of up to 0.720 mgd from Well 1 (renewal of Docket No. 19940701) and up to 0.311 mgd from Well 3.

12. Project Sponsor and Facility: Schuylkill County Municipal Authority, Butler Township, Schuylkill County, Pa. Application for renewal of groundwater withdrawal of up to 0.362 mgd (30-day average) from the Gordon Well (Docket No. 20090624). Service area is located in an Environmental Justice area.

13. Project Sponsor and Facility: Strasburg Lancaster County Borough Authority, Strasburg Township, Lancaster County, Pa. Application for renewal of groundwater withdrawal of up to 0.275 mgd (30-day average) from the Fisher Well (Docket No. 19890107). Service area is located in an Environmental Justice area.

14. Project Sponsor and Facility: SWN Production Company, LLC (Susquehanna River), Great Bend Township, Susquehanna County, Pa. Application for renewal of surface water withdrawal of up to 2.000 mgd (peak day) (Docket No. 20191209).

15. Project Sponsor and Facility: Tallman Family Farms, L.L.C. (Wiconisco Creek), Washington Township, Dauphin County, Pa. Application for surface water withdrawal of up to 0.720 mgd (peak day).

16. Project Sponsor: Valley CC LLC. Project Facility: Valley Country Club, Sugarloaf Township, Luzerne County, Pa. Applications for renewal of groundwater withdrawals (30-day averages) of up to 0.090 mgd from the Shop Well and up to 0.090 mgd from the Pump-house Well (Docket No. 20090632).

#### Opportunity to Appear and Comment:

Interested parties may appear or call into the hearing to offer comments to the Commission on any business listed above required to be the subject of a public hearing. Given the nature of the meeting, the Commission strongly encourages those members of the public wishing to provide oral comments to pre-register with the Commission by e-mailing Jason Oyler at [joyler@srbc.gov](mailto:joyler@srbc.gov) before the hearing date. The presiding officer reserves the right to limit oral statements in the interest of time and to control the course of the hearing otherwise. Access to the hearing via telephone will begin at 6:15 p.m. Guidelines for the public hearing are posted on the Commission's website, [www.srbc.gov](http://www.srbc.gov), before the hearing for review. The presiding officer reserves the right to modify or supplement such guidelines at the hearing. Written comments on any business listed above required to be the subject of a public hearing may also be mailed to Mr. Jason Oyler, Secretary to the Commission, Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, Pa. 17110-1788, or submitted electronically through <https://www.srbc.gov/meeting-comment/default.aspx?type=2&cat=7>. Comments mailed or electronically submitted must be received by the Commission on or before Tuesday, November 12, 2024, to be considered.

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

Dated: September 25, 2024.

Jason E. Oyler,

General Counsel and Secretary to the Commission

### PUBLIC NOTICE

Office of General Services  
New York State GreenNY Council

Pursuant to Executive Order No. 22, Leading By Example: Directing State Agencies to Adopt a Sustainability and Decarbonization Program, September 20, 2022 ("EO 22"), the GreenNY Council hereby gives public notice of the following:

Seven (7) sustainable procurement specifications were tentatively approved by the GreenNY Council and have been posted for public comment.

This includes a new or amended specifications on the following topics:

- Metal Cleaners and Polishes
- Odor Control Products
- Oven, Grill and Barbecue Cleaners
- Surface Cleaning Wipes

- Dishwashing Detergents
- Disposable Gloves
- Lower Carbon Concrete

The above specification is available for viewing at: <https://ogs.ny.gov/greenny/executive-order-4-tentatively-approved-specifications>

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

Comments may be submitted electronically to [GreenNY@dec.ny.gov](mailto:GreenNY@dec.ny.gov)

Comments from the public regarding the tentatively approved specifications will be accepted until Monday, November 18, 2024.

### 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 4012 of New York State Public Health Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after November 1, 2024, the rate paid for durable medical equipment, medications, and hospice-approved services provided to a hospice patient who resides at an assisted living program will be covered by the hospice rate. The assisted living program may not bill Medicaid for services or equipment provided by the hospice provider. This will require coordinated case management between the assisted living program and hospice provider through the duration of the hospice patient's assisted living program residency.

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

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

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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)



**SUMMARY**  
**SPA #24-0074**

This State Plan Amendment proposes to amend pharmacy reimbursement for brand prescription drugs to wholesale acquisition cost, and physician provided drug reimbursement to a lower of methodology.

DRAFT

**New York**  
**4(d)**

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

1. Reimbursement for **Prescribed** Drugs (including specialty drugs) as outlined on the New York State Medicaid Pharmacy List of Reimbursable Drugs found on the state's website, dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program is as follows:
  - a. Reimbursement for Brand Name Drugs is the lower of:
    - i. National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC) ~~less 3.3%~~; plus, the professional dispensing fee in Section 2; or
    - ii. the billing pharmacy's usual and customary price charged to the general public.
  - b. Reimbursement for Generic Drugs is the lower of:
    - i. NADAC or, in the event of no NADAC pricing available, WAC less 17.5%; plus, a professional dispensing fee; or
    - ii. the Federal Upper Limit (FUL) plus the professional dispensing fee in Section 2; or
    - iii. the State Maximum Acquisition Cost (SMAC) plus the professional dispensing fee in Section 2; or
    - iv. the billing pharmacy's usual and customary price charged to the general public.
  - c. Reimbursement for Nonprescription Drugs is the lower of:
    - i. NADAC or, in the event of no NADAC pricing available, WAC; plus, if a covered outpatient drug, the professional dispensing fee in Section 2;
    - ii. the FUL plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
    - iii. the SMAC plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or
    - iv. the billing pharmacy's usual and customary price charged to the general public.
2. The professional dispensing fee for covered outpatient drugs, including 340B-purchased drugs, when dispensed by a retail pharmacy; an institutional or long term care pharmacy; an Indian Health Service, tribal or urban Indian pharmacy; or any other pharmacy enrolled in the NYS Medicaid FFS Program, is \$10.18.
3. Payment for drugs dispensed by pharmacies that are acquired at a nominal price as referenced in 42 CFR § 447.502 is at actual acquisition cost plus the professional dispensing fee in Section 2.
4. Payment for drugs dispensed by pharmacies that are acquired via the Federal Supply Schedule is at actual acquisition cost plus the professional dispensing fee in Section 2.

TN   #24-0074  Approval Date                     Supersedes TN   #22-0083  Effective Date   October 1, 2024

## New York

## 4(d)(1)

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

- ~~c. Reimbursement for Nonprescription Drugs is the lower of:~~
- ~~i. NADAC or, in the event of no NADAC pricing available, WAC; plus, if a covered outpatient drug, the professional dispensing fee in Section 2;~~
  - ~~ii. the FUL plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or~~
  - ~~iii. the SMAC plus, if a covered outpatient drug, the professional dispensing fee in Section 2; or~~
  - ~~iv. the billing pharmacy's usual and customary price charged to the general public.~~
- ~~2. The professional dispensing fee for covered outpatient drugs, including 340B-purchased drugs, when dispensed by a retail pharmacy, an institutional or long-term care pharmacy, an Indian Health Service, tribal or urban Indian pharmacy, or any other pharmacy enrolled in the NYS Medicaid FFS Program, is \$10.00.~~
- ~~3. Payment for drugs dispensed by pharmacies that are acquired at a nominal price as referenced in 42 CFR § 447.502 is at actual acquisition cost plus the professional dispensing fee in Section 2.~~
- ~~4. Payment for drugs dispensed by pharmacies that are acquired via the Federal Supply Schedule is at actual acquisition cost plus the professional dispensing fee in Section 2.~~
5. Payment for drugs dispensed by the pharmacy of a 340B covered entity as described in section 1927(a)(5)(B) of the Act, or a contract pharmacy under contract with a 340B covered entity as described in section 1927(a)(5)(B) of the Act, ~~shall~~ will be as follows:
- a. 340B purchased drugs – actual acquisition cost not to exceed the 340B ceiling price, plus the professional dispensing fee in Section 2;
  - b. Non-340B purchased drugs – in accordance with lower of logic in section 1 plus the professional dispensing fee in Section 2.
6. Payment for clotting factor dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program is at the lower of: SMAC, as described below, not to exceed WAC, plus the professional dispensing fee in Section 2; or the billing pharmacy's usual and customary price charged to the general public.

