



# Department of Health

**KATHY HOCHUL**  
Governor

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

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

March 13, 2025

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

March 13, 2025

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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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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Nancy Grano  
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Michele Hamel  
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**JAMES V. McDONALD, MD, MPH**  
Commissioner

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

March 13, 2025

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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Michele Hamel  
NYSDOH American Indian Health Program



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

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

March 13, 2025

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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Governor

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

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

March 13, 2025

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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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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**KATHY HOCHUL**  
Governor

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

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

March 13, 2025

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

Dear Chief Patterson:

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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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NYSDOH American Indian Health Program



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Governor

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

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

March 13, 2025

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

Dear Chief Wallace:

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

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Sincerely,

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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

March 13, 2025

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

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

Nancy Grano  
CMS Native American Contact

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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

March 13, 2025

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

March 13, 2025

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,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program



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Governor

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

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

March 13, 2025

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

Dear Colleague:

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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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Governor

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

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

March 13, 2025

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

Dear Sachem Collins Sr.:

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

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Medicaid Director  
Office of Health Insurance Programs

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US Dept. of Health and Human Services

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Governor

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

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

March 13, 2025

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

Dear Representative Twoguns:

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

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

March 13, 2025

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

Dear Representative Wheeler:

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

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

March 13, 2025

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

Dear President John Sr.:

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Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

March 13, 2025

Patricia Tarrant  
Executive Director  
American Indian Community House  
275 Madison Avenue  
Suite 2014  
New York, NY 10016

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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## Department of Health

KATHY HOCHUL  
Governor

JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

March 13, 2025

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

Dear Representative Heath:

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JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

March 13, 2025

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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Executive Deputy Commissioner

March 13, 2025

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

Dear Chief Thompson:

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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

**SUMMARY**  
**SPA #25-0002**

This State Plan Amendment proposes to reimburse Federally Qualified Health Centers a separate payment in lieu of the Prospective Payment System for non-visit services, such as eConsults, remote patient monitoring, virtual check-ins, and eVisits. Federally Qualified Health Centers will bill these services through the ordered ambulatory fee schedule.

DRAFT

New York  
4(a)(i)(10)

**1905(a)(2)(C) Federally Qualified Health Centers (FQHC)**

**Federally Qualified Health Center Non-Visit Telehealth**

Effective on or after January 1, 2025, the Department will reimburse Federally Qualified Health Centers for non-visit telehealth services, meaning the service does not meet the definition of a threshold visit and does not require onsite presence of the patient or provider to deliver care. Examples of non-visit services include interprofessional consultations (also known as eConsults) and remote patient monitoring.

Federally Qualified Health Centers will be reimbursed for non-visit services using the procedure codes and fees listed on the ordered ambulatory fee schedule in lieu of the Prospective Payment System rate. All rates are published on the agency's eMedNY website found at the following link: <https://www.emedny.org/ProviderManuals/index.aspx>.

DRAFT

TN #25-0002

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

Supersedes TN NEW

Effective Date: January 01, 2025

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 federal statutory requirements in Section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) (P.L. 117-328). The following changes are proposed:

#### Non-Institutional Services

Effective on or after January 1, 2025, State Medicaid programs are federally required to have a plan in place and, in accordance with such plan, provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, including a behavioral health screening or diagnostic service, for an eligible individual who is within 30 days of their scheduled date of release from a public carceral setting following adjudication.

Effective on or after January 1, 2025, State Medicaid programs are also federally required to have a plan in place and, in accordance with such plan, provide Targeted Case Management (TCM) services in the 30 days prior to release, and for at least 30 days following release, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$1.5 million for screenings and diagnostic services, and \$3 million for TCM services.

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 PHL 2999-D and SSL § 367-u. The following changes are proposed:

#### Non-Institutional Services

Effective on or after January 1, 2025, The Department of Health will reimburse Federally Qualified Health Centers and Rural Health Clinics a separate payment in lieu of the Prospective Payment System rate for non-visit services, such as eConsults and remote patient monitoring.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$86,000.

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

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

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

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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

**SUMMARY**  
**SPA #25-0003**

Effective on or after January 1, 2025, this State Plan Amendment proposes to authorize payment for Evidence-Based Practices (EBPs) provided to children/youth referred and eligible for Children and Family Treatment and Support Services (CFTSS) by agencies designated in Community Psychiatric Supports and Treatment (CPST) or Other Licensed Practitioner (OLP) by the New York State designation process that have completed the EBP training and certification process. The State has identified Multidimensional Family Therapy (MDFT) as a reimbursable EBP under CFTSS.

DRAFT

New York  
3b-21(a)

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

13d. Rehabilitative Services: EPSDT only (Continued)  
Community Psychiatric Support and Treatment (CPST) Description (Continued)

**Evidence-based Practices**

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice for youth with behavioral and emotional disorders. FFT includes assessment of family functioning, and targeted counseling and education to help family members better address the child's behavioral health needs. Services involving family members are for the direct benefit of the beneficiary.

**Practitioner Qualifications:** Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in FFT by a certifying entity designated by the State.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

**Multidimensional Family Therapy (MDFT)**

**Description:** Multidimensional Family Therapy is an evidence-based practice targeted to children with disruptive behaviors. Both parent/caregiver and child participate in treatment sessions to promote positive relationships. MDFT involves focusing on developing family communication and strong day-to-day functionality through individual, family, and community therapeutic interventions.

**Practitioner Qualifications:** Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in MDFT by a certifying entity designated by the State.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for MDFT under CPST or OLP and maintain MDFT in fidelity with the model. Practitioners delivering MDFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

TN #25-0003

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

Supersedes TN #23-0094

Effective Date January 1, 2025



New York  
3b-21(a)

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

13d. Rehabilitative Services: EPSDT only (Continued)  
Community Psychiatric Support and Treatment (CPST) Description (Continued)

**Evidence-based Practices**

The following evidence-based practices are provided under Community Psychiatric Support and Treatment (CPST):

- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice for youth with behavioral and emotional disorders. FFT includes assessment of family functioning, and targeted counseling and education to help family members better address the child's behavioral health needs. Services involving family members are for the direct benefit of the beneficiary.

**Practitioner Qualifications:** Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in FFT by a certifying entity designated by the State.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under CPST and maintain FFT in fidelity with the model. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

**Multidimensional Family Therapy (MDFT)**

**Description:** Multidimensional Family Therapy is an evidence-based practice targeted to children with disruptive behaviors. Both parent/caregiver and child participate in treatment sessions to promote positive relationships. MDFT involves focusing on developing family communication and strong day-to-day functionality through individual, family, and community therapeutic interventions.

**Practitioner Qualifications:** Staff must have at least a bachelor's degree level in social work, psychology, or in related human services field, certified in MDFT by a certifying entity designated by the State.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for MDFT under CPST or OLP and maintain MDFT in fidelity with the model. Practitioners delivering MDFT must be affiliated with an agency authorized by the State to provide the intervention.

Comparable services are available to children of all ages when medically necessary.

TN #25-0003

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

Supersedes TN #23-0094

Effective Date January 1, 2025

## Page 1(a)(i)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**STATE: New York**  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE**  
**1905(a)(6) Medical Care, or Any Other Type of Remedial Care**

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

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

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

Effective 4/01/2021 through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

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

Effective 10/01/2022 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/2023, new rates were created to implement Evidenced Based Practices reimbursement, including:  
 Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT).

Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).

Effective 1/1/2025, new rates were created to implement Evidenced Based Practices reimbursement, including:  
 Multi-Dimensional Family Therapy (MDFT).

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

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

TN     #25-0003    

Approval Date                                 

Supersedes TN     #24-0056    

Effective Date     January 1, 2025

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

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

**Rehabilitative Services (EPSDT only)**

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

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

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

Effective 4/01/2021 through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

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

Effective 10/01/2022 the 25% rate increase has been permanently extended.

Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).

Effective 11/01/2023, Evidenced Based Practices are added to the fee schedule including: Family Functional Therapy (FFT).

Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).

Effective 1/1/2025, new rates were created to implement Evidenced Based Practices reimbursement, including: Multi-Dimensional Family Therapy (MDFT).

**All Community Psychiatric Support and Treatment, Psychosocial Rehabilitation Supports Family Peer Support Services and Youth Peer Supports rates are published on the Department of Health website:**

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

TN     #25-0003    

Approval Date                     

Supersedes TN     #24-0056    

Effective Date January 1, 2025

**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 18 NYCRR 505.38. The following changes are proposed:

**Non-Institutional Services**

Effective on or after January 1, 2025, the Medicaid State Plan will be amended to authorize payment for the Multi-Dimensional Family Therapy (MDFT) Evidence-Based Practice (EBP) provided to children/youth referred and eligible for Children and Family Treatment and Support Services by agencies designated by the New York State designation process that have completed the MDFT training and certification process.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 and 2025-2026 is \$24,411 and \$2,196,967 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  
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Staten Island, New York 10301

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

**PUBLIC NOTICE****Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

**Long Term Care Services**

Effective on or after January 1, 2025, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following measure will be removed from the measurement set: Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines. Four measures will use an altered

measurement period: Percent of Long Stay High-Risk Residents with Pressure Ulcers, Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder, Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased, and Rate of Staffing Hours per Resident per Day.

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

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

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

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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 State**

F-2024-0578

Date of Issuance – December 31, 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-2024-0578, the Bronx River Alliance, Inc. is proposing to improve (5) existing boat launch portage sites along the Bronx River. The five locations include Shoelace Park, NY Botanical Garden North, NY Botanical Garden South, Bronx Zoo/Mitsubishi Riverwalk and Concrete Plant Park in the City of New York, Bronx Borough, Bronx County.

