



## Department of Health

**KATHY HOCHUL**  
Governor

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

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

June 8, 2022

Dear Health Clinic Administrator:

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  
Acting Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program

**SUMMARY**  
**SPA #21-0072**

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

DRAFT

## Medicaid Section 1135 Waiver of SPA Submission Requirements

A state or territory may request a Section 1135 SPA process waiver(s) if the President has declared a major disaster or an emergency under the Stafford Act, or an emergency under the National Emergencies Act, and the Secretary of the Department of Health and Human Services has declared a public health emergency. The Centers for Medicare and Medicaid Services (CMS) will review the state's request to determine whether the section 1135 waiver request will help the state or territory ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicaid program.

Note: State Medicaid Agencies must request separate section 1135 waiver authority for each Emergency Relief SPA submitted. Agencies may not request section 1135 waiver authority for a SPA that includes any changes that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

State: **New York**

SPA Number: **21-0072**

The agency seeks the following under section 1135(b)(5) of the Social Security Act (check all that apply):

- Submission Deadlines:** Pursuant to section 1135 (b)(5) of the Act, allows modification of the requirement to submit the SPA by the last day of a quarter, in order to obtain a SPA effective date during that quarter (applicable only for quarters in which the emergency or disaster declaration is in effect) - 42 C.F.R. § 430.20
- Public notice requirements:** Pursuant to section 1135 (b)(5) of the Act, allows a modification of public notice requirements that would otherwise be applicable to SPA submissions. These requirements may include those specified in 42 C.F.R. § 440.386 (Alternative Benefit Plans), 42 C.F.R. § 447.57(c) (premiums and cost sharing), and 42 C.F.R. § 447.205 (public notice of changes in statewide methods and standards for setting payment rates). Requested modifications are as follows:

*New York requests waiving this requirement for this Disaster SPA submission.*

- Tribal Consultation:** Pursuant to section 1135 (b)(5) of the Act, allows modification of the required Tribal consultation timelines specified in the Medicaid state plan per section 1902(a)(73) of the Act. Requested modifications are as follows:

*New York will reduce the tribal consultation to zero days before submission to CMS. Tribal consultation will still be completed and mailed as per guidelines in New York's approved state plan.*

**PRA Disclosure Statement** 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 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour 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.

**Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act**

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

The state assures coverage of COVID-19 vaccines and administration of the vaccines.<sup>1</sup>

The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

New York expenditures for medically necessary COVID-19 vaccine counseling for children under the age of 21 effective 12/1/2021 through the last day of the first quarter that begins one year after the end of the COVID-19 public health emergency, under the American Rescue Plan Act of 2021 (ARP).

---

<sup>1</sup> The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

**Reimbursement**

The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

Medicare national average, OR  
 Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

New York State reimburses qualified Medicaid providers \$40.00 per vaccine administration. New York State rates for COVID-19 vaccines and their administration can be found in the *Physician Fee Schedule: Drugs* located at:  
<https://www.emedny.org/ProviderManuals/Physician/index.aspx>

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

\_\_\_ The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

Effective 12/1/2021, for the duration of the Public Health Emergency and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the American Rescue Plan Act, New York will reimburse providers \$25.00 per COVID-19 vaccine counseling session. The rate can be found in the *Physician Fee Schedule: Medicine* (CPT 99429 – Unlisted Preventive Medicine Service) located at:

<https://www.emedny.org/ProviderManuals/Physician/index.aspx>

Effective 12/1/2021, for the duration of the Public Health Emergency and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the American Rescue Plan Act, New York proposes an alternate payment method to reimburse Federal Qualified Health Centers (FQHCs) for medically necessary COVID-19 vaccine counseling for children under the age of 21 as follows:

- a. COVID-19 vaccine counseling service only visit: FQHC reimbursed full PPS rate.
- b. COVID-19 vaccine counseling service and another in-scope FQHC service is provided: FQHC reimbursed full PPS rate and a \$25.00 COVID-19 vaccine counseling service fee.
- c. In-scope FQHC service provided with no COVID-19 vaccine counseling service: FQHC reimbursed full PPS rate.