SMAC is established for clotting factor products using multiple clotting factor pricing resources including but not limited to wholesalers, drug file vendors such as First Data Bank, pharmaceutical manufacturers, and the Hemophilia Services Consortium, Inc. pricing. The Hemophilia Services Consortium, Inc. subcontracts with the New York Blood Center (both not-for-profit corporations) to negotiate with manufacturers and distributors to obtain the best volume discount for the Consortium's safety net hospital.

The SMAC file is stored in a database where valid statistical calculations are used to evaluate and compare the various pricing benchmarks to develop the SMAC price. The SMAC file is updated monthly and applied to all clotting factor products.

Payment for 340B-purchased clotting factor dispensed by a Hemophilia Treatment Center, whether the pharmacy is owned by the covered entity or has a contract pharmacy arrangement, ~~shall~~ will be in accordance with Section 5.a.

TN #24-0074

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

Supersedes TN #17-0005Effective Date October 1, 2024

**New York  
4(d)(2)**

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

7. Practitioner-~~administered~~ provided drugs billed separately under the medical benefit are reimbursed as follows:

- a. When administered or provided during an office visit, ~~payment is made at actual acquisition cost by invoice, not to exceed Medicare Part B price.~~ drugs will be reimbursed at the lower of:
- i. National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC); or
  - ii. the Federal Upper Limit (FUL); or
  - iii. the State Maximum Acquisition Cost (SMAC); or
  - iv. the actual cost of the drug to the practitioner.

No professional dispensing fee is paid.

- b. When administered by a practitioner in an ordered ambulatory setting, payment is at actual acquisition cost, not to exceed Medicare Part B price. Drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act must be billed at their actual acquisition cost. No professional dispensing fee is paid.
- c. When administered in an outpatient setting to a patient of a disproportionate share hospital, clinic, or emergency department, payment may be made through either the Ambulatory Patient Group (APG) classification and reimbursement system, as referenced in page 1(b)(ii) of this Attachment, or, if carved out of the APG system, in accordance with Section 7.b.

Reimbursement for drugs in the APG reimbursement are paid as follows:

1. Practitioner-administered drugs assigned to an APG and paid through the APG drug band are reimbursed based on the weighted average, using Medicaid paid claims data. Payment for drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act and paid through the APG drug band are paid at 75% of the drug's APG band payment amount.
2. Practitioner-administered drugs assigned to an APG and paid through the APG Fee Schedule are paid in accordance with Section 7.b.

No professional dispensing fee is paid.

- d. Federally Qualified Health Centers (FQHC) and Indian Health Services/Tribal/Urban Indian Clinic Facilities have the option of receiving their payment through the Federal Prospective (PPS) rate, or through the APG reimbursement methodology as an "alternative rate setting methodology". In the event the facility chooses to be reimbursed through the Federal PPS Rate, the rate is considered inclusive of any practitioner administered drugs. In the event the facility has opted for the APG reimbursement methodology, payment for drugs administered by a practitioner during a visit to the facility will be in accordance with Section 7.c. If a facility's Medicaid reimbursement under APGs is lower than what their payment would have been under the Federal PPS rate, the facility is entitled to receive a supplemental payment reflecting the difference between what they were paid under APGs and what they would have been paid using the PPS rate. No professional dispensing fee is paid.

8. Reimbursement for Investigational Drugs is not a covered service. The Department may consider Medicaid coverage on a case by case basis for life-threatening medical illnesses when no other treatment options are available. If/when approved by a Medical Director, reimbursement is at actual acquisition cost. When dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program, reimbursement includes the professional dispensing fee in Section 2.

TN #24-0074

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

Supersedes TN #17-0005

Effective Date October 1, 2024

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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

## **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 outpatient clinics operated by a tribe or tribal organization and funded by the Indian Self-Determination Act (Public Law 93-638). The following changes are proposed:

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

Effective on or after October 1, 2024, the Department of Health will amend the New York Medicaid State Plan for Tribal 638 outpatient facilities to clarify that outpatient services provided by or through facilities of the Indian Health Services (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by Title I or V of the Indian Self Determination and Education Assistance Act, also known as Tribal 638 facilities are paid at the most current applicable rates published in the Federal Register or Federal Register Notices by IHS.

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

Effective on or after October 1, 2024, New York State will reimburse Indian Health Service (IHS) /Tribal 638 facilities enrolled in New York State (NYS) Medicaid as a Tribal Federally Qualified Health Center (TFQHC) an alternative payment methodology (APM), which is equal to the federal all-inclusive rate (AIR) published annually in the Federal Register. TFQHCs will be reimbursed the full APM/AIR for eligible threshold visits rendered by qualified healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. This change will allow TFQHC's to be reimbursed the full APM/AIR for services provided to American Indians/Alaska Natives (AI's/AN's) either outside the four walls of the IHS/Tribal facility or for services provided to AI's/AN's "Through" the TFQHC under a written care coordination agreement.

IHS/Tribal 638 facilities, including TFQHCs, will be able to be reimbursed for up to a total of three (3) services per member per day for any combination of medical, behavioral health, dental, and ambulatory visits delivered face-to-face (either in person or via telehealth/telemedicine) as part of an eligible threshold visit. Eligible threshold visits are limited to Medicaid-covered services rendered by qualified

healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. Tribal FQHC's may provide an array of distinct, non-related services to a member during a single encounter. This change would allow IHS/Tribal facilities the ability to be reimbursed the full APM/AIR for up to three (3) eligible threshold visits rendered face-to-face (either in person or via telehealth/telemedicine) when distinct, non-related services are provided to a member during a member encounter or when delivered as a part of a care coordination agreement per member per day.

The estimated net aggregate increase in gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2024-2025 is \$2.6 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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Department of Health, Division of Finance and Rate Setting, 99  
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY  
12210, spa-inquiries@health.ny.gov

## **PUBLIC NOTICE**

### **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 367-a, in Part I of Chapter 57 of the Laws of 2024. The following changes are proposed:

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

Effective on or after October 1, 2024, the Department proposes to amend pharmacy reimbursement for brand prescription drugs from wholesale acquisition cost minus 3.3 percent to wholesale acquisition cost in the reimbursement methodology. Additionally, the Department will amend the physician administered drug reimbursement for drugs provided and claimed separately by a medical practitioner from actual acquisition cost to the lower of:

- National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC); or
- the Federal Upper Limit (FUL); or
- the State Maximum Acquisition Cost (SMAC); or
- the actual cost of the drug to the practitioner.