The stated purpose of the proposed action is to improve the Bronx River Blueway for recreational paddling in the lower 8 miles within Bronx County, which was designated a National Water Trail in 2012 by the National Parks Service.

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

<https://dos.ny.gov/system/files/documents/2024/12/f-2024-0578.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):

**SUMMARY**  
**SPA #25-0005**

This State Plan Amendment proposes to modify CDPAP direct care rate methodology to be developed on a regional basis.

DRAFT

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

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

**1905(a)(24) Personal Care Services**

Social Services, a managed care entity, or a non-profit organization, which includes not-for-profit corporations formed under New York State Law or authorized to do business in New York, may contract with home care agencies or providers to deliver CFCO services.

**X Agency with Choice Model** – this model is also based on the person-centered assessment of need and will be used when the individual seeking CFCO services wants to directly hire his or her own attendant. This attendant may be a relative other than a parent or a spouse, a neighbor, a friend or an independent attendant. In this delivery model, the individual will select, manage, train and, if necessary, dismiss his or her own attendant. A fiscal intermediary, contracted with the state, will be used to keep track of the attendant's hours, pay the attendant and deduct required amounts for taxes and insurance from the attendant's check. ~~Fiscal intermediaries can be licensed home care services agencies, independent living centers, or other entities that pay attendants/direct care workers who are employed directly by the recipient of CFCO LTSS. CFCO participants must have a free choice of fiscal intermediaries.~~

There is no budget authority under either of these models.

Self-Directed Model with service budget – This Model is one in which the individual has both a SP and service budget based on the person-centered assessment of need.

\_\_\_\_\_ Direct Cash

\_\_\_\_\_ Vouchers

\_\_\_\_\_ Financial Management Services in accordance with 441.545(b)(1)

\_\_\_\_\_ Other Service Delivery Model as described below:

**iii. Service Package**

**A. The following are included CFCO services (including service limitations):**

Services may be provided in the individual's home and in the community by direct care workers.

**1. Assistance with ADLs, IADLs and health-related tasks through hands-on assistance, supervision, and/or cueing.**

The State will cover personal care services and supports related to core ADLs including: assistance with bathing/personal hygiene/grooming, dressing, eating, mobility (ambulation, transferring and positioning), and toileting.

TN #25-0005

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

Supersedes TN #13-0035

Effective Date January 01, 2025

New York  
6(a)(1)(ii)

**1905(a)(24) Personal Care Services**

**Consumer Directed Personal Assistance Program (CDPAP) Fiscal Intermediary Reimbursement**

Effective on or after April 1, 2021, and concluding on March 31, 2025, the Fiscal Intermediary reimbursement methodology for the Consumer Directed Personal Assistance Program (CDPAP) will be based on a tiered per member per month approach. CDPAP reimbursement will include two distinct rates:

- 1) The services rates will be calculated consistent with existing methodology (as defined in this Attachment 4.19-B, Page 6(a)(1)).
- 2) Under the CDPAP program, the Fiscal Intermediary provides the administrative services for the consumers.
- 3) The services rates require prior authorization.
- 4) The Fiscal Intermediary rates will be supported through a tiered reimbursement methodology based on the hours authorized for the services rate. The tiers ~~shall~~ will be as follows:

Tier	Direct Care Hours Authorized Per Month	Monthly Rate per Consumer
Tier 1	1-159	\$145
Tier 2	160-479	\$384
Tier 3	480+	\$1,036

Effective April 1, 2025, and thereafter, CDPAP Reimbursement will include a direct care component:

- a. The services rates require prior authorization.
- b. The services rates will be calculated on a regional basis, but otherwise consistent with existing methodology (as defined in this attachment).

New York  
6(a)(vi)

**1905(a)(24) Personal Care Services**

Rate Code	State Program	Current Rate	Methodology
2602, 2622, 2623, 2593, 2594, 2601, 2595, 2596, 2681, 2631, 2671, 2815, 2816, 3855, 3856, 3145, 9795, 9863	Personal Care	\$20.21/hr*	Provider specific fees are established based on provider reported costs two years prior to the rate year and are posted at: <a href="http://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/">http://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/</a> and <a href="http://www.health.ny.gov/facilities/long_term_care/reimbursement/hhc/2015-01-01_lthhc_rates.htm">http://www.health.ny.gov/facilities/long_term_care/reimbursement/hhc/2015-01-01_lthhc_rates.htm</a>
2422, 2423, 2402, 2401, 4764, 4769, 4770, 4771, 4772, 4777	Fiscal Intermediaries	<del>\$17.41/hr*</del> <u>Varies by region</u>	<del>Provider specific fees are established based on provider reported costs two years prior to the rate year and are posted</del> Fee schedule available at: <a href="http://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/">http://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/</a>  Or statewide fees based on the level of service provided as set forth in Appendix C of the OPWDD Comprehensive HCBS Waiver (NY 0238).
2611, 2695, 2810, 2825, 3850, 3865	Home Health Care (aide only)	\$23.18/hr*	Provider specific fees are established based on provider reported costs two years prior to the rate year and are posted at: <a href="http://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/rates/index.htm">http://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/rates/index.htm</a>
9997, 9994, 9991	Transportation	Varies depending on mode, region	Fee schedule available at: <a href="https://www.emedny.org/ProviderManuals/Transportation/index.aspx">https://www.emedny.org/ProviderManuals/Transportation/index.aspx</a>

\*Weighted average fee provided for informational purposes only. Actual payment rates will be the State established fee for each provider.

TN #25-0005

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

Supersedes TN #13-0035

Effective Date January 01, 2025



# 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 January 2025 will be conducted on January 15 and January 16 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 non-institutional services to comply with Part HH of Chapter 57 of the Laws of 2024. The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2025, the Consumer Directed Personal Assistance Program (CDPAP) will begin transitioning to a single statewide fiscal intermediary (FI). The administrative reimbursement for CDPAP will transition from a three-tiered per Member per Month (PMPM) rate structure to a rate established through the Single FI contracting process.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025 is (\$28 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 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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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 federal statutory requirements in Section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) (P.L. 117-328). The following changes are proposed:

#### Non-Institutional Services

Effective on or after January 1, 2025, State Medicaid programs are federally required to have a plan in place and, in accordance with such plan, provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, including a behavioral health screening or diagnostic service, for an eligible individual who is within 30 days of their scheduled date of release from a public carceral setting following adjudication.

Effective on or after January 1, 2025, State Medicaid programs are also federally required to have a plan in place and, in accordance with such plan, provide Targeted Case Management (TCM) services in the 30 days prior to release, and for at least 30 days following release, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$1.5 million for screenings and diagnostic services, and \$3 million for TCM services.

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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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 PHL 2999-D and SSL § 367-u. The following changes are proposed:

#### Non-Institutional Services

Effective on or after January 1, 2025, The Department of Health will reimburse Federally Qualified Health Centers and Rural Health Clinics a separate payment in lieu of the Prospective Payment System rate for non-visit services, such as eConsults and remote patient monitoring.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$86,000.

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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**SUMMARY**  
**SPA #25-0006**

This State Plan Amendment proposes to provide the provision of the mandatory services, including limited pre-release services, for eligible juveniles leaving incarceration in Medicaid as mandated in Federal statute Consolidated Appropriations Act of 2023, Section 5121. An eligible juvenile is an individual who is under 21 years of age determined eligible in any eligibility group or an individual described in section 1902 (a) (10) (A)(i)(IX) of the Act, who was determined eligible for Medicaid before becoming an inmate of a public institution or who is determined eligible for Medicaid while an inmate of a public institution or former foster care youth up to the age of 26. The mandatory services include 30 days pre-release of physical and behavioral health screenings or diagnostic service. Providing these services to eligible juvenile's pre-release will help identify necessary treatment services so that medical and behavioral health appointments can be scheduled prior to release and occur as soon as possible after an eligible juvenile is released. The implementation of these provisions should not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public  
Institution Post  
Adjudication of Charges**

**State/Territory: New York**

General assurances. State must indicate compliance with all four items below with a check.

X In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

X In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

X In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

X The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0006

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

Supersedes TN NEW

Effective Date January 1, 2025

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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 federal statutory requirements in Section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) (P.L. 117-328). The following changes are proposed:

#### Non-Institutional Services

Effective on or after January 1, 2025, State Medicaid programs are federally required to have a plan in place and, in accordance with such plan, provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, including a behavioral health screening or diagnostic service, for an eligible individual who is within 30 days of their scheduled date of release from a public carceral setting following adjudication.

Effective on or after January 1, 2025, State Medicaid programs are also federally required to have a plan in place and, in accordance with such plan, provide Targeted Case Management (TCM) services in the 30 days prior to release, and for at least 30 days following release, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$1.5 million for screenings and diagnostic services, and \$3 million for TCM services.

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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**SUMMARY**  
**SPA #25-0007**

This State Plan Amendment proposes to define Medicaid targeted case management (TCM) as services that will assist an individual eligible under the state plan in gaining access to needed medical, social education, and other services to eligible juveniles being released from incarceration, as mandated in Federal statute Consolidated Appropriations Act of 2023, Section 5121. An eligible juvenile is an individual who is under 21 years of age determined eligible in any eligibility group or an individual described in section 1902 (a) (10) (A)(i)(IX) of the Act, who was determined eligible for Medicaid before becoming an inmate of a public institution or who is determined eligible for Medicaid while an inmate of a public institution or Former Foster Care youth up to age 26. These services will be provided 30 days prior to release and for at least 30 days following release. Provisioning these services should not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice system.