**PRA Disclosure Statement** 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 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour 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.

**SUMMARY**  
**SPA #22-0007**

This State Plan Amendment proposes a supplemental payment, which will allow eligible nursing homes to increase resident facing staffing services provided by registered nurses, licensed practical nurses, and certified nursing assistants sufficient to attain the highest practicable physical, mental, and psychological well-being of each resident of such facilities.

DRAFT

New York  
110(d)(32)

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

**Minimum Staffing Requirements for Nursing Homes**

Effective for rate years on or after April 1, 2022, the State will distribute \$187 million annually in equal quarterly installments in each state fiscal year beginning April 1, 2022 to Qualified facilities for the purposes of meeting the following minimum staffing requirements.

**1. Hours Per Resident Day Staffing Requirements**

Nursing homes must provide a minimum of 3.5 staffing hours per resident per day ("HPRD"), made up by no less than 1.1 hours of licensed nurse care per resident per day and 2.2 hours of certified nurse aide care per resident per day.

- a. "Licensed nurse" shall mean a registered professional nurse or licensed practical nurse.
- b. "Certified nurse aide" shall mean any person included in the nursing home nurse aide registry.
- c. "Staffing hours" shall mean the hours reported by a nursing home to the Federal Centers for Medicare and Medicaid Services through the payroll-based journal for long-term care facilities.

**2. Minimum Direct Resident Care Spending**

Nursing homes will be required to spend a minimum of 40 percent of revenue on resident-facing staffing, provided that 15 percent of costs associated with resident-facing staffing contracted out by a facility for services provided by registered professional nurses, licensed practical nurses, or certified nurse aides who have completed certification and training approved by the department will be deducted from the calculation of the amount spent on resident-facing staffing.

- a. "Revenue" shall mean the total operating revenue from or on behalf of residents of the residential health care facility, government payers, or third-party payers, to pay for a resident's occupancy of the residential health care facility, resident care, and the operation of the residential health care facility as reported in the residential health care facility cost reports submitted to the department; provided, however, that revenue shall exclude the average increase in the capital portion of the Medicaid reimbursement rate from the prior three years.
- b. "Resident-facing staffing" shall include all staffing expenses in the ancillary and program services categories of the residential health care cost reports.
- c. "Cost Report" shall mean the annual financial and statistical report submitted to the department which includes the residential health care facility's revenues, expenses, assets, liabilities, and statistical information.

TN #22-0007 \_\_\_\_\_ Approval Date \_\_\_\_\_

Supersedes TN New \_\_\_\_\_ Effective Date April 1, 2022



New York  
110(d)(32.1)

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

**3. Supplemental Payment to Qualified Facilities**

Qualified facilities exclude continuing care retirement communities that are authorized by the Department to primarily care for medically fragile children or young adults, people with HIV/AIDS, persons requiring behavioral intervention, or persons requiring neurodegenerative services. A facility shall be considered to primarily care for such specialized populations if at least 51 percent of certified beds are designated for persons with such specialty health care needs.

Qualified facilities are those that need to expend more to meet the minimum hours per resident per day ("HPRD"), as described in section 1 above, than to meet the requirement of spending 40 percent of operating revenue on resident-facing staffing, as described in section 2 above.

- a. The facility's spending required to meet the minimum HPRD is determined by calculating the additional spending needed to meet the HPRD requirements for licensed nurses, certified nurse aides, and total staffing.
  - i. Calculate the quarterly HPRD: Divide the average daily hours worked by the relevant staff over the course of a quarter by the average daily resident census during that same quarter using the federal Centers for Medicare and Medicaid Services payroll based journal.
  - ii. Determine the marginal annual cost of compliance: If the calculated HPRD is lower than the required HPRD, subtract it from the required HPRD and multiply this value by the average hourly wage (using Bureau of Labor Statistics ("BLS") wage data) inflated by 40% for benefits cost and by 365 days.
  - iii. Calculate total cost of compliance: Add the marginal cost of compliance for all three HPRD required levels together to determine the additional spending required to meet the minimum nursing staff requirements.
  