The medical practitioner would never be reimbursed lower than either the SMAC or for drugs that do not have a SMAC, the wholesale acquisition cost of the drug based on package size.

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

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

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## PUBLIC NOTICE

### Department of Health

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

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

#### Long Term Care Services

The following is a clarification to the June 26, 2024, noticed provision to provide a one-time increase in funding associated with reimbursement of residential health care facilities.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is now \$280.5 million.

#### Non-Institutional Services

The following is a clarification to the June 26, 2024, noticed provision to provide a one-time increase in funding associated with reimbursement of Adult Day Health Centers (ADHCs).

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is now \$4.0 million.

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of State

F-2024-0258

Date of Issuance – September 25, 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-2024-0258, the applicant, Suffolk County Department of Public Works, is proposing maintenance dredging of a 1,625' long x 40' wide and variable channel (133,500 sqft total) to a depth of 6' below mean low water. Approx 10,500 CY of material to be hydraulically dredged and placed via dredge pipeline into an existing upland disposal area west of Swan River. This project is located in Corey Creek, Town of Brookhaven, Suffolk County, south of Middle Road and west of Corey Avenue.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2024/09/f-2024-0258.pdf> or at <https://dos.ny.gov/public-notices>

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

- Great South Bay-East Significant Coastal Fish and Wildlife Habitat:

[https://dos.ny.gov/system/files/documents/2020/03/great\\_south\\_bay\\_east.pdf](https://dos.ny.gov/system/files/documents/2020/03/great_south_bay_east.pdf)

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or October 10, 2024.

Comments should be addressed to the 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)



**SUMMARY**  
**SPA #24-0077**

This State Plan Amendment proposes to apply a 20% reduction to the both the budgeted and actual inpatient capital add-ons for rates beginning on or after October 1, 2024. For any rate year, all reconciliation add-on amounts calculated on and after October 1, 2024 will be reduced by 20%.

DRAFT

**SPA 24-0077**  
**Attachment A**  
**Annotated Pages**

**Attachment 4.19-A Part I:** Page 123

DRAFT



**New York  
123**

**~~5.—Payment for budgeted allocated capital costs:~~**

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

**~~6.—Depreciation:~~**

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

TN   #24-0077  

Approval Date                     

Supersedes TN   #21-0029  

Effective Date   October 1, 2024

New York  
123

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

5. Payment for budgeted allocated capital costs.

- a. Capital per diems for exempt units and hospitals will be calculated by dividing the budgeted capital costs allocated to such rates pursuant to paragraph (4) above by budgeted exempt unit days, reconciled to rate year days and actual rate year exempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per diem rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per diem rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Effective on or after October 1, 2024, the budgeted and actual capital per diem rates will be reduced by an additional ten percent (10%), resulting in a twenty percent (20%) reduction. Additionally, for capital per diem rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%). For capital per diem rates reconciled on or after October 1, 2024, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by twenty percent (20%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by twenty percent (20%).
- b. Capital payments for APR-DRG case rates will be determined by dividing the budgeted capital allocated to such rates pursuant to paragraph (4) above by the hospital's budgeted, nonexempt unit discharges, reconciled to rate year discharges and actual rate year nonexempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per APR-DRG case rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Effective on or after October 1, 2024, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional ten percent (10%), resulting in a twenty percent (20%) reduction. Additionally, for capital per APR-DRG case rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%). For capital per APR-DRG case rates reconciled on or after October 1, 2024, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by twenty percent (20%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by twenty percent (20%).

TN   #24-0077  

Approval Date                                     

Supersedes TN   #21-0029  

Effective Date  October 1, 2024

New York  
123(a)**1905(a)(1) Inpatient Hospital Services**

c. Capital payments for transferred patients will be the determined by dividing the budgeted capital allocated to the APR-DRG case rate by the hospital's budgeted non-exempt unit days, reconciled to rate year days and actual rate year non-exempt unit or hospital approved capital expense.

6. Depreciation.

a. Reported depreciation based on historical cost is recognized as a proper element of cost. Useful lives will be the higher of the reported useful life or those useful lives from the Estimated Useful Lives of Depreciable Hospital Assets, American Hospital Association, consistent with title XVIII provisions.

b. In the computation of rates for voluntary facilities, depreciation will be included on a straight line method on plant and non-movable equipment.

DRAFT

TN #24-0077

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

Supersedes TN NEW

Effective Date October 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 September 2024 will be conducted on September 18 and September 19 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 institutional services to comply with Section 1 of Part D of Chapter 57 of the Laws of 2024. The following changes are proposed:

#### Institutional Services

Effective for services on or after October 1, 2024, and each state fiscal year thereafter, the hospital budgeted inpatient capital rate add-ons and the actual capital expenses add-ons will be reduced by 20 percent relative to the rate in effect on such date.

For any rate year, all reconciliation add-on amounts calculated on and after October 1, 2024, will be reduced by 20 percent, and all reconciliation recoupment amounts calculated on or after October 1, 2024, will be increased by 20 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 \$8.1 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

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

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

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

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

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

## PUBLIC NOTICE

### Oneida-Herkimer Solid Waste Management Authority Draft Request for Proposals (RFP) Purchase and/or Marketing of Processed Paper Recyclables for Oneida-Herkimer Solid Waste Management Authority

Pursuant to New York State General Municipal Law, Section 120-w, the Oneida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority desires to procure an agreement for 5 years beginning January 1, 2025 for the purchase and/or marketing of paper recyclables processed at the Oneida-Herkimer Recycling Center, Utica, NY. Written comments on the Draft RFP must be received by 1:00 P.M. on November 4, 2024.

In order to promote its established Affirmative Action Plan, the Authority invites proposals from minority and women's business enterprises (M/WBE). Firms that are not M/WBE's responding to this RFP are strongly encouraged to consider partnering or creating other similar joint venture arrangements with certified M/WBE's. The directory of New York State Certified M/WBE's can be viewed at <https://>

ny.newnycontracts.com/FrontEnd/searchcertifieddirectory.asp. This Affirmative Action Policy regarding sealed bids and contracts applies to all persons without regard to race, color, creed, national origin, age, sex, or handicap. All qualified bidders will be afforded equal opportunities without discrimination.

*Copies of the Draft RFP may be obtained at:* www.ohswa.org or through Emily M. Albright, Director of Recycling, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502, (315) 733-1224, e-mail: emilya@ohswa.org

## PUBLIC NOTICE

State of New York  
Deferred Compensation Plan

• Pursuant to the provisions of 9 NYCRR, Section 9003.2 authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning September 6, 2024, is soliciting proposals from financial organizations to provide Passive U.S. Equity and U.S. Fixed Income management services. The funds will represent investment options under the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto. A copy of the request for proposals will be posted on Callan's website (www.callan.com) and the Board website, www.deferredcompboard.ny.gov. All proposals must be received no later than 5 PM Eastern time on October 4, 2024. This notice was prepared by Sharon Lukacs, Executive Director, New York State Deferred Compensation Board, 1450 Western Avenue, Suite 103, Albany, NY 12203, (518) 473-6619.

• The Board is seeking proposals from financial organizations to provide Passive U.S. Equity and U.S. Core Fixed Income Management as detailed below. Existing managers are invited to rebid.