DRAFT

New York  
1-M9

**State Plan under Title XIX of the Social Security Act**  
**State/Territory: New York State**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

\_\_\_\_\_ State will provide TCM beyond the 30 day post release requirement **[explain]:**

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0007

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

Supersedes TN NEW

Effective Date January 1, 2025



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**SUMMARY**  
**SPA #25-0008**

This State Plan Amendment proposes for hospital-based clinic and ambulatory surgery services, including emergency room services, to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2025, and reflect the recalculated weight and component updates that will become effective on or after January 1, 2025.

DRAFT

New York  
1(e)(1)

**1905(a)(2)(A) Outpatient Hospital Services****Ambulatory Patient Group System: Hospital-Based Outpatient**

For dates of service beginning December 1, 2008, for hospital outpatient clinic and ambulatory surgery services, and beginning January 1, 2009, for emergency department services, through December 31, ~~2024~~ 2025, the operating component of rates for hospital based outpatient services will be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates will be made as an add-on to the operating component as described in the APG Rate Computation section.

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

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

TN     #25-0008    Approval Date                                     Supersedes TN     #24-0016    Effective Date   January 1, 2025

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

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

**APG Reimbursement Methodology – Hospital Outpatient**

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

**Contact Information:**

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

**3M APG Crosswalk, version 3.18; updated as of ~~07/01/24 and 10/01/24~~ 01/01/25 and 04/01/25:**

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

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

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

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

**APG Consolidation Logic; logic is from the version of 4/01/08, updated as of ~~07/01/24 and 10/01/24~~ 01/01/25 and 04/01/25:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on “~~2024~~ 2025”

**APG 3M Definitions Manual Versions; updated as of ~~07/01/24 and 10/01/24~~ 01/01/25 and 04/01/25:**

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

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

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

**APG Relative Weights; updated as of ~~07/01/24~~ 01/01/25:**

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

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

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

TN     #25-0008    

Approval Date                     

Supersedes TN     #24-0060    

Effective Date   January 1, 2025

New York  
1(e)(2.1)

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

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

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

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

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

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

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

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

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

**Modifiers; updated as of ~~07/01/24~~ 06/01/25:**

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

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

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

**Never Pay Procedures; updated as of ~~01/01/24~~ 01/01/25:**

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

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

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

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

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

TN     #25-0008    

Approval Date                     

Supersedes TN     #24-0060    

Effective Date   January 1, 2025

# 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.

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### 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.

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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)

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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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## 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 #25-0009**

This State Plan Amendment proposes for freestanding clinic and ambulatory surgery center services to extend the Ambulatory Patient Group (APG) reimbursement methodology until December 31, 2025, and reflect the recalculated weight and component updates that will become effective on or after January 1, 2025.

DRAFT

## APG Reimbursement Methodology – Freestanding Clinics

For dates of service beginning September 1, 2009, through December 31, ~~2024~~ 2025, for freestanding Diagnostic and Treatment Center (D&TC) and ambulatory surgery center services, the operating component of rates will be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the Ambulatory Patient Group (APG) classification and reimbursement system. This methodology incorporates payments for the separate covered Medicaid benefits in accordance with the payment methods for these services. Reimbursement for the capital component of these rates will be made as an add-on to the operating component as described in the APG Rate Computation section.

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

**Approval Date**

Effective Date January 1, 2025



New York  
2(g)(2)

## 1905(a)(9) Clinic Services

### APG Reimbursement Methodology – Freestanding Clinics

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

#### Contact Information:

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

#### 3M APG Crosswalk\*:

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

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

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

#### APG Consolidation Logic; logic is from version ~~3.18.24.3 and 3.18.24.4~~ 3.18.25.1 and 3.18.25.2, updated as of ~~07/01/24 and 10/01/24~~ 01/01/25 and 04/01/25:

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "~~2024~~ 2025"

#### APG 3M Definitions Manual; version 3.18 updated as of ~~07/01/24 and 10/01/24~~ 01/01/25 and 04/01/25: [http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "3M Versions and Crosswalk."

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

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

#### APG Relative Weights; updated as of ~~07/01/24~~ 01/01/25:

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

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

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

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

TN #25-0009

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

Supersedes TN #24-0061

Effective Date January 1, 2025

New York  
2(g)(3)**1905(a)(9) Clinic Services**

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

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

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

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

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

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

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

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

**Modifiers; updated as of ~~07/01/24~~ 06/01/25:**

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

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

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

**Never Pay Procedures; updated as of ~~01/01/24~~ 01/01/25:**

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

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

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

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

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

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

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

TN #25-0009

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

Supersedes TN #24-0061

Effective Date January 1, 2025

# 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)

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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 #25-0010**

This State Plan Amendment proposes to authorize adjustments that increase the operating cost components of rates of payment for County operated freestanding clinics and diagnostic and treatment centers (DTCs) licensed under Article 31 and 32 of the NYS Mental Hygiene Law.

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**Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs)  
(Supplemental Payments for Non-State Government Clinics)**

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

**1. New York City Health and Hospitals Corporation (HHC) operated DTCs**

Effective for the period April 1, 2011, through March 31, 2012, the Department of Health will increase medical assistance rates of payment for diagnostic and treatment center (DTC) services provided by public DTCs operated by the New York City Health and Hospitals Corporation (HHC), at the annual election of the social services district in which an eligible DTC is physically located. The amount to be paid will be \$12.6 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible HHC DTC.

**2. County Operated DTCs and mental hygiene clinics**

Effective for the period ~~April~~ January 1, ~~2024~~ 2025, through December 31, ~~2024~~ 2025, the Department of Health will increase the medical assistance rates of payment for county operated DTCs and mental hygiene clinics, excluding those facilities operated by the New York City HHC. Local social services districts will, on an annual basis, decline such increased payments within thirty days following receipt of notification. The amount to be paid will be up to \$5,400,000.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible county operated DTC and mental hygiene clinic.

TN #25-0010 Approval Date \_\_\_\_\_

Supersedes TN #24-0004 Effective Date January 1, 2025



## 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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*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 #25-0011**

This State Plan Amendment proposes to revise the State Plan to extend supplemental payments made for outpatient hospital services to non-state public hospitals in cities with more than one million persons. These payments reflect specialty adjustments to qualifying hospitals.

DRAFT



**New York  
2(c)(v.1)**

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

**Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals**

The State will provide a supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, and (3) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011, and ending March 31, 2012, the amount of the supplemental payment will be \$98,610,666. For state fiscal year beginning April 1, 2012, and ending March 31, 2013, the amount of the supplemental payment will be \$107,953,672. For state fiscal year beginning April 1, 2013, and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. For state fiscal year beginning April 1, 2014, and ending March 31, 2015, the amount of the supplemental payment will be \$26,898,232. For state fiscal year beginning April 1, 2015, and ending March 31, 2016, the amount of the supplemental payment will be \$161,521,405. For state fiscal year beginning April 1, 2016, and ending March 31, 2017, the amount of the supplemental payment will be \$ 112,980,827. For state fiscal year beginning April 1, 2017, and ending March 31, 2018, the amount of the supplemental payment will be \$111,305,328. For state fiscal year beginning April 1, 2018, and ending March 31, 2019, the amount of the supplemental payment will be \$105,303,666. For state fiscal year beginning April 1, 2019, and ending March 31, 2020, the amount of the supplemental payment will be \$106,131,529. For state fiscal year beginning April 1, 2020, and ending March 31, 2021, the amount of the supplemental payment will be \$86,008,434. For state fiscal year beginning April 1, 2021, and ending March 31, 2022, the amount of the supplemental payment will be \$90,820,990. For state fiscal year beginning April 1, 2022, and ending March 31, 2023, the amount of the supplemental payment will be \$100,000,000. For state fiscal year beginning April 1, 2023, and ending March 31, 2024, the amount of the supplemental payment will be \$ 92,000,000. For state fiscal year beginning April 1, 2024, and ending December 31, 2024, the amount of the supplemental payment will be \$ 150,000,000. For calendar year beginning January 1, 2025, and ending December 31, 2025, the amount of the supplemental payment will be \$150,000,000. Medical assistance payments will be made for outpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

TN #25-0011

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

Supersedes TN #24-0009

Effective Date January 01, 2025

## 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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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 #25-0012**

This State Plan Amendment proposes to extend supplemental upper payment limit distributions for outpatient hospital services to voluntary sector hospitals, excluding government general hospitals, not to exceed in aggregate \$339 million annually in combination with the inpatient voluntary hospital Upper Payment Limit SPA.

DRAFT

**New York  
2(c)(v.2)**

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

**Hospital Outpatient Supplemental Payments – Non-government Owned or Operated General Hospitals**

Effective for the period ~~April~~ January 1, ~~2024~~ 2025 through December 31, ~~2024~~ 2025, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the ~~2024~~ 2025 calendar year. Payments under this provision will not exceed \$100,000,000.

To receive payment under this provision, a general hospital, as defined in Attachment 4.19-A of the state plan, must meet all of the following:

- (i) must be non-government owned or operated;
- (ii) must operate an emergency room; and
- (iii) must have received an Indigent Care Pool payment for the ~~2024~~ 2025 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the ~~2024~~ 2025 rate year that is greater than zero.