- b. The facility's percentage of revenue spent on resident-facing staffing is calculated by dividing a facility's resident-facing staffing expense by the facility's total revenue. If the resulting value is less than 40 percent, then the marginal cost of compliance is calculated by subtracting the resulting value from 40 percent and multiplying by total revenue. If the resulting value is more than 40 percent, the marginal cost of compliance is zero.

TN #22-0007 \_\_\_\_\_ Approval Date \_\_\_\_\_

Supersedes TN New \_\_\_\_\_ Effective Date April 1, 2022

New York  
110(d)(32.2)

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

**3. Supplemental Payment to Qualified Facilities (continued)**

c. The data used in the calculations of sections 3a. and 3b. above is as follows:

|                                      | <u>State Cost Report</u> | <u>CMS Payroll Based Journal</u> | <u>BLS Wage data</u> |
|--------------------------------------|--------------------------|----------------------------------|----------------------|
| <u>January 1 - December 31, 2022</u> | <u>2020</u>              | <u>2020, Q4</u>                  | <u>2020</u>          |
| <u>January 1 - December 31, 2023</u> | <u>2021</u>              | <u>2021, Q4</u>                  | <u>2021</u>          |
| <u>January 1 - December 31, 2024</u> | <u>2022</u>              | <u>2022, Q4</u>                  | <u>2022</u>          |

d. Subtract the marginal cost of compliance for the 40 percent spending on resident-facing staffing, as calculated in section (3)(b), from the marginal cost of compliance for the minimum HPRD, as calculated in section (3)(a). This is the Excess Cost of Compliance. If the Excess Cost of Compliance is greater than zero, then the facility is a Qualified Facility and eligible to receive the supplemental payment. The supplemental payment for each Qualified Facility will be calculated as follows:

- i. Divide the Qualified Facility's Excess Cost of Compliance by the total Excess Cost of Compliance for all Qualified Facilities.
- ii. Multiply the value by the total funding available for Qualified Facilities.

TN #22-0007 \_\_\_\_\_ Approval Date \_\_\_\_\_

Supersedes TN New \_\_\_\_\_ Effective Date April 1, 2022

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

#### Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

### PUBLIC NOTICE

#### Department of Health

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

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

#### Long Term Care Services

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

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the residential health care facility rate

adjustment is \$128 million as appropriated in the budget for state fiscal year 2021/2022.

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

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

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

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

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

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

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

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

### PUBLIC NOTICE

#### Department of Health

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

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

#### Institutional Services

Effective on or after December 31, 2021, the Department of Health will adjust Residential Treatment Facility (RTF) rates for providers to consider increased labor costs resulting from increases in the New York State minimum wage in the Remainder of State region.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2021/2022 is \$16,000.

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

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE

Department of Health

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

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

### Long Term Care Services

The following is a clarification to the December 29, 2021 noticed provision to implement a rate adjustment for residential health care facilities meeting the requirements set forth in section 2828 of the Public Health Law and implementing regulations. Effective on or after April 1, 2022, this rate adjustment will support increases in resident-facing staffing services provided by registered nurses, licensed practical nurses, certified nurse aides, and nurse aides in accordance with standards set forth in section 2895-b of the Public Health Law and implementing regulations, which shall be sufficient to attain the highest practicable physical, mental, and psychological well-being of the residents of such residential health care facilities.

With clarification, the annual net aggregate increase in gross Medicaid expenditures, contained in the SFY 2023 Budget, will be \$187 million.

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

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

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

3220 Northern Boulevard  
Long Island City, New York 11101

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

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

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

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

## PUBLIC NOTICE

Department of State  
F-2022-0070

Date of Issuance – May 11, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at <https://dos.ny.gov/system/files/documents/2022/05/f-2022-0070.pdf>.