- Large Cap Core Passive, benchmarked to the S&P 500 Index.
- Small-Mid (SMID) Cap Core Passive, benchmarked to the Russell 2500 Index or equivalent SMID Index.
- Core Fixed Income, benchmarked to the Bloomberg U.S. Aggregate Bond Index.

• The process is open to evaluating mutual funds, CIT's, or other daily valued, daily liquid pooled vehicles that are eligible for inclusion in the Plan, not to separately managed accounts.

## PUBLIC NOTICE

Department of State  
F-2024-0375  
Date of Issuance – September 4, 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-2024-0375, Bruce Walker is proposing to dredge approximately 533 cubic yards of sediment where the mouth of Reiter's Marina intersects with Lindsey Creek. The marina is located at 9203 State Route 3 in the Town of Sandy Creek, Oswego County.

The stated purpose of the proposed action restores maneuverability for marine vessels at the entry/exit point of the marina.

The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/system/files/documents/2024/09/f-2024-0345.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 October 4, 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-2024-0485  
Date of Issuance – September 4, 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-2024-0485, Wellesley Island Properties, LLC is proposing to install a dry fire hydrant consisting of 64-linear-feet of 6-inch DR11 HDPE IPS pipe on the river bottom with cement anchors and stainless steel water barrel strainer and 16-linear-feet of 6-inch DR11 HDPE IPS pipe into the shoreline with an 8-foot 6-inch riser pipe and fire hose connection at 44880 County Route 100A in the Town of Alexandra, Jefferson County, along the St. Lawrence River.

The stated purpose of the proposed action is to provide fire-fighters with a source of water to extinguish fires.

The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/system/files/documents/2024/09/f-2024-0485.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 October 4, 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-2024-0540  
Date of Issuance – September 4, 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-2024-0540, the applicant, Robert Hagopian, is proposing maintenance dredging 1,429CY of material within 12,500 square feet of the existing boat cove; the installation of boulders and riprap along

**SUMMARY**  
**SPA #24-0078**

This State Plan Amendment proposes to increase the Ambulatory Patient Group (APG) clinic base payment rates, for hospital-based clinics licensed under Article 28 of the Public Health Law that serve individuals with intellectual/developmental disabilities, or individuals with physical disabilities, to 150% of the latest clinic base payment rates effective on or after October 1, 2024.

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**New York  
1(e)(3)**

**1905(a)(2)(A) Outpatient Hospital Services****Hospital-Based APG Base Rate Table**

<b>Peer Group</b>	<b>Region</b>	<b>Rate Start Date</b>
Ambulatory Surgery Services	Downstate	12/01/08
Ambulatory Surgery Services	Upstate	12/01/08
Clinic*	Downstate	12/01/08
Clinic*	Upstate	12/01/08
Clinic Episode*	Downstate	07/01/09
Clinic Episode*	Upstate	07/01/09
Clinic MR/DD/TBI* <sup>(1)</sup>	Downstate	07/01/10
Clinic MR/DD/TBI* <sup>(1)</sup>	Upstate	07/01/10
Clinic MR/DD/TBI Episode* <sup>(1)</sup>	Downstate	07/01/10
Clinic MR/DD/TBI Episode* <sup>(1)</sup>	Upstate	07/01/10
<u>Clinic Physically Disabled (PD)<sup>(3)</sup></u>	<u>Downstate</u>	<u>10/01/24</u>
<u>Clinic Physically Disabled (PD)<sup>(3)</sup></u>	<u>Upstate</u>	<u>10/01/24</u>
Emergency Department	Downstate	01/01/09
Emergency Department	Upstate	01/01/09
Statewide Base Price <sup>(2)</sup>	Statewide	01/01/11

\*For Clinic (effective 12/1/08) & School-Based Health Center (SBHC) (effective 4/1/09), while they share the same base payment rates, please note that their rate codes and effective dates differ. Effective 4/1/2023, SBHC base payment rates are increased by 10%.

<sup>(1)</sup> Mentally Retarded/Developmentally Disabled/Traumatic Brain Injured (MR/DD/TBI). Effective 10/1/2024, the Clinic MR/DD/TBI base payment rates increase to 150% of the latest Clinic base payment rates.

<sup>(2)</sup> Statewide Base Price is not a service but used for APGs which do not have a payment differentiation for upstate and downstate providers.

<sup>(3)</sup> Effective 10/1/2024, new Clinic Physically Disabled (PD) base payment rates, which are 150% of latest Clinic base payment rates.

Hospital-based Article 28 Medicaid rates can be found at the Department of Health's website at:

[https://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/hospital/hosp\\_base\\_rates.htm](https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/hosp_base_rates.htm)

TN #24-0078 Approval Date \_\_\_\_\_

Supersedes TN #23-0074 Effective Date October 1, 2024

**Public Notice**  
**NYS Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the state fiscal year 2024-2025 New York State enacted budget. The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the September 25, 2024, noticed provision to increase the Ambulatory Patient Group (APG) clinic base rates.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 and 2025-2026 is \$26.1 million and \$52.2 million, respectively.

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

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

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

Queens County, Queens Center



3220 Northern Boulevard  
Long Island City, New York 11101

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

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

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

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

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

# 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 Energy Planning Board

Pursuant to the New York State Energy Law, Article 6, the New York State Energy Planning Board ("Board") hereby gives notice of the following: Pursuant to Board Resolution No. 11, approved on September 9, 2024, a New York State Energy Planning Proceeding to develop an updated State Energy Plan ("Plan") is hereby commenced. The Board also authorized the publication of the Draft Scope for the Plan for public comment in the State Register, as required pursuant to 9 NYCRR 7845.1. Comments will be received for 60 days. Information on accessing the Draft Scope and submitting comments can be found at [energyplan.ny.gov/Process/Scope-Regulations-Bylaws](http://energyplan.ny.gov/Process/Scope-Regulations-Bylaws). The general Scope of the Plan is defined by Energy Law § 6-104 and will include: demand and supply forecasts for the State's electric generation, natural gas, delivered and alternative fuels; a review of electric transmission and distribution conditions and needs; assessment of current energy policies and programs and consideration of additional actions toward achieving long-range energy planning objectives; an update of the assessment of the climate and environmental impacts of the State's energy systems; and discussions of climate justice, workforce policy, energy affordability, economic development opportunities, health impacts, and other related topics. Upon completion of the comment period and consideration of comments submitted, the Board shall reconvene to adopt a final Scope for the development of the Energy Plan. Following the adoption of a final Scope, the Board shall develop and issue a Draft Energy Plan which shall be subject to both public hearings and publication for written comments as the proceeding progresses.

Interested persons and parties may join the service list to receive documents in the proceeding at [energyplan.ny.gov/Subscribe-To-Energy-Plan-Updates](http://energyplan.ny.gov/Subscribe-To-Energy-Plan-Updates). The public is invited to review and comment on the Draft Scope and other matters they believe the State Energy Planning Board should consider and examine during this proceeding. Copies of the 2024 Draft Scope, as well as information on how to submit public comments, are available on the State Energy Plan

website at [energyplan.ny.gov/Process/Scope-Regulations-Bylaws](http://energyplan.ny.gov/Process/Scope-Regulations-Bylaws). The period for submitting public comments is through November 25, 2024.