The amount paid to each eligible hospital will be determined based on an allocation methodology utilizing data reported in eligible hospitals' most recent Institutional Cost Report submitted to the New York State Department of Health as of October 1, 2023:

- (a) Thirty percent of the payments under this provision will be allocated to eligible general hospitals classified as a safety net hospital, based on each hospital's proportionate share of all safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

For this purpose, a safety net hospital is defined as an eligible general hospital having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.

- (b) Seventy percent of the payments under this provision will be allocated to eligible general hospitals based on each hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

Eligible Hospitals will receive payment under (a) and/or (b), as eligible, with each hospital's payment made in a lump sum distribution.

TN #25-0012

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

Supersedes TN #24-0006

Effective Date January 01, 2025

## 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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**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 #25-0013**

This State Plan Amendment proposes to extend supplemental payments made for inpatient hospital services in State government owned hospitals. These payments reflect adjustments to qualifying hospitals.

DRAFT

## VII. ADDITIONAL INPATIENT STATE PUBLIC HOSPITAL UPPER PAYMENT LIMIT (UPL) ADJUSTMENTS

1. Effective for State UPL demonstrations for calendar year 2020 and after, if CMS determines that payments for inpatient hospital services provided by State government-owned hospitals exceed the UPL, the State will remit such amount in excess of the UPL as follows: The State will process a lump sum reduction equivalent to the value of the UPL excess upon approval of the UPL.
2. For the period beginning January 1, 2020, and each calendar year thereafter, the State will provide a supplemental payment for all inpatient services provided by State government-owned hospitals. The amount of the supplemental payment, when aggregated with other medical assistance payments, will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for State government-owned hospitals. Such a supplemental payment will be allocated and paid to OMH-operated hospitals based on the proportionate share of total base year Medicaid days used for the inpatient rate calculation and will be factored into facility-specific Disproportionate Share (DSH) limit calculations.

For the period January 1, ~~2024~~2025, through December 31, ~~2024~~2025, the supplemental payment will be ~~\$10,000,000~~\$20,000,000 and will be payable as a one-time lump sum.

TN #25-0013 Approval Date \_\_\_\_\_  
Supersedes TN #24-0010 Effective Date January 01, 2025



## 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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## 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 #25-0014**

This State Plan Amendment proposes to extend supplemental payments made for inpatient hospital services in non-state public hospitals in cities with more than one million persons. These payments reflect adjustments to qualifying hospitals.

DRAFT

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

For the period beginning ~~State Fiscal Year April 1, 2024, and ending December, 31 2024~~ calendar year January 1, 2025, and ending December 31, 2025, the State will provide a supplemental payment for all inpatient services provided by eligible government general hospitals located in a city with a population over one million and not operated by the State of New York or the State University of New York. The amount of the supplemental payment will be ~~\$400,000,000~~ \$500,000,000 and paid semi-annually in September and March. It will be distributed to hospitals proportionately using each hospital's proportionate share of total Medicaid days reported for the base year two years prior to the rate year. Such payments, aggregated with other medical assistance payments will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for non-state government owned or operated government general hospitals for the respective period.

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

Effective Date January 1, 2025

## 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.

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 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 #25-0015**

This State Plan Amendment proposes to extend supplemental upper payment limit distributions for inpatient hospital services to voluntary sector hospitals excluding government general hospitals, not to exceed in aggregate \$339M annually in combination with the outpatient voluntary hospital UPL SPA.

DRAFT

**New York  
161(1)**

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

**Voluntary Supplemental Inpatient Payments**

Effective for the period July 1, 2010 through March 31, 2011, additional inpatient hospital payments are authorized to voluntary sector hospitals, excluding government general hospitals, for inpatient hospital services after all other medical assistance payments, of \$235,500,000 for the period July 1, 2010 through March 31, 2011; \$314,000,000 for the period April 1, 2011 through March 31, 2012; \$281,778,852 for the period April 1, 2012 through March 31, 2013; \$298,860,732 for the period April 1, 2013 through March 31, 2014; \$226,443,721 for the period April 1, 2014 through March 31, 2015; \$264,916,150 for the period April 1, 2015 through March 31, 2016; \$271,204,805 for the period of April 1, 2016 through March 31, 2017; \$319,459,509 for the period of April 1, 2017 through March 31, 2018; \$362,865,600 for the period of April 1, 2018 through March 31, 2019; \$182,541,796 for the period of April 1, 2019 through March 31, 2020; \$193,635,130 for the period of April 1, 2020 through March 31, 2021; \$275,082,185 for the period of April 1, 2021 through March 31, 2022; \$338,850,034 for the period of April 1, 2022 through March 31, 2023; \$100,000,000 for the period of April 1, 2023 through March 31, 2024; \$300,000,000 for the period of April 1, 2024 through December 31, 2024; \$200,000,000 for the period of January 1, 2025 through December 31, 2025 subject to the requirements of 42 CFR 447.272 (upper payment limit). Such payments are paid monthly to eligible voluntary sector owned or operated general hospitals, excluding government general hospitals.

Eligibility to receive such additional payments, and the allocation amount paid to each hospital, will be based on data from the period two years prior to the rate year, as reported on the Institutional Cost Report (ICR) submitted to the Department as of October 1 of the prior rate year.

- (a) Thirty percent of such payments will be allocated to safety net hospitals based on each eligible hospital's proportionate share of all eligible safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services;
  - (i) Safety net hospitals are defined as non-government owned or operated hospitals which provide emergency room services having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.
- (b) Seventy percent of such payments will be allocated to eligible general hospitals, which provide emergency room services, based on each such hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services;

TN #25-0015

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

Supersedes TN #24-0005

Effective Date January 1, 2025

## 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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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 #25-0016**

This State Plan Amendment proposes to revise the State Plan to provide additional payments to non-state government public residential health care facilities in aggregate amounts of up to \$500 million.

DRAFT

**Annotated Pages**

**25-0016**

**Attachment 4.19-D Part I:** Page 47(x)(2)(b)

DRAFT



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

For the period April 1, 1997, through March 31, 1999, proportionate share payments in an annual aggregate amount of \$631.1 million will be made under the medical assistance program to non-state public operated residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For the period April 1, 1999, through March 31, 2000, proportionate share payments in an annual aggregate amount of \$982 million will be made under the medical assistance program to non-state operated public residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and April 1, 2005, through March 31, 2009, proportionate share payments in an annual aggregate amount of up to \$991.5 million and \$150.0 million, respectively, for state fiscal year April 1, 2009 through March 31, 2010, \$167 million, and for state fiscal years commencing April 1, 2010 through March 31, 2011, \$189 million in an annual aggregate amount, and for the period April 1, 2011 through March 31, 2012 an aggregate amount of \$172.5 million and for state fiscal years commencing April 1, 2012 through March 31, 2013, an aggregate amount of \$293,147,494, and for the period April 1, 2013 through March 31, 2014, \$246,522,355, and for the period April 1, 2014 through March 31, 2015, \$305,254,832, and for the period April 1, 2015 through March 31, 2016, \$255,208,911, for the period April 1, 2016 through March 31, 2017, \$198,758,133 in an annual aggregate amount, and for the period April 1, 2017 through March 31, 2018, the aggregate amount of \$167,600,071, will be paid semi-annually in September and March, and for the period April 1, 2018 through March 31, 2019, the aggregate amount of \$225,104,113, will be paid semi-annually in September and March, and for the period April 1, 2019 through March 31, 2020, the aggregate amount of \$196,055,358 will be paid semi-annually in September and March, and for the period April 1, 2020 through March 31, 2021, the aggregate amount of \$112,885,261 will be paid semi-annually in September and March, and for the period April 1, 2021 through March 31, 2022, the aggregate amount of \$110,086,302 will be paid semi-annually in September and March, and for the period April 1, 2022 through March 31, 2023, the aggregate amount of \$184.5 million will be paid semi-annually in September and March, and for the period April 1, 2023 through March 31, 2024, the aggregate amount of \$212,803,476 will be paid semi-annually in September and March, and for the period April 1, 2024 through December 31, 2024, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March which will be made under the medical assistance program to non-state operated public residential health care facilities, including public residential health care facilities located in the counties of Erie, Nassau and Westchester, but excluding public residential health care facilities operated by a town or city within a county.