In F-2022-0070, or the "Somekh – Quogue Residential Project", the applicant – Edward & Elizabeth Somekh – proposes the construction of four foot wide by sixty-eight foot open grate catwalk from the existing stonewall. The catwalk will lead to a seasonal three foot by fifteen foot ramp and a seasonal six foot by twenty foot float. The construction of an one hundred eighty-five linear feet of one foot wide by four foot high stone wall is proposed above the Mean High Water Mark as a pool code stone retaining wall. Existing sandbags will be replaced with twelve inch to three foot rip rap boulders above the Mean High Water Mark at the eastern portion of the property. Approximately twenty cubic yards of material above Mean High Water will be cut and approximately three hundred cubic yards of fill will be placed landward of the proposed wall.

The purpose of the proposed project is for "safe recreational mooring, dock reconstruction and shoreline stabilization". The project will occur at 17 Bay Road, in the Village of Quogue, Suffolk County on the Stone Creek.

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

their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or, June 10, 2021.

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

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

## PUBLIC NOTICE

Department of State  
F-2022-0259

Date of Issuance – May 11, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0259, Dana Didriksen is proposing to construct a 4' x 130' fixed angled pier, with a removable ships ladder at the waterward end of the pier. The pier is to have railings and water/electric utilities. The project is located on Fishers Island Sound at 6180 Clay Point Road, Fishers Island, NY 11963.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/05/f-2022-0259didriksen.pdf> or at <https://dos.ny.gov/public-notices>

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

*Comments should be addressed to:* Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

## PUBLIC NOTICE

Department of State  
F-2022-0274

Date of Issuance – May 11, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0274, the applicant, Elias Dagher, is proposing to remove an existing wooden platform, walkway, and steps, and install new fixed timber dock consisting of a 4' x 74' fixed open-grate decking timber catwalk, (2) 4' x 6' steps perpendicular to pier, and a 3' x 14'

hinged ramp leading to a 6' x 20' "T"-shaped float secured by (2) 8"-diameter pilings. This project is located at 90 Oak Avenue, Town of Southold, Suffolk County, Goose Creek.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/05/f-2022-0274app.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):

- Town of Southold Local Waterfront Revitalization Program: <https://dos.ny.gov/location/town-southold-local-waterfront-revitalization-program>

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

*Comments should be addressed to:* Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

## PUBLIC NOTICE

Department of State  
F-2022-0282

Date of Issuance – May 11, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0282, United Group, proposes the construction of a new mixed-use development comprising residential, commercial, and community facility space, along with a shorefront public walkway with new trees, sidewalks, and benches. The existing deteriorated pile-supported platforms, and debris along the shoreline will be removed, and a new riprap revetment will be constructed. The project site is located on the Flushing Creek at 131-35 Roosevelt Avenue, Flushing, NY, 11354.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/05/f-2022-0282rooseveltavenue.pdf> or at <https://dos.ny.gov/public-notices>

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

*Comments should be addressed to:* Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

**SUMMARY**  
**SPA #22-0027**

This State Plan Amendment proposes to update the final payment method for supplemental payments for professional services provided by physicians, nurse practitioners, and physician assistants all other components will remain the same. Those who will be eligible for such payments will be physicians who are currently authorized. Fees will increase in an amount equal to the average commercial rate or Medicare rate for services supplied to patients eligible for Medicaid.

DRAFT

**New York**  
**1.1**

**1905(a) (5)(A) Physicians' Services**

**Supplemental Medicaid Payments for Eligible Professional Services**

**1. State University of New York (SUNY)**

- (a) Effective April 1, 2011, supplemental payments will be made to State University Eligible Medical Professional Providers for services eligible under this provision ("Eligible Services"). Supplemental payments for Eligible Services will be equal to the difference between the Average Commercial Rate, as defined below, and Medicaid payments otherwise made under this state plan. The supplemental payment will only be applicable to the professional component of the services provided.
- (b) State University Eligible Medical Professional Providers are:
- (1) Physicians, nurse practitioners and physician assistants;
  - (2) Licensed in the State of New York; and
  - (3) Participating in a plan for the management of clinical practice at the State University of New York.

Excluded providers are federally qualified health centers (FQHCs) and rural health centers (RHCs).