For further information, contact: Vanessa Ulmer, NYSEDA, 17 Columbia Circle, Albany, NY 12203, (518) 862-1090, extension 3018, [nysenergyplan@nyseda.ny.gov](mailto:nysenergyplan@nyseda.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 the state fiscal year 2024-2025 New York State enacted budget. The following changes are proposed:

#### Non-Institutional Services

Effective for services on or after October 1, 2024, the Department of Health will increase the Ambulatory Patient Group (APG) clinic base rates, for providers licensed under Article 28 of the Public Health Law that serve individuals with intellectual and/or developmental disabilities, to 150% of the current general clinic base rates. The Department of Health will also establish APG clinic base rates, for providers licensed under Article 28 of the Public Health Law that serve individuals with physical disabilities, that are 150% of the current general clinic base rates. This rate enhancement is intended to increase access to quality primary care and physical health services and improve patient health outcomes of individuals with these disabilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 and 2025-2026 is \$10.4 million and \$20.8 million, respectively.

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

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

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Bronx, New York 10457  
Richmond County, Richmond Center

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 365-a (1), (2). The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1st, 2024, payments to Federally Qualified Health Centers (FQHCs) for medically necessary dental implants and implant-supported services will be made using an alternative payment methodology (APM) via the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$10,637.

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 to comply with the New York State enacted budget. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 25 percent statewide for Partial Hospitalization providers licensed by the Office of Mental Health.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative, contained in the budget for state fiscal year 2024-2025 is \$95,000.

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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12210, spa-inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

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

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 2.8% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The quality program will be enhanced to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.0 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.

**SUMMARY**  
**SPA #24-0079**

This State Plan Amendment proposes to increase the Ambulatory Patient Group (APG) clinic base payment rates, for freestanding clinics licensed under Article 28 of the Public Health Law that serve individuals with intellectual/developmental disabilities or individuals with physical disabilities, to 150% of the latest clinic base payment rates effective on or after October 1, 2024.

DRAFT

**New York  
2(g)(4)**

**1905(a)(9) Clinic Services****Freestanding Clinic and Ambulatory Surgery Centers APG Base Rate Table**

Peer Group	Region	Rate Start Date
Academic Dental	Downstate	09/01/09
Academic Dental	Upstate	09/01/09
Ambulatory Surgery Centers	Downstate	09/01/09
Ambulatory Surgery Centers	Upstate	09/01/09
Clinic <sup>2</sup>	Downstate	09/01/09
Clinic <sup>2</sup>	Upstate	09/01/09
Clinic MR/DD/TBI <sup>1</sup>	Downstate	09/01/09
Clinic MR/DD/TBI <sup>1</sup>	Upstate	09/01/09
Renal	Downstate	09/01/09
Clinic Physically Disabled (PD) <sup>4</sup>	Upstate	10/01/24
Clinic Physically Disabled (PD) <sup>4</sup>	Downstate	10/01/24
Renal	Upstate	09/01/09
School-Based Health Center (SBHC) <sup>2</sup>	Downstate	09/01/09
School-Based Health Center (SBHC) <sup>2</sup>	Upstate	09/01/09
Statewide Base Price	Statewide	01/01/11

<sup>1</sup>Mentally retarded/developmentally disabled/traumatic brain injured (MR/DD/TBI). Effective 10/1/2024, the Clinic MR/DD/TBI base payment rates increase to 150% of the latest Clinic base payment rates.

<sup>2</sup>For Clinic and School-Based Health Center (SBHC), while they share the same base payment rates, please note that their rate codes differ. Effective 4/1/2023, SBHC base payment rates are increased by 10%.

<sup>3</sup>Statewide Base Price is not a service but used for APGs which do not have a payment differentiation for upstate and downstate providers.

<sup>4</sup>Effective 10/1/2024, new Clinic Physically Disabled (PD) base payment rates, which are 150% of latest Clinic base payment rates.

Freestanding Clinic and Ambulatory Surgery Center Medicaid rates can be found at the Department of Health's website at:

[https://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/dtc/dtc\\_base\\_rates\\_inv.htm](https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/dtc/dtc_base_rates_inv.htm)

TN #24-0079

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

Supersedes TN #23-0060

Effective Date October 1, 2024

**Public Notice**  
**NYS Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the state fiscal year 2024-2025 New York State enacted budget. The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the September 25, 2024, noticed provision to increase the Ambulatory Patient Group (APG) clinic base rates.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 and 2025-2026 is \$26.1 million and \$52.2 million, respectively.

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

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

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

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



# 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 Energy Planning Board

Pursuant to the New York State Energy Law, Article 6, the New York State Energy Planning Board ("Board") hereby gives notice of the following: Pursuant to Board Resolution No. 11, approved on September 9, 2024, a New York State Energy Planning Proceeding to develop an updated State Energy Plan ("Plan") is hereby commenced. The Board also authorized the publication of the Draft Scope for the Plan for public comment in the State Register, as required pursuant to 9 NYCRR 7845.1. Comments will be received for 60 days. Information on accessing the Draft Scope and submitting comments can be found at [energyplan.ny.gov/Process/Scope-Regulations-Bylaws](http://energyplan.ny.gov/Process/Scope-Regulations-Bylaws). The general Scope of the Plan is defined by Energy Law § 6-104 and will include: demand and supply forecasts for the State's electric generation, natural gas, delivered and alternative fuels; a review of electric transmission and distribution conditions and needs; assessment of current energy policies and programs and consideration of additional actions toward achieving long-range energy planning objectives; an update of the assessment of the climate and environmental impacts of the State's energy systems; and discussions of climate justice, workforce policy, energy affordability, economic development opportunities, health impacts, and other related topics. Upon completion of the comment period and consideration of comments submitted, the Board shall reconvene to adopt a final Scope for the development of the Energy Plan. Following the adoption of a final Scope, the Board shall develop and issue a Draft Energy Plan which shall be subject to both public hearings and publication for written comments as the proceeding progresses.

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website at [energyplan.ny.gov/Process/Scope-Regulations-Bylaws](http://energyplan.ny.gov/Process/Scope-Regulations-Bylaws). The period for submitting public comments is through November 25, 2024.

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the state fiscal year 2024-2025 New York State enacted budget. The following changes are proposed:

#### Non-Institutional Services

Effective for services on or after October 1, 2024, the Department of Health will increase the Ambulatory Patient Group (APG) clinic base rates, for providers licensed under Article 28 of the Public Health Law that serve individuals with intellectual and/or developmental disabilities, to 150% of the current general clinic base rates. The Department of Health will also establish APG clinic base rates, for providers licensed under Article 28 of the Public Health Law that serve individuals with physical disabilities, that are 150% of the current general clinic base rates. This rate enhancement is intended to increase access to quality primary care and physical health services and improve patient health outcomes of individuals with these disabilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 and 2025-2026 is \$10.4 million and \$20.8 million, respectively.

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

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#### Non-Institutional Services

Effective on or after October 1st, 2024, payments to Federally Qualified Health Centers (FQHCs) for medically necessary dental implants and implant-supported services will be made using an alternative payment methodology (APM) via the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

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#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 25 percent statewide for Partial Hospitalization providers licensed by the Office of Mental Health.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative, contained in the budget for state fiscal year 2024-2025 is \$95,000.

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The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.0 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.