The amount allocated to each eligible public residential health care facility for the period April 1, 1997, through March 31, 1998, will be calculated as the result of \$631.1 million multiplied by the ratio of their 1995 Medicaid days relative to the sum of 1995 Medicaid days for all eligible public residential health care facilities. The amount allocated to each eligible public residential health care facility for the period April 1, 1998, through March 31, 1999, will be calculated as the result of \$631.1 million multiplied by the ratio of their 1996 Medicaid days relative to the sum of 1996 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for the period April 1, 1999, through March 31, 2000, will be calculated as the result of \$982 million multiplied by the ratio of their 1997 Medicaid days relative to the sum of 1997 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and for annual state fiscal year periods commencing April 1, 2005 through March 31, 2009, and for state fiscal years commencing April 1, 2009 through March 31, 2011; April 1, 2011 through March 31, 2012; April 1, 2012 through March 31, 2013; April 1, 2013 through March 31, 2014; and April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; April 1, 2016 through March 31, 2017; April 1, 2017 through March 31, 2018; and April 1, 2018 through March 31, 2019; and April 1, 2019 through March 31, 2020; and April 1, 2020 through March 31, 2021, and April 1, 2021 through March 31, 2022, and April 1, 2022 through March 31, 2023, and April 1, 2023 through March 31, 2024; and April 1, 2024 through December 31, 2024 will be calculated as the result of the respective annual aggregate amount multiplied by the ratio of their Medicaid days relative to the sum of Medicaid days for all eligible public residential health care facilities for the calendar year period two years prior provided, however, that an additional amount of \$26,531,995 for the April 1, 2013 through March 2014 period will be distributed to those public residential health care facilities in the list which follows:

TN #25-0016

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

Supersedes TN #24-0011

Effective Date January 1, 2025

**Appendix I**  
**2025 Title XIX State Plan**  
**First Quarter Amendment**  
**Amended SPA Pages**

DRAFT

New York  
47(x)(2)(b)

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

For the period April 1, 1997, through March 31, 1999, proportionate share payments in an annual aggregate amount of \$631.1 million will be made under the medical assistance program to non-state public operated residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For the period April 1, 1999, through March 31, 2000, proportionate share payments in an annual aggregate amount of \$982 million will be made under the medical assistance program to non-state operated public residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and April 1, 2005, through March 31, 2009, proportionate share payments in an annual aggregate amount of up to \$991.5 million and \$150.0 million, respectively, for state fiscal year April 1, 2009 through March 31, 2010, \$167 million, and for state fiscal years commencing April 1, 2010 through March 31, 2011, \$189 million in an annual aggregate amount, and for the period April 1, 2011 through March 31, 2012 an aggregate amount of \$172.5 million and for state fiscal years commencing April 1, 2012 through March 31, 2013, an aggregate amount of \$293,147,494, and for the period April 1, 2013 through March 31, 2014, \$246,522,355, and for the period April 1, 2014 through March 31, 2015, \$305,254,832, and for the period April 1, 2015 through March 31, 2016, \$255,208,911, for the period April 1, 2016 through March 31, 2017, \$198,758,133 in an annual aggregate amount, and for the period April 1, 2017 through March 31, 2018, the aggregate amount of \$167,600,071, will be paid semi-annually in September and March, and for the period April 1, 2018 through March 31, 2019, the aggregate amount of \$225,104,113, will be paid semi-annually in September and March, and for the period April 1, 2019 through March 31, 2020, the aggregate amount of \$196,055,358 will be paid semi-annually in September and March, and for the period April 1, 2020 through March 31, 2021, the aggregate amount of \$112,885,261 will be paid semi-annually in September and March, and for the period April 1, 2021 through March 31, 2022, the aggregate amount of \$110,086,302 will be paid semi-annually in September and March, and for the period April 1, 2022 through March 31, 2023, the aggregate amount of \$184.5 million will be paid semi-annually in September and March, and for the period April 1, 2023 through March 31, 2024, the aggregate amount of \$212,803,476 will be paid semi-annually in September and March, and for the period April 1, 2024 through December 31, 2024, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March and for the period January 1, 2025 through December 31, 2025, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March which will be made under the medical assistance program to non-state operated public residential health care facilities, including public residential health care facilities located in the counties of Erie, Nassau and Westchester, but excluding public residential health care facilities operated by a town or city within a county.

TN #25-0016

Supersedes TN #24-0011

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

Effective Date January 1, 2025

The amount allocated to each eligible public residential health care facility for the period April 1, 1997, through March 31, 1998, will be calculated as the result of \$631.1 million multiplied by the ratio of their 1995 Medicaid days relative to the sum of 1995 Medicaid days for all eligible public residential health care facilities. The amount allocated to each eligible public residential health care facility for the period April 1, 1998, through March 31, 1999, will be calculated as the result of \$631.1 million multiplied by the ratio of their 1996 Medicaid days relative to the sum of 1996 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for the period April 1, 1999, through March 31, 2000, will be calculated as the result of \$982 million multiplied by the ratio of their 1997 Medicaid days relative to the sum of 1997 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and for annual state fiscal year periods commencing April 1, 2005 through March 31, 2009, and for state fiscal years commencing April 1, 2009 through March 31, 2011; April 1, 2011 through March 31, 2012; April 1, 2012 through March 31, 2013; April 1, 2013 through March 31, 2014; and April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; April 1, 2016 through March 31, 2017; April 1, 2017 through March 31, 2018; and April 1, 2018 through March 31, 2019; and April 1, 2019 through March 31, 2020; and April 1, 2020 through March 31, 2021, and April 1, 2021 through March 31, 2022, and April 1, 2022 through March 31, 2023, and April 1, 2023 through March 31, 2024; and April 1, 2024 through December 31, 2024; and April 1, 2025 through December 31, 2025 will be calculated as the result of the respective annual aggregate amount multiplied by the ratio of their Medicaid days relative to the sum of Medicaid days for all eligible public residential health care facilities for the calendar year period two years prior provided, however, that an additional amount of \$26,531,995 for the April 1, 2013 through March 2014 period will be distributed to those public residential health care facilities in the list which follows.

## 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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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



within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2023 and each representative succeeding year as applicable. Payments to eligible RHCF's 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.

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-2024-0696

Date of Issuance – December 11, 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-2024-0696, the Lake Bluff Hotel Corporation is proposing to install approximately 2,500 tons of 2,500-3,500 lb. armor stone and 1000 tons of medium stone to cover 270 feet of shoreline at 7641 Lake Bluff Road, Town of Wolcott, Wayne County, Lake Ontario.

The stated purpose of the proposed action is to prevent future erosion and stabilize the bluff.

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

<https://dos.ny.gov/system/files/documents/2024/12/f-2024-0696.pdf> or at <https://dos.ny.gov/public-notice>

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 January 10, 2025.

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

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

## PUBLIC NOTICE

Department of State

Uniform Code Variance / Appeal Petitions

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

2024-0559 Matter of Captain Permit, Michael Arato, 245 Route 109, Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 1068 Ocean Ave., Town of Islip, County of Suffolk, State of New York.

2024-0573 Matter of Arquí-Con, Esteban Lopez, 210 Southaven Avenue, Medford, NY 11763, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 275 Elmore St., County of Suffolk, State of New York.

2024-0582 Matter of Donald & Liisa Sclare Architects, Donald Sclare, 20 South Washington Street, Port Washington, NY 11050, for a variance concerning safety requirements, including accessibility requirements. Involved is an existing building located at 165 Shore Road, Town of North Hempstead, County of Nassau, State of New York.

2024-0586 Matter of Arquí-Con, Esteban Lopez, 210 Southaven Avenue, Medford, NY 11763, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 2 Pepperidge Ct., Town of Brookhaven, County of Suffolk, State of New York.

2024-0587 Matter of Elsasser Expediting Services, John Roy, 1134B Route 25, Selden, NY 11784, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 58 Seminole St., Town of Brookhaven, County of Suffolk, State of New York.

2024-0588 Matter of BBS Architects, Landscape Architects & Engineer, P.C., Lawrence Salvesen, AIA, 244 East Main Street, Patchogue, NY 11772, for a variance concerning safety requirements, including building area requirements. Involved is an existing building located at 114 Bay Avenue, Town of Brookhaven, County of Suffolk, State of New York.

2024-0589 Matter of JL Drafting Inc., John Lagoudes, 707 Broadhollow Road, Farmingdale, NY 11735, for a variance concerning safety requirements, including plumbing fixture clearance requirements. Involved is an existing dwelling located at 3826 Carrel Blvd., Town of Hempstead, County of Nassau, State of New York.

2024-0591 Matter of David B Sherland Architect, David Sherland, 130 Crystal Brook Hollow Rd., Port Jefferson Station, NY 11776, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 33 E Sycamore Street, Town of Islip, County of Suffolk, State of New York.

2024-0592 Matter of David B Sherland Architect, David Sherland, 130 Crystal Brook Hollow Rd., Port Jefferson Station, NY 11776, for

**SUMMARY**  
**SPA #25-0019**

This State Plan Amendment proposes to maintain the quality incentive for nursing homes into the 2024 rate year and will continue to recognize improvement in performances as an element in the program and provide for other minor modifications. This SPA will clarify the reporting requirements related to the 2024 quality adjustments.

DRAFT

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

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

<b>Potentially Avoidable Hospitalization Condition</b>	<b>Source of ICD-10-CM Codes</b>
Respiratory infection	Default CCSR CATEGORY DESCRIPTION IP * <ul style="list-style-type: none"> <li>• "Acute and chronic tonsillitis"</li> <li>• "Acute bronchitis"</li> <li>• "Influenza"</li> <li>• "Other specified upper respiratory infections"</li> <li>• "Pneumonia (except that caused by tuberculosis)"</li> <li>• "Sinusitis"</li> </ul>
Sepsis	CCSR CATEGORY 1 DESCRIPTION "Septicemia" *
Urinary tract infection	CCSR CATEGORY 1 DESCRIPTION "Urinary tract infections" *
Electrolyte imbalance	CCSR CATEGORY 1 DESCRIPTION "Fluid and Electrolyte Disorders" *
Heart failure	PQI 08 Heart Failure Admission Rate †
Anemia	CCSR CATEGORY 1 DESCRIPTION containing the text string "anemia" *

\* ~~From Healthcare Cost and Utilization Project (HCUP) Clinical Classifications Software Refined (CCSR) files found at [https://www.hcup-us.ahrq.gov/tools\\_software.jsp](https://www.hcup-us.ahrq.gov/tools_software.jsp) (CCSR for ICD-10-CM Diagnoses Tool, v2022.1 released 10/28/21).~~

ICD-10 codes with 'Default CCSR CATEGORY DESCRIPTION IP' as Unacceptable PDX are excluded.

† Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQI) PQI\_08\_Heart\_Failure\_Admission\_Rate.pdf (ahrq.gov)/ AHRQ QI: PQI Technical Specifications Updates

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



**New York  
110(d)(21)**

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

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

NHQI is described below using MDS (Minimum Data Set) year and NHQI (Nursing Home Quality Initiative) year. MDS year refers to the year the assessment data is collected. NHQI year refers to the year when the nursing home performance is evaluated. For example, if the NHQI year is ~~2023~~ 2024, then the MDS year is ~~2022~~ 2023. For NHQI ~~2023~~ 2024, the Commissioner will calculate a score and quintile ranking based on data from the MDS year ~~2022~~ 2023 (January 1 of the MDS year through December 31 of the MDS year), for each non-specialty facility. The score will be calculated based on measurement components comprised of Quality, Compliance, and Efficiency Measures. These measurement components and their resulting score and quintile ranking will be referred to as the Nursing Home Quality Initiative. From the NHQI, the Commissioner will exclude specialty facilities consisting of non-Medicaid facilities, Special Focus Facilities as designated by the Centers for Medicare and Medicaid Services (CMS), Continuing Care Retirement Communities, Transitional Care Units, specialty facilities, and specialty units within facilities. Specialty facilities and specialty units will include AIDS facilities or discrete AIDS units within facilities, facilities or discrete units within facilities for residents receiving care in a long-term inpatient rehabilitation program for traumatic brain injured persons, facilities or discrete units within facilities that provide specialized programs for residents requiring behavioral interventions, facilities or discrete units within facilities for long-term ventilator dependent residents, facilities or discrete units within facilities that provide services solely to children, and neurodegenerative facilities or discrete neurodegenerative units within facilities. The score for each such non-specialty facility will be calculated using the following Quality, Compliance, and Efficiency Measures. The measures in this NHQI are listed below:

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

TN #25-0019

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

Supersedes TN #24-0025Effective Date January 1, 2025

**New York  
110(d)(22)**

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

8.	Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased*	CMS
9.	Percent of Long Stay Residents with a Urinary Tract Infection	CMS
10.	Percent of Employees Vaccinated for Influenza	NYS DOH
11.	Percent of Contract/Agency Staff Used	NYS DOH
12.	Rate of Staffing Hours per Resident per Day‡	NYS DOH
13.	Total Nursing Staff Turnover (By Region)	CMS
14.	Percentage of Current Residents Up to Date with COVID-19 Vaccines	CMS
<del>15.</del>	<del>Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines</del>	<del>CMS</del>
<b>Compliance Measures</b>		
<del>16.</del> 15.	CMS Five-Star Quality Rating for Health Inspections as of April 1 of the NHQI year (By Region)	CMS
<del>17.</del> 16.	Timely Submission of Employee Influenza Immunization Data <del>for the September 1 of the MDS year – March 31 of the NHQI year Influenza Season</del> (July 1 of the MDS year – June 30 of the NHQI year) by the deadline	NYS DOH
<b>Efficiency Measure</b>		
<del>18.</del> 17.	Rate of Potentially Avoidable Hospitalizations for Long Stay Residents January 1 of the MDS year – December 31 of the MDS year (As Risk Adjusted by the Commissioner)	NYS DOH

\* Indicates altered measurement period (Q12023 – Q32023) due to MDS transition in Oct 2023

‡ Indicates altered measurement period (Q12023 – Q32023) due to change in the case-mix adjustment method

**Quality Component:**

The maximum points a facility will receive for the Quality Component is ~~75~~ 70. The applicable percentages or ratings for each of the ~~15~~ 14 quality measures will be determined for each facility.

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

<b>Scoring for quintile-based Quality Measures</b>	
<b>Quintile</b>	<b>Points</b>
1 <sup>st</sup> Quintile	5
2 <sup>nd</sup> Quintile	3
3 <sup>rd</sup> Quintile	1
4 <sup>th</sup> Quintile	0
5 <sup>th</sup> Quintile	0

TN #25-0019

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

Supersedes TN #24-0025

Effective Date January 1, 2025



### Total Nursing Staff Turnover (by region) continued

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

Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saint Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, and Yates.

The vaccination rate for this measure is calculated as follows: (Number of Residents Staying in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines / (Number of Residents Staying in this Facility for At Least 1 Day This Week) \* 100.

The weekly vaccination rates for this measure are downloaded from the CMS's COVID-19 Nursing Home data website. The Nursing Home COVID-19 Public File includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module: Surveillance Reporting Pathways and COVID-19 Vaccinations. One of the weekly vaccination rates during October to December ~~2023~~ 2024 will be used. The rates will be used to calculate quintile cut points. Nursing homes will be given points for this measure based on their performance.



**New York  
110(d)(22.2)**

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

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

- Percent of current residents up to date with COVID-19 vaccines
- Percent of Employees Vaccinated for Influenza
- ~~Percent of Long Stay High-Risk Residents with Pressure Ulcers~~
- ~~Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder~~
- Percent of Long Stay Residents Who Have Depressive Symptoms
- Percent of Long Stay Residents Who Lose Too Much Weight
- Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
- Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
- ~~Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased~~
- ~~Rate of Staffing Hours Per Resident Per Day~~
- Total Nursing Staff Turnover

The grid below illustrates the method of awarding improvement points.

<b>MDS year Performance</b>						
<b>NHQI year Performance</b>	Quintiles	1 (best)	2	3	4	5
	1 (best)	5	5	5	5	5
	2	3	3	4	4	4
	3	1	1	1	2	2
	4	0	0	0	0	1
	5	0	0	0	0	0

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

**Risk Adjustment of Quality Measures**

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

Percent of Long Stay High Risk Residents with Pressure Ulcers: The covariates include gender, age, BMI, prognosis of less than six months of life expected, diabetes, anemia, renal failure, bowel incontinence, paraplegia, and quadriplegia.

TN     #25-0019    

Approval Date                                     

Supersedes TN     #24-0025    

Effective Date     January 1, 2025

**New York  
110(d)(24)**

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

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

<b><u>Potentially Avoidable Hospitalization Condition</u></b>	<b><u>Source of ICD-10-CM Codes</u></b>
<u>Respiratory infection</u>	<u>Default CCSR CATEGORY DESCRIPTION IP *</u> <ul style="list-style-type: none"> <li>• <u>"Acute and chronic tonsillitis"</u></li> <li>• <u>"Acute bronchitis"</u></li> <li>• <u>"Influenza"</u></li> <li>• <u>"Other specified upper respiratory infections"</u></li> <li>• <u>"Pneumonia (except that caused by tuberculosis)"</u></li> <li>• <u>"Sinusitis"</u></li> </ul>
<u>Sepsis</u>	<u>CCSR CATEGORY 1 DESCRIPTION "Septicemia" *</u>
<u>Urinary tract infection</u>	<u>CCSR CATEGORY 1 DESCRIPTION "Urinary tract infections" *</u>
<u>Electrolyte imbalance</u>	<u>CCSR CATEGORY 1 DESCRIPTION "Fluid and Electrolyte Disorders" *</u>
<u>Heart failure</u>	<u>PQI 08 Heart Failure Admission Rate †</u>
<u>Anemia</u>	<u>CCSR CATEGORY 1 DESCRIPTION containing the text string "anemia" *</u>

\* From Healthcare Cost and Utilization Project (HCUP) Clinical Classifications Software Refined (CCSR) files found at

[https://www.hcup-us.ahrq.gov/tools\\_software.jsp](https://www.hcup-us.ahrq.gov/tools_software.jsp) (CCSR for ICD-10-CM Diagnoses Tool, v2023.1 released 12/08/22).

ICD 10 codes with 'Default CCSR CATEGORY DESCRIPTION IP' as Unacceptable PDX are excluded.

† Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQI) PQI 08 Heart Failure Admission Rate.pdf (ahrq.gov)/ AHRQ QI: PQI Technical Specifications Updates

Reduction of Points Base: When the number of long stay residents that contribute to the denominator of the potentially avoidable hospitalization measure is less than 30, the number of points the measure is worth will be reduced from the base of 95 maximum NHQI points. The nursing home's total score will be the sum of its points divided by the base.

TN #25-0019

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

Supersedes TN #24-0025

Effective Date January 1, 2025



**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 18 NYCRR 505.38. The following changes are proposed:

**Non-Institutional Services**

Effective on or after January 1, 2025, the Medicaid State Plan will be amended to authorize payment for the Multi-Dimensional Family Therapy (MDFT) Evidence-Based Practice (EBP) provided to children/youth referred and eligible for Children and Family Treatment and Support Services by agencies designated by the New York State designation process that have completed the MDFT training and certification process.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2024-2025 and 2025-2026 is \$24,411 and \$2,196,967 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  
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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 to comply with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

**Long Term Care Services**

Effective on or after January 1, 2025, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following measure will be removed from the measurement set: Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines. Four measures will use an altered

measurement period: Percent of Long Stay High-Risk Residents with Pressure Ulcers, Percent of Long Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder, Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased, and Rate of Staffing Hours per Resident per Day.