- (c) Eligible Services include only those services provided by a State University Eligible Medical Professional Provider while acting in their capacity as a participant in a plan for the management of clinical practice at the State University of New York. The following clinical practices will participate:
- (1) SUNY Syracuse
  - (2) SUNY Buffalo, and
  - (3) SUNY Stony Brook
- (d) Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee for service payment has been made to an eligible provider. Noncommercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.
- (e) Supplemental payments will be made as an annual aggregate lump sum payment, based on the Medicaid data applicable to dates of service in the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year for those dates of service. [A final payment will be made one year following the initial payment to capture those claims for the payment year date of service processed subsequent to the initial payment.] A run out factor will be added to the initial payment to capture all incurred claims applicable to the base period. Supplemental payments will not be made prior to the delivery of services.

## New York

## 1.6

**1905(a) (5)(A) Physicians' Services**

(e) Supplemental payments will be made as an annual aggregate lump sum payment, based on the Medicaid data applicable to dates of service in the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year for those dates of service. [A final payment will be made one year following the initial payment to capture those claims for the payment year date of service processed subsequent to the initial payment.] A run out factor will be added to the initial payment to capture all incurred claims applicable to the base period. Supplemental payments will not be made prior to the delivery of services.

**(f) Calculating the Average Commercial Rate (ACR) For Matched Procedures.**

- (1) The ACR will be calculated for Roswell based on applicable rates for the appropriate region, utilizing the top 5 commercial payers based on volume.
- (2) The ACR will be calculated annually before each state fiscal year using commercial payer data from the most recently completed twelve month period by Date of Service between July and June. The initial calculation, effective beginning April 1, 2011, will be based on commercial payer data from the period of July 1, 2010, through June 30, 2011 Date of Service.
- (3) For Eligible Service procedures (additionally distinguished by modifier and point of service) that are billed to Medicaid using codes that correspond to those recognized by commercial payers ("Matched Procedures"), a Procedure-Specific ACR will be calculated for each Matched Procedure by dividing the sum of total commercial payments for the Matched Procedure by the total number of the Matched Procedures paid by commercial payers. For services where physician extenders may be used the applicable percentage of the ACR will be applied.

**(g) Calculating ACR for Non-Matched Procedures**

- (1) For Eligible Service procedures that are billed to Medicaid using codes that do not correspond to those recognized by commercial payers ("Non-Matched Procedures"), a Procedure-Specific ACR will be calculated for each Non-Matched Procedure by calculating the overall average percentage of the matched procedures commercial payments to Medicaid payments.
- (2) This percentage is applied to the average Medicaid payments per unit for the non matched services to establish an ACR proxy payment per unit. The units for each non matched Medicaid service is multiplied by the ACR proxy, and then totaled to determine the payment ceiling.
- (3) The difference between the total Medicaid payments for the unmatched services and the ACR proxy total is the supplemental payment for unmatched services.

TN #22-0027

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

Supersedes TN #11-07-BEffective Date April 1, 2022



**New York**  
**1.9**

**1905(a) (5)(A) Physicians' Services**

**Supplemental Medicaid Payments for Professional Services**

**3. Medicare Fee Equivalent Calculation**

- a. Effective April 1, 2011, supplemental payments will be made to physicians, nurse practitioners and physician assistants who are employed by a Public Benefit Corporation (PBC), or a non-state operated public general hospital operated by a PBC or who are providing professional services at a PBC facility as either a member of a practice plan or an employee of a professional corporation or limited liability corporation under contract to provide services to patients of such a public benefit corporation for those patients eligible for Medicaid. The supplemental payments will be applicable only to the professional component of the eligible services provided.
- b. Eligible providers are affiliated with:
- i. New York City Health and Hospital Corporation (HHC), excluding facilities participating in the Medicare Teaching Election Amendment.
  - ii. Nassau University Medical Center,
  - iii. Westchester Medical Center, and
  - iv. Erie County Medical Center, effective July 1, 2015.

Excluded facilities are Federal Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs).