**SUMMARY**  
**SPA #24-0080**

This State Plan Amendment proposes to assist Federally Qualified Health Centers (FQHCs) by providing a temporary rate adjustment because they are subject to or impacted by the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

DRAFT

**SPA 24-0080**  
**Attachment A**  
**Annotated Pages**

**Annotated Page: 2(al)(1)**

DRAFT

**New York  
2(al)(1)**

**Federally Qualified Health Centers (FQHCs):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<del>AHRC Health Care, Inc. (d/b/a ACCESS Community Health Center)</del>	<del>\$74,937</del>	<del>01/01/2014 — 03/31/2014</del>
	<del>\$299,749</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$160,152</del>	<del>04/01/2015 — 03/31/2016</del>
<del>Anthony L. Jordan Health Center</del>	<del>\$40,268</del>	<del>01/01/2014 — 03/31/2014</del>
	<del>\$161,073</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$81,295</del>	<del>04/01/2015 — 03/31/2016</del>
<del>Asian &amp; Pacific Islander Coalition on HIV/AIDS, Inc. (d/b/a APICHA Community Health Center)</del>	<del>\$67,633</del>	<del>01/01/14 — 03/31/2014</del>
	<del>\$88,661</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$92,118</del>	<del>04/01/2015 — 03/31/2016</del>
<del>East Hill Family Medical Inc.</del>	<del>\$35,217</del>	<del>01/01/2014 — 03/31/2014</del>
<del>Morris Heights Health Center, Inc.</del>	<del>\$99,387</del>	<del>01/01/2014 — 03/31/2014</del>
	<del>\$97,725</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$96,557</del>	<del>04/01/2015 — 03/31/2016</del>
<del>Mount Vernon Neighborhood Health Center Network</del>	<del>\$38,713</del>	<del>01/01/2014 — 03/31/2014</del>
	<del>\$41,170</del>	<del>04/01/2014 — 03/31/2015</del>
	<del>\$43,000</del>	<del>04/01/2015 — 03/31/2016</del>
<del>The Floating Hospital</del>	<del>\$29,476</del>	<del>01/01/2014 — 03/31/2014</del>
	<del>\$29,476</del>	<del>04/01/2014 — 03/31/2015</del>

TN   #24-0080  Approval Date                     Superseding TN   #13-0074  Effective Date   October 1, 2024

**New York  
2(al)(1)**

**1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers (FQHC)**

**Federally Qualified Health Centers (FQHCs):**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Callen-Lorde Community Health Center</u>	<u>\$4,367,716</u>	<u>10/01/24-03/31/25</u>
	<u>\$2,699,711</u>	<u>04/01/25-03/31/26</u>
	<u>\$1,563,973</u>	<u>04/01/26-03/31/27</u>
<u>Oak Orchard Community Health Center</u>	<u>\$1,021,500</u>	<u>10/01/24-03/31/25</u>
	<u>\$926,750</u>	<u>04/01/25-03/31/26</u>
	<u>\$551,750</u>	<u>04/01/26-03/31/27</u>

TN #24-0080

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

Superseding TN #13-0074

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

### Non-Institutional Services

Effective on or after October 1, 2024, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following:

- Callen-Lorde Community Health Center with aggregate payment amounts totaling up to \$4,367,716 for the period October 1, 2024 through March 31, 2025, \$2,699,711 for the period of April 1, 2025 through March 31, 2026, and \$1,563,973 for the period of April 1, 2026 through March 31, 2027.

- Oak Orchard Community Health Center, Inc with aggregate payment amounts totaling up to \$1,021,500 for the period October 1, 2024 through March 31, 2025, \$926,750 for the period of April 1, 2025 through March 31, 2026, and \$551,750 for the period of April 1, 2026 through March 31, 2027.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$5,389,216 in 2024-2025. The Medicaid expenditures attributable to state fiscal year 2025-2026 and state fiscal year 2026-2027 are \$3,626,461 and \$2,115,723 respectively.

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

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

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

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3220 Northern Boulevard  
Long Island City, New York 11101

Kings County, Fulton Center  
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Brooklyn, New York 11201

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

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

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

## PUBLIC NOTICE New York State and Local Retirement System Unclaimed Amounts Payable to Beneficiaries

Pursuant to the Retirement and Social Security Law, the New York State and Local Retirement System hereby gives public notice of the amounts payable to beneficiaries.

The State Comptroller, pursuant to Sections 109(a) and 409(a) of the Retirement and Social Security Law has received, from the New York State and Local Retirement System, a listing of beneficiaries or estates having unclaimed amounts in the Retirement System. A list of names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at 110 State St., in the City of Albany, New York.

Set forth below are the names and last known city of record of the beneficiaries and estate appearing from the records of the New York State and Local Retirement System, entitled to the unclaimed benefits.

At the expiration of six months from the date of publication of this list of beneficiaries and estates, unless previously paid to the claimant, the amounts shall be deemed abandoned and placed in the pension accumulation fund to be used for the purposes of said fund.

Any amounts so deemed abandoned and transferred to the pension accumulation fund, may be claimed by the executor or administrator of the estates or beneficiaries so designated to receive such amounts, by filing a claim with the State Comptroller. In the event such claim is properly made, the State Comptroller shall pay over to the estates or the person or persons making such claim, the amount without interest.