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

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

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

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114 Willoughby Street  
Brooklyn, New York 11201

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

Richmond County, Richmond Center  
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-2024-0578

Date of Issuance – December 31, 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-2024-0578, the Bronx River Alliance, Inc. is proposing to improve (5) existing boat launch portage sites along the Bronx River. The five locations include Shoelace Park, NY Botanical Garden North, NY Botanical Garden South, Bronx Zoo/Mitsubishi Riverwalk and Concrete Plant Park in the City of New York, Bronx Borough, Bronx County.

The stated purpose of the proposed action is to improve the Bronx River Blueway for recreational paddling in the lower 8 miles within Bronx County, which was designated a National Water Trail in 2012 by the National Parks Service.

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

<https://dos.ny.gov/system/files/documents/2024/12/f-2024-0578.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):



**SUMMARY**  
**SPA #25-0021**

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 January 1, 2025.

DRAFT

**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>01/01/25</u>
<u>Clinic Physically Disabled (PD)(<sup>3</sup>)</u>	<u>Upstate</u>	<u>01/01/25</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 1/1/2025, 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 1/1/2025, 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 #25-0021**

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

**Supersedes TN #23-0074**

**Effective Date January 01, 2025**

February 19, 2025

RICHARD A. BALL, Commissioner

**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**

The following is a clarification to the September 25, 2024, noticed provision to increase the Ambulatory Patient Group (APG) clinic base rates, for providers licensed under Article 28 of the Public Health Law (PHL) that serve individuals with intellectual and/or developmental disabilities, and to establish APG clinic base rates, for providers licensed under Article 28 of the PHL that serve individuals with physical disabilities.

With clarification, effective for services on or after January 1, 2025, the estimated net aggregate increases in gross Medicaid expenditures attributable to this initiative for state fiscal years 2024-2025 and 2025-2026 are \$6.14 million and \$24.56 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  
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Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

**PUBLIC NOTICE****New York City Deferred Compensation Plan**

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide US small-cap equity growth investment management services for the Small Cap Equity Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide long term growth of capital by investing primarily in the stocks of smaller rapidly growing companies. To be considered, vendors must submit their product information to Segal Marco Advi-

sors at the following e-mail address: [nycdcp.procurement@segalmarco.com](mailto:nycdcp.procurement@segalmarco.com). Please complete the submission of product information no later than 4:30 P.M. Eastern Time on March 31, 2025.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

**PUBLIC NOTICE****Department of State**

F-2024-0647

Date of Issuance – March 12, 2025

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-2024-0647, Roger Todebush is proposing to remove the existing damaged wooden 3' x 8' steps, 4' x 35' fixed dock, and 3' x 4' steps and replacing them with a new 4' x 61' fixed dock with steps down to a new 5' x 20' fixed T-section with 3' x 4' steps on all sides. The proposal is for the applicant's property at 1130 West Creek Avenue in the Town of Southold, Suffolk County, on Wickham Creek.

The stated purpose of the proposed action is to replace and upgrade the existing dock and provide recreational access for water-dependent uses on Wickham Creek.

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

<https://dos.ny.gov/system/files/documents/2025/03/f-2024-0647.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 April 11, 2025.

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

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

**PUBLIC NOTICE****Department of State**

F-2024-0778

Date of Issuance – March 12, 2025

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-2024-0778, the applicant, the Town of Evans, is proposing to construct a new 12' wide stabilized gravel access drive consisting of 21CY of subbase course type 2 stone; excavate 38.3CY of earth cut over 1800sqft; and install 550CY of heavy stone fill along gravel access and legs 1 and 2 of the breakwater. All fill to be placed and all cut to occur above elevation of 572.44'. This project is located at 618 Sturgeon Point Road, Town of Evans, Erie County, Lake Erie.

# 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:

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

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Bronx County, Tremont Center  
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Bronx, New York 10457  
Richmond County, Richmond Center

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

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

## 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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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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Department of Health, Division of Finance and Rate Setting, 99  
Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY  
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## PUBLIC NOTICE

### Department of Health

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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 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 #25-0022**

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 January 1, 2025.

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

<b>Peer Group</b>	<b>Region</b>	<b>Rate Start Date</b>
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	01/01/25
Clinic Physically Disabled (PD) <sup>4</sup>	Downstate	01/01/25
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 1/1/2025, 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 1/1/2025, 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 #25-0022**

**Approval Date**

**Supersedes TN #23-0060**

**Effective Date January 01, 2025**

February 19, 2025

RICHARD A. BALL, Commissioner

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sors at the following e-mail address: [nycdcp.procurement@segalmarco.com](mailto:nycdcp.procurement@segalmarco.com). Please complete the submission of product information no later than 4:30 P.M. Eastern Time on March 31, 2025.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

**PUBLIC NOTICE****Department of State**

F-2024-0647

Date of Issuance – March 12, 2025

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-2024-0647, Roger Todebush is proposing to remove the existing damaged wooden 3' x 8' steps, 4' x 35' fixed dock, and 3' x 4' steps and replacing them with a new 4' x 61' fixed dock with steps down to a new 5' x 20' fixed T-section with 3' x 4' steps on all sides. The proposal is for the applicant's property at 1130 West Creek Avenue in the Town of Southold, Suffolk County, on Wickham Creek.

The stated purpose of the proposed action is to replace and upgrade the existing dock and provide recreational access for water-dependent uses on Wickham Creek.

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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 April 11, 2025.

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

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

**PUBLIC NOTICE****Department of State**

F-2024-0778

Date of Issuance – March 12, 2025

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-2024-0778, the applicant, the Town of Evans, is proposing to construct a new 12' wide stabilized gravel access drive consisting of 21CY of subbase course type 2 stone; excavate 38.3CY of earth cut over 1800sqft; and install 550CY of heavy stone fill along gravel access and legs 1 and 2 of the breakwater. All fill to be placed and all cut to occur above elevation of 572.44'. This project is located at 618 Sturgeon Point Road, Town of Evans, Erie County, Lake Erie.



# 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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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.

**SUMMARY**  
**SPA #25-0023**

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 January 1, 2025.

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 January 1, 2025, 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 January 1, 2025 through December 31, 2025 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.

2) The per discharge rate add-on for calendar year 2026 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 January 1, 2025 through December 31, 2025 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, based on paid claims.

2) The per diem rate add-on for calendar year 2026 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 #25-0023

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

Supersedes TN NEW

Effective Date January 01, 2025

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

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

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

The following is a clarification to the December 27, 2023, noticed provision to 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. With clarification, this provision is now effective on or after January 1, 2025.

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

**Non-Institutional Services**

The following is a clarification to the December 27, 2023, noticed provision to 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. With clarification, this provision is now on or after effective January 1, 2025.

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.

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### PUBLIC NOTICE

#### Department of Health

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

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

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### PUBLIC NOTICE

#### Department of Health

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

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

#### All Services

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

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

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

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### PUBLIC NOTICE

#### Department of Health

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

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



**SUMMARY**  
**SPA #25-0024**

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 January 1, 2025.

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 January 1, 2025, 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 January 1, 2025 through December 31, 2025 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.
  - ii. The per visit rate add-on for calendar year 2026 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 #25-0024

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

Supersedes TN NEW

Effective Date: January 01, 2025

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

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

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

The following is a clarification to the December 27, 2023, noticed provision to 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. With clarification, this provision is now effective on or after January 1, 2025.

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

**Non-Institutional Services**

The following is a clarification to the December 27, 2023, noticed provision to 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. With clarification, this provision is now on or after effective January 1, 2025.

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.

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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.

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#### Department of Health

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

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

#### All Services

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

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

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

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### PUBLIC NOTICE

#### Department of Health

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

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

**SUMMARY**  
**SPA #25-0026**

This State Plan Amendment proposes to update the resource levels for the Medically Needy, Ticket to Work Basic Group, and the Ticket to Work Medical Improvement Group. The resource level continues to be calculated at one and half times the annual income level for households of one and two.

DRAFT

# NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

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

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2025MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>SPA ID</b>	NY-25-0026	<b>Region</b>	New York, NY
<b>Version Number</b>	1	<b>Package Status</b>	Pending

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# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<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 | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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-25-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Resource Level	1/1/2025	NY-24-0059
Optional Eligibility Groups	1/1/2025	NY-23-0001
Ticket to Work Basic	1/1/2025	NY-23-0001
Ticket to Work Medical Improvements	1/1/2025	NY-23-0001

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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 updates the resource levels for the Medically Needy, Ticket to Work Basic Group, and the Ticket to Work Medical Improvement Group. The resource level continues to be calculated at one and half times the annual income level for households of one and two.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$22677165
Second	2026	\$71055155

Federal Statute / Regulation Citation

1902(a)(10)(C),1902(r)(2),1905(w), 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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 | Eligibility | NY2025MS0001O | NY-25-0026

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☒ Income/Resource Standards

☐ AFDC Income Standards

☐ Medically Needy Income Level

☐ Handling of Excess Income (Spenddown)

☒ Medically Needy Resource Level

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

☐ Mandatory Eligibility Groups

☒ Optional Eligibility Groups

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

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<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 | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
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

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

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

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

☒ All Indian Health Programs


Date of solicitation/consultation:	Method of solicitation/consultation:
2/24/2025	email

☐ All Urban Indian Organizations

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

☐ All Indian Tribes

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

Name	Date Created	
TRIBAL CONSULT_PLACEHOLDER_	2/24/2025 9:34 AM EST	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

#### Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-24-0059		
	System-Derived		

#### A. Medically Needy Resource Level Structure

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

DRAFT



Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-24-0059		
	System-Derived		

B. Resource Level Used

The level used is:

Household size	Standard
1	\$32396.00
2	\$43781.00

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

- ☐ Yes
- ☒ No

DRAFT

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-24-0059		
	System-Derived		

C. Additional Information (optional)

DRAFT

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No














The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
System-Derived			

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

DRAFT

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Individuals between ages 16 and 64 with a disability, who have earned income.

### Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

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Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

A. Characteristics

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

- 1. Are at least age 16 but less than 65 years of age.
- 2. Have earned income.
- 3. But for earned income, meet the SSI definition of disability.
- 4. Have income and resources that do not exceed the standards established by the state.

DRAFT

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
System-Derived			

B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☐ Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment related to Census activities.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☐ General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	<p>Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.</p> <p>This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.</p>

☐ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☐ The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- ☒ One motor vehicle
- ☐ More than one motor vehicle

☐ Household goods and services are disregarded as a resource.

**Description of disregard:** Essential personal property without limitation is disregarded.

☐ A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

DRAFT

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard
- ☒ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount
- ☐ 5. Other

FPL 250.00%

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Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual	\$32396.00
Couple	\$43781.00

DRAFT

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

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Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

F. Additional Information (optional)

DRAFT

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

#### Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - ☒ a. Earning at least the minimum wage and working at least 40 hours per month.
  - ☐ b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

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Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
System-Derived			

B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☐ Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment related to Census activities.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☐ General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	<p>Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.</p> <p>This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.</p>

☐ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☐ The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- ☒ One motor vehicle
- ☐ More than one motor vehicle

☐ Household goods and services are disregarded as a resource.

**Description of disregard:** Essential personal property without limitation is disregarded.

☐ A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

DRAFT

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard

☒ 2. A percentage of the federal poverty level:

☐ 3. A percentage of the SSI Federal Benefit Rate:

☐ 4. A dollar amount

☐ 5. Other
- 250.00% FPL

DRAFT

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual	\$32396.00
Couple	\$43781.00

DRAFT

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

DRAFT

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Package Header

Package ID	NY2025MS0001O	SPA ID	NY-25-0026
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	1/1/2025
Superseded SPA ID	NY-23-0001		
	System-Derived		

F. Additional Information (optional)

DRAFT

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

*This view was generated on 2/27/2025 1:39 PM EST*

DRAFT

**SUMMARY**  
**SPA #25-0027**

This State Plan Amendment proposes to provide a ten percent (10%) across the board increase to hospital outpatient department operating rates effective for services on or after March 1, 2025 through March 31, 2028.

DRAFT



New York  
A (7.13)

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

Additional Across the Board Medicaid Rate Increase

- (1) For dates of services on or after March 1, 2025 through March 31, 2028, the operating component of Medicaid rates of reimbursement for services specified in paragraph (2) of this page will be increased by ten percent (10%).
- (2) Services included in this Attachment applicable to paragraph (1) are as follows:
- a. APG Rate Computation – Hospital Outpatient
  - b. Hospital-Based APG Base Rate Table
  - c. Hospital-Based Primary Care Physician Services Provided Offsite
  - d. Exempt Acute Care Children's Hospital

DRAFT

TN #25-0027

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

Supersedes TN NEW

Effective Date March 1, 2025

**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 Part NN of Chapter 57 of the Laws of 2024. The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the February 26, 2025, noticed provision to adjust outpatient rates, effective for the period March 1, 2025 through March 31, 2028, for hospital providers for services under Article 28 of the Public Health Law, by a ten percent (10%) across the board increase to the operating portion of the rate.

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Part NN of Chapter 57 of the Laws of 2024 and with clarification, to comply with the State Fiscal Year 2025-2026 proposed executive budget.

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Division of Finance and Rate Setting  
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**SUMMARY**  
**SPA #25-0028**

This State Plan Amendment proposes to increase the operating cost component of hospital based Federally Qualified Health Center (FQHC) and Rural Health clinic (RHC) rates by 10% effective on or after March 1, 2025 through March 31, 2028.

DRAFT

New York  
2(c)(iv)

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

~~Prospective Payment System Reimbursement as of January 1, 2001 for and Rural Health Clinics including FQHCs located on Native American reservations and operated by Native American tribes or Tribal Organizations pursuant to applicable Federal Law and for which State licensure is not required.~~

~~For services provided on and after January 1, 2001 and prior to October 1, 2001, all-inclusive rates shall be calculated by the Department of Health, based on the lower of the facilities' allowable operating cost per visit or the peer group ceiling plus allowable capital cost per visit. The base for this calculation shall be the average of cost data submitted by facilities for both the 1999 and 2000 base years.~~

~~For each twelve month period following September 30, 2001, the operating cost component of such rates of payment shall reflect the operating cost component in effect on September 30th of the prior period as increased by the percentage increase in the Medicare Economic Index and as adjusted pursuant to applicable regulations to take into account any increase or decrease in the scope of services furnished by the facility. Effective May 1, 2015 and each October 1 thereafter, rates of payment for the group psychotherapy and individual off-site services will be increased by the percentage increase in the Medicare Economic Index.~~

~~Supplementary increases in Medicaid rates of payment for these providers which is paid for the purpose of recruitment and retention of non-supervisory workers or workers with direct patient care responsibility, in accordance with the provisions of the Workforce Recruitment and Retention section of this Attachment, are in addition to the standard Medicaid operating cost component calculation. As such, they are not subject to trend adjustments. These supplementary increases shall be in effect through June 30, 2005.~~

~~Rates of payments to facilities which first qualify as federally qualified health centers on or after October 1, 2000 shall be computed as above provided, however, that the operating cost component of such rates shall reflect an average of the operating cost components of rates of payments issued to other FQHC facilities during the same rate period and in the same geographic region, and with similar case load, and further provided that the capital cost component of such rates shall reflect the most recently available capital cost data for such facility as reported to the Department of Health. Effective May 1, 2011, the geographic regions will consist of the Downstate Region, which includes the five counties comprising New York City and the counties of Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess and the Upstate Region, which includes all counties in the State other than those counties included in the Downstate Region. For each twelve month period following the rate period in which such facilities commence operation, the operating cost components of rates of payment for such facilities shall be computed as described above.~~

~~Effective for the dates of service on or after April 1, 2022, the operating cost component of all-inclusive rates and the rates of payment for the group psychotherapy and individual off-site services will be increased by one percent. Also, effective for the dates of service on or after April 1, 2023, the operating cost component of all-inclusive rates and the rates of payment for the group psychotherapy and individual off-site services for hospital-based FQHCs and Rural Health Clinics will be increased by six and one-half percent (6.5%). The increases in Medicaid rates of payment for these providers are in addition to the standard Medicaid operating cost component calculation, which is increased by the percentage increase in the Medicare Economic Index every October 1.~~

TN     #25-0028    

Approval Date                     

Supersedes TN     #23-0086    

Effective Date   March 1, 2025

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

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New York  
2(c)(iv.1)

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TN #25-0028

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

Supersedes TN NEW

Effective Date March 1, 2025



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

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**SUMMARY**  
**SPA #25-0029**

This State Plan Amendment proposes to establish a 4% rate modifier for certain EPSDT early intervention (EI) services that are provided to children who reside in rural and underserved areas of the State. This 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 Intervention 4% Rate Modifier for Underserved and Rural Areas**

The Early Intervention program is facing provider shortages statewide. This results in children who are referred to the EI program not being evaluated to determine eligibility in a timely manner (45 days after referral) and once found eligible for the program, children are not receiving timely services (30 days from IFSP date). The delay in evaluations and services occurs more frequently in rural and underserved areas of the state. The 4% rate modifier is intended to address these delays in evaluations and services.

**Criteria for applying the 4% Rate Modifier**

EI services eligible for the rate modifier are limited to Evaluations, Speech Therapy, Occupational and Physical Therapy and Special Instruction services that are provided to children who reside in the following designated areas of the State:

**Underserved Areas**

- Outside of NYC, Westchester, Nassau, Suffolk

The Bureau of Early Intervention identifies codes in each municipality where 15% or more of the population live below the Federal Poverty Level (FPL).

- NYC, Westchester, Nassau, Suffolk

In recognition of the higher concentration of poverty within the areas, the Bureau of Early Intervention identifies zip codes in each municipality where 20% or more of the population live below the FPL.

**Rural Areas**

- Outside of NYC, Westchester, Nassau, Suffolk

The Bureau of Early Intervention identifies zip codes in each municipality where the urban population is less than 15% based on Census data.

- NYC, Westchester, Nassau, Suffolk

The Bureau of Early Intervention identifies zip codes in each municipality where the urban population is less than 25% based on Census data.

TN #25-0029

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

Supersedes TN NEWEffective Date April 1, 2025

**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****Catchall**

BEI identifies any zip code within each municipality/borough not covered by the underserved or rural methodology as shown above, where the average wait time to start any services authorized on their IFSP is longer than the municipality's average.

The 4% modifier will be added to the current Early Intervention reimbursement rate for eligible services available on the Department of Health's website at the following link:

EPSDT EI 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)

TN #25-0029

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

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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 Part NN of Chapter 57 of the Laws of 2024. The following changes are proposed:

#### Non-Institutional Services

Effective for the period March 1, 2025 through March 31, 2028, the Department of Health will adjust outpatient rates for hospital providers for services under Article 28 of the Public Health Law, by a ten percent (10%) across the board increase to the operating portion of the rates.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal years 2024-25 and 2025-26 is \$3.69 million and \$44.3 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:*  
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)