- c. Supplemental payments for eligible services will equal the difference between the Medicare Part B fee schedule rate and the average Medicaid payment per unit otherwise made under this Attachment.
- d. Supplemental payments will be made as an annual aggregate lump sum, and be based on the Medicaid data applicable to the calendar year. Initial payments will be based on claims processed within 3 months after the calendar year. [A final payment will be made one year following the initial payment to capture those claims for the payment year date of service processed subsequent to the initial payment.] A run out factor will be added to the initial payment to capture all incurred claims applicable to the base period. Supplemental payments will not be made prior to the delivery of services.
- e. Services excluded are those utilizing procedure codes not reimbursed by Medicaid, clinical laboratory services, dual eligibles except where Medicaid becomes the primary payer, and Managed Care. Managed Care data will be included only when a separate fee-for-service payment has been made to an eligible provider. Non-commercial payers such as Medicare are excluded. Additionally, supplemental payment will not be allowed on all inclusive payments where the base payment includes the physician cost.

TN 22-0027

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

Supersedes TN #15-0005

Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0028**

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.

DRAFT

**New York  
2(v)**

**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 may 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 1, [2021] 2022 through March 31, [2022] 2023, 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 may, on an annual basis, decline such increased payments within thirty days following receipt of notification. The amount to be paid will be [\$2,503,420] up to \$5.4 million.

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 may be added to rates of payment or made as aggregate payments to each eligible county operated DTC and mental hygiene clinic.

## 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:

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0029**

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 1, [2021] 2022 through March 31, [2022] 2023, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the [2021] 2022 calendar year. Payments under this provision will not exceed \$143,595,774. 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 [2021] 2022 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the [2020] 2022 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, [2019] 2021:

- (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 #22-0029

Supersedes TN # 21-0035

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

Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.



**SUMMARY**  
**SPA #22-0030**

This 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 \$94,411,550. For state fiscal year beginning April 1, 2022 and ending March 31, 2023, the amount of the supplemental payment will be \$94,411,550. 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 #22-0030 \_\_\_\_\_

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

Supersedes TN #21-0036 \_\_\_\_\_

Effective Date April 1, 2022 \_\_\_\_\_

## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0032**

This State Plan Amendment proposes to expand Medicaid Harm Reduction Services for people who actively use drugs, provided at New York State Commissioner of Health waived comprehensive harm reduction programs. Proposed reimbursement changes include increasing Rest of State and group service rates, as well as adding reimbursement for the provision of off-site services. These rates are set forth in page 11(h) of Attachment 4.19-B and no SPA change is required, but the increases are included in the fiscal impact provided with this SPA. Proposed service changes include adding reimbursement for a new service—Linkage and Navigation, clarifying service definitions for existing services, and clarifying qualified providers and organizations that can provide Medicaid Harm Reduction Services.

DRAFT





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

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

- [or a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years’ experience in case management or related supportive services position serving women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations, including one year of HIV-related experience; or]
- [director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor’s degree and at least three (3) years’ experience in the provision of supportive services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations] a Harm Reduction Services Supervisor who is qualified by credentials, training, and/or experience to provide direct services to people who use drugs. A Harm Reduction Services Supervisor may be a professional health/behavioral health practitioner possessing a license or permit from the New York State Education Department, or have a bachelor’s degree and 2-5 years’ experience working with people who use drugs and/or providing harm reduction or community-based social services, or have a high school diploma or equivalent and at least 6 years of relevant experience, or have at least 10 years of relevant experience; or
- a [p]Peer who has been certified [through a Department-approved certification program or one conducted by another entity recognized by the Department and who is supervised by the director of harm reduction services. A person seeking harm reduction peer certification is required to complete 68 training hours of core courses such as Introduction to HIV, STIs, and Viral Hepatitis; Sex, Gender, and HIV; and Overview of Harm Reduction Counseling, as well as courses addressing health and medical needs and cultural competency among at-risk populations and health literacy. An additional 22 hours of training are required in topics specific to harm reduction among substance users and include promoting PrEP; retention in care; opioid overdose prevention; HCV prevention; safer injection and wound care; and addressing sexual risk. Other requirements for certification include completing a 500-hour practicum and passing a knowledge assessment. Certified peers must complete at least 10 hours of training annually to maintain their certification.] through a New York State Department of Health-approved certification program or one conducted by another entity recognized by the Department and who is supervised by a Harm Reduction Services Supervisor.