Beneficiary Name Beneficiary City	Di Rosa,Michael J N TONAWANDA
Adelaide Popely,Estate of West Sayville	Dibble,James P STERLING
Aird,Estate of Audrey J SPECULATOR	Dibble,Shannon A BEALETON
Alcorn,Jeffrey LAKEWOOD RCH	Dietz,Michael BELVIDERE
Ann R Ocker,Estate Of Port Washington	Dietz,Robert F ISLIP
Annamarie Morra,Estate of Staten Island	Donnelly,John F NEWARK VALLEY
Anne M Sisia,Estate Of Wappinger Falls	Donnelly,Mark R PORT CRANE
Archdeacon,Lorraine D BUFFALO	Donnelly,Michael J CASTLE CREEK
Ardis,Estate of Christine EAST MEADOW	Doty,Louise M CHESTER
Armstrong,Estate of James GREENWICH	Doty,Marian D MONROE
Ashley,Jaden ROSEDALE	Doyle,Estate of Ethel Lake Mary
Austin,Estate of Mary S Salisbury	Edme,Evita HEMPSTEAD
Bauer,Stephen Michael HAMBURG	Edwin J Vilim,Estate of WEST BABYLON
Beirne,Dianne BUFFALO	Eileen J ORourke,Estate of SMITHTOWN
Betty Jane VanVorst,Estate of NORTH CREEK	Emma R Walsh,Estate of Oswego
Beulah Reese,Estate Of Randolph	Eric Dutton,Estate of Dexter
Bocca,Estate of Richard BAINBRIDGE	Family Trust 5/10/1990,Revocable Greenberg SKOKIE
Booker,Conrad L LEWES	Fear,Nicholas M SCHENECTADY
Borow,Benay STUART	Ferry Jr,Neil TALLAHASSEE
Bowen,Tammy PALMETTO	Ferry,Michael TALLAHASSEE
Breeden,Lenny D SANBORN	Ferry,Thomas HUDSON FALLS
Bretz,Catharine BALLSTON SPA	Finlayson,Aubree A CHAMPLAIN
Bretz,Charmaine LENEXA	Fitzgerald,Estate of Margaret Mary HIGHLAND
Britton,Estate of George POUGHKEEPSIE	Franklin,Jeffrey L JAMESTOWN
Brown,Carolyn A BROOKLYN	French,Estate of Mittie PAVO
Brown,Lewis PINE HILL	Fulton,David R CHESTNUT HILL
Brown,Tracy BIRMINGHAM	Gabel,Rose CROSS LKE TWP
Brown,William D WOODSIDE	Gademsky Jr,Estate of Leonard C NORTH TONAWANDA
Bruer,Estate of Virginia SOUTHOLD	Gardner,Marcus AMITYVILLE
Bullock,Randy M BIRMINGHAM	Gehret,Estate of Carol J ELMIRA
Bump Sr,Estate of John R MEMPHIS	Geiger,Estate of Verna SPRINGVILLE
Burger Maxwell,Irene ATHENS	Gene Hilliker,Estate of MATTITUCK
Burger,Colleen A ATHENS	GERACI,KATHRYN E BUFFALO
Cabrera,Victoria KISSIMMEE	Gipson,Estate of Irene N BUFFALO
Carlton,Estate of Frank R Poughkeepsie	Groshans,Estate of Mary BALLSTON SPA
Carmichael,Kathleen M BALLSTON SPA	Gross,Debra A GAINESVILLE
Carol Busse,Estate of SHIRLEY	Gwen Devries,Estate of WARWICK
Carolyn M Thall,Estate Of Ithaca	Hakes,Estate of Ruth E IRMO
Caronia,Estate of Emily JUPITER	Hamilton,Andre S FATE
Carpenter Jr,John J BALLSTON SPA	Hamilton,Veronica G FRISCO
Cecelia M Rover,Estate of SEA GIRT	Hanna,Louis Lemuel NEW YORK
Chaires,Susanne E SCHENECTADY	Hanna,Michaelyn Kai BROOKLYN
Chandler,Estate of William LELAND	Hanna,Richard C KEW GARDENS
CHOTKOWSKI,DENISE SCHENECTADY	Hansley,Bruce Edward BROOKLYN
Cody,Thomas Castlebar Co	Hathorn,Kathy DALLAS
Coleman,Estate of Rose P N PALM BEACH	Head,Joseph R COLLEYVILLE
Coumeri,Linda JACKSON	Healy,Estate of Barbara L CORAM
Courter III,Wygant MOSCOW MILLS	Helen Scott Lichtenberger,Estate Of VERO BEACH
Coyle,Estate of John D PHILADELPHIA	Herrington,Estate of Ruth Monroe
Crosby,Estate of John G SCRANTON	Hevner,Juanita CORNING
Cuneo III,Victor E NORTHPORT	Hevner,Randall W N FT MYERS
Cuneo,Michael E NORTHPORT	Hiller,Melanie GANSEVOORT
D'Auria,Dean TAPPAN	Homan Gordon,Estate of Shirley Superior
David,James ENDICOTT	Horning,Michael M DRAPER
Derr,Estate of Benjamin Carlisle	Horton,James P HORSEHEADS
Di Rosa,James G N TONAWANDA	Horton,Joseph M HORSEHEADS
Di Rosa,John A N TONAWANDA	Horton,Norma J HORSEHEADS
Di Rosa,Kevin D LONGMONT	IFIL,Brooke Lynne J WHEATLEY HTS
Di Rosa,Mark D N TONAWANDA	Inga Solonevich,Estate of Roanoke

**SUMMARY**  
**SPA #24-0081**

This State Plan Amendment proposes to adjust rates by 2.8% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health (OMH) who participate in the OMH Quality Improvement initiative.

DRAFT



**New York**  
**8a**

## 1905(a)(13) Rehabilitative Services

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

**I. Definitions:** The list of definitions in the “Ambulatory Patient Group System - freestanding clinic” section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:

- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.

## II. Quality Improvement (QI) Program

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

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

### III. Minimum Wage Increases

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

- IV. Reimbursement Rates:** Effective for dates of service on or after ~~April 1~~October 1, 2024, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including changes for the statutory minimum wage increase, and base rates for providers participating in the OMH Quality Improvement program. Effective October 1, 2023, APG base rates for hospital-based mental health outpatient treatment and rehabilitative services providers are eligible to include a Quality Improvement Supplement. Also, effective April 1, 2023, APG peer group base rates for services provided in OMH-approved school-based satellites will be increased by 25 percent. Base rates are published on the State's website at: [https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

TN #24-0081\_\_\_\_\_

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

Supersedes TN #24-0053

Effective Date October 1, 2024

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

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 365-a (1), (2). The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1st, 2024, payments to Federally Qualified Health Centers (FQHCs) for medically necessary dental implants and implant-supported services will be made using an alternative payment methodology (APM) via the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$10,637.

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 non-institutional services to comply with the New York State enacted budget. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 25 percent statewide for Partial Hospitalization providers licensed by the Office of Mental Health.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative, contained in the budget for state fiscal year 2024-2025 is \$95,000.

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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## 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 the New York State enacted budget. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 2.8% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The quality program will be enhanced to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.0 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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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 outpatient clinics operated by a tribe or tribal organization and funded by the Indian Self-Determination Act (Public Law 93-638). The following changes are proposed:

### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will amend the New York Medicaid State Plan for Tribal 638 outpatient facilities to clarify that outpatient services provided by or through facilities of the Indian Health Services (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by Title I or V of the Indian Self Determination and Education Assistance Act, also known as Tribal 638 facilities are paid at the most current applicable rates published in the Federal Register or Federal Register Notices by IHS.

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

Effective on or after October 1, 2024, New York State will reimburse Indian Health Service (IHS) /Tribal 638 facilities enrolled in New York State (NYS) Medicaid as a Tribal Federally Qualified Health Center (TFQHC) an alternative payment methodology (APM), which is equal to the federal all-inclusive rate (AIR) published annually in the Federal Register. TFQHCs will be reimbursed the full APM/AIR for eligible threshold visits rendered by qualified healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. This change will allow TFQHC's to be reimbursed the full APM/AIR for services provided to American Indians/Alaska Natives (AI's/AN's) either outside the four walls of the IHS/Tribal facility or for services provided to AI's/AN's "Through" the TFQHC under a written care coordination agreement.

IHS/Tribal 638 facilities, including TFQHCs, will be able to be reimbursed for up to a total of three (3) services per member per day for any combination of medical, behavioral health, dental, and ambulatory visits delivered face-to-face (either in person or via telehealth/telemedicine) as part of an eligible threshold visit. Eligible threshold visits are limited to Medicaid-covered services rendered by qualified

healthcare practitioners who are recognized/approved under the NYS Medicaid State Plan. Tribal FQHC's may provide an array of distinct, non-related services to a member during a single encounter. This change would allow IHS/Tribal facilities the ability to be reimbursed the full APM/AIR for up to three (3) eligible threshold visits rendered face-to-face (either in person or via telehealth/telemedicine) when distinct, non-related services are provided to a member during a member encounter or when delivered as a part of a care coordination agreement per member per day.

The estimated net aggregate increase in gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2024-2025 is \$2.6 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 non-institutional services to comply with NYS Social Services Law § 367-a, in Part I of Chapter 57 of the Laws of 2024. The following changes are proposed:

### Non-Institutional Services

Effective on or after October 1, 2024, the Department proposes to amend pharmacy reimbursement for brand prescription drugs from wholesale acquisition cost minus 3.3 percent to wholesale acquisition cost in the reimbursement methodology. Additionally, the Department will amend the physician administered drug reimbursement for drugs provided and claimed separately by a medical practitioner from actual acquisition cost to the lower of:

- National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC); or
- the Federal Upper Limit (FUL); or
- the State Maximum Acquisition Cost (SMAC); or
- the actual cost of the drug to the practitioner.