**[2. Individual/Group Supportive Counseling**

**Definition:** Supportive counseling services are part of a package of remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. Effective supportive counseling assists individuals in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and to restore them to their best possible functional level. Supportive counseling may be provided to an individual or in a group setting and can cover such topics as HIV/HCV/STD status or substance use disclosure to family members and friends; addressing stigma for drug users in accessing services; how to maximize health care services interactions; how to reduce substance use or use more safely and avoid overdose; and how to address anxiety, anger, and depressive episodes. There are no limitations on the amount, duration, and scope of these services.

**Providers:** Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years’ experience either 1) providing community-based services to active substance users or persons living with a history of substance use or 2) providing harm reduction or community-based social services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations;]

**TN**       #22-0032       **Approval Date** \_\_\_\_\_

**Supersedes TN**       #13-0019       **Effective Date**       April 01, 2022

New York  
2(c.3)(a)

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

2. Individual/Group Harm Reduction Counseling

Definition: The purpose of Harm reduction counseling is to assist individuals in reducing behaviors that interfere with their ability to lead healthier lives. Supportive counseling may be provided to an individual or in a group setting and can cover such topics as HIV/AIDS, HCV, and/or sexually transmitted infections (STIs) status and risk reduction; soft tissue infection care and risk reduction; addressing stigma for PWUD; safer drug use; overdose safety planning; wellness planning; recovery readiness/relapse prevention; and identifying and addressing the effects of mental health symptoms.

Harm reduction counseling may be provided in an onsite or offsite setting.

There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- A Harm Reduction Specialist who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience working with people who use drugs and/or providing harm reduction or community-based social services;

TN #22-0032 Approval Date \_\_\_\_\_

Supersedes TN #NEW Effective Date April 01, 2022



New York  
2(c.4)**1905(a)(13): Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

- [or a case worker who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience in case management or related supportive services position serving women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations, including one year of HIV-related experience; or] a Harm Reduction Services Supervisor who is qualified by credentials, training, and/or experience to provide direct services to people who use drugs. A Harm Reduction Services Supervisor may be a professional health/behavioral health practitioner possessing a license or permit from the New York State Education Department, or have a bachelor's degree and 2-5 years' experience working with people who use drugs and/or providing harm reduction or community-based social services, or have a high school diploma or equivalent and at least 6 years of relevant experience, or have at least 10 years of relevant experience; or
- [director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and at least three (3) years' experience in the provision of supportive services to women, children and families; substance users; mentally ill chemical abusing clients; homeless persons; adolescents; or parolees and other high-risk populations.] a Peer who has been certified through a New York State Department of Health-approved certification program or one conducted by another entity recognized by the Department and who is supervised by a Harm Reduction Services Supervisor.

**[3. Medication Management and Treatment Adherence Counseling**

Medication management and treatment adherence counseling assists clients to recognize the need for medication to address substance use or psychiatric issues, reinforce the importance of adherence to treatment regimens, and identify tools to follow the prescribed regimens. Such services are remedial services recommended by a physician or other licensed practitioner and are for maximum restoration of a beneficiary to his or her best possible functional level. There are no limitations on the amount, duration, and scope of these services.

**Providers:** Services must be provided by:

- a direct service provider who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential and has at least three (3) years' experience in case management or related supportive services position; or
- director of harm reduction services who may be a clinical social worker; possess a master of social work degree; be a licensed clinical or masters social worker; or has a bachelor's degree and has at least three (3) years' experience in the provision of supportive services and supervision of staff; or
- a peer who has achieved Department-approved certification and is supervised by the director of harm reduction services.

**4. Psychoeducation - Support Groups**

**Definition:** Support groups are stand-alone services that may also be used to supplement individual and/or group supportive counseling. Such services are remedial services recommended by a physician or other licensed practitioner. Support groups restore individuals to his or her best possible functional level by focusing on group members' issues and experiences relative to substance use, finances, medical/health care, support system, incarceration history and other factors that contribute to risk behaviors for HIV/STD/HCV. Support groups may be facilitated by a direct service provider, a case worker, or the director of harm reduction services