**SUMMARY**  
**SPA #24-0082**

This State Plan Amendment proposes to adjust Medicaid rates of payment by 25 percent statewide for Partial Hospitalization providers licensed by the Office of Mental Health, effective October 1, 2024.

DRAFT

New York  
3k(1a)

1905(a)(9) Clinic Services

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital  
Partial Hospitalization Services**

The agency's fee schedule rate was set as of ~~April 1, 2024~~ October 1, 2024, and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/partial-hospitalization.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/partial-hospitalization.xlsx)

DRAFT

TN #24-0082

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

Supersedes TN #24-0053

Effective Date October 1, 2024

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

*For further information and to review and comment, please contact:*  
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#### Non-Institutional Services

Effective on or after October 1st, 2024, payments to Federally Qualified Health Centers (FQHCs) for medically necessary dental implants and implant-supported services will be made using an alternative payment methodology (APM) via the NYS Medicaid dental fee schedule in lieu of the prospective payment system (PPS) base rate. This method will reimburse FQHCs an amount greater than the PPS rate, to acknowledge the higher costs associated with resources, materials, treatment time, and the scope of skilled services needed to perform these procedures.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 is \$10,637.

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

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#### Non-Institutional Services

Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 25 percent statewide for Partial Hospitalization providers licensed by the Office of Mental Health.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative, contained in the budget for state fiscal year 2024-2025 is \$95,000.

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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Effective on or after October 1, 2024, the Department of Health will adjust Medicaid rates of payment by 2.8% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The quality program will be enhanced to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.0 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.

**SUMMARY**  
**SPA #24-0083**

This State Plan Amendment proposes to submit mandatory core set reporting for the State of New York. This reporting includes quality measure data for certain Adult Behavioral Health measures and Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid, Child Health Plus, and Fee for Service members as appropriate.

DRAFT

# NY - Submission Package - NY2024MS0007D - Administration

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

## Package Information

Package ID	NY2024MS0007D	Submission Type	Draft
Program Name	N/A	State	NY
Version Number	1	Region	New York, NY
		Package Status	Pending

DRAFT



# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007D

## Package Header

<b>Package ID</b>	NY2024MS0007D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

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

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007D

Package Header

Package ID	NY2024MS0007D	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		

Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to submit mandatory core set reporting for the State of New York. This reporting includes quality measure data for certain Adult Behavioral Health measures and Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid, Child Health Plus, and Fee for Service members as appropriate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007D

Package Header

Package ID	NY2024MS0007D	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		

Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007D

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☒ Administration
- ☐ Organization
- ☒ General Administration

☐ Reporting

Reviewable Unit Name	Included in Another Source Submission Package	
Reporting	(	NEW

- ☐ Eligibility
- ☐ Benefits and Payments

DRAFT

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007D

## Package Header

Package ID	NY2024MS0007D	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		

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

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

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007D

## Package Header

Package ID	NY2024MS0007D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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

- ☐ Yes
- ☐ No

DRAFT

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

Package ID	NY2024MS0007D	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		

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☐ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

- ☐ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☐ 2. The agency reports annually, by December 31, on:
- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
  - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

DRAFT

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

*This view was generated on 11/1/2024 3:18 PM EDT*

DRAFT



**SUMMARY**  
**SPA #24-0084**

This State Plan Amendment proposes to submit mandatory Care Coordination Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Care Coordination Health Home Adult Behavioral Health measures and Care Coordination Health Home Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid and Fee for Service members as appropriate.

DRAFT

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

# NY - Submission Package - NY2024MS0009O - (NY-24-0084) - Administration

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

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2024MS0009O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>SPA ID</b>	NY-24-0084	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Pending

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY-24-0084

## Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY-24-0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

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

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY-24-0084

Package Header

Package ID	NY2024MS00090	SPA ID	NY-24-0084
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NY-24-0084

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY-24-0084

Package Header

Package ID	NY2024MS00090	SPA ID	NY-24-0084
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to submit mandatory Care Coordination Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Care Coordination Health Home Adult Behavioral Health measures and Care Coordination Health Home Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid and Fee for Service members as appropriate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY-24-0084

Package Header

Package ID	NY2024MS00090	SPA ID	NY-24-0084
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY-24-0084

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☒ Administration
- ☐ Organization
- ☒ General Administration

☐ Reporting

Reviewable Unit Name	Included in Another Source Submission Package
Reporting	<div></div> NEW

- ☐ Eligibility
- ☐ Benefits and Payments

DRAFT

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NY2024MS00090 | NY-24-0084

## Package Header

<b>Package ID</b>	NY2024MS00090	<b>SPA ID</b>	NY-24-0084
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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

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

DRAFT



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | NY2024MS0009O | NY-24-0084

## Package Header

Package ID	NY2024MS0009O	SPA ID	NY-24-0084
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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

- ☒ Yes
- ☐ No

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

- ☐ Yes
- ☒ No

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

DRAFT

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

Package ID	NY2024MS00090	SPA ID	NY-24-0084
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	12/1/2024
Superseded SPA ID	New		
	User-Entered		

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

☐ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

☐ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

☐ 2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

DRAFT

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

*This view was generated on 11/7/2024 12:26 PM EST*

DRAFT

**SUMMARY**  
**SPA #24-0085**

This State Plan Amendment proposes to submit mandatory Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Health Home Adult Behavioral Health measures and Health Home Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid and Fee for Service members as appropriate.

DRAFT

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

# NY - Submission Package - NY2024MS0008O - (NY-24-0085) - Administration

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

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2024MS0008O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>SPA ID</b>	NY-24-0085	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Pending

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS0008O | NY-24-0085

## Package Header

<b>Package ID</b>	NY2024MS0008O	<b>SPA ID</b>	NY-24-0085
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

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

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00080 | NY-24-0085

Package Header

Package ID	NY2024MS00080	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NY-24-0085

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00080 | NY-24-0085

Package Header

Package ID	NY2024MS00080	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to submit mandatory Health Home core set reporting for the State of New York. This reporting includes quality measure data for certain Health Home Adult Behavioral Health measures and Health Home Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid and Fee for Service members as appropriate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		



Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00080 | NY-24-0085

Package Header

Package ID	NY2024MS00080	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NY2024MS00080 | NY-24-0085

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☒ Administration
- ☐ Organization
- ☒ General Administration

☒ Reporting

Reviewable Unit Name	Included in Another Source Submission Package	
Reporting	<div></div>	NEW

- ☐ Eligibility
- ☐ Benefits and Payments

DRAFT

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NY2024MS0008O | NY-24-0085

## Package Header

<b>Package ID</b>	NY2024MS0008O	<b>SPA ID</b>	NY-24-0085
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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

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

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | NY2024MS0008O | NY-24-0085

## Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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

- ☒ Yes
- ☐ No

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

- ☐ Yes
- ☒ No

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

DRAFT

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

Package ID	NY2024MS0008O	SPA ID	NY-24-0085
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	12/1/2024
Superseded SPA ID	New		
	User-Entered		

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

☐ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

☐ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

☐ 2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

DRAFT

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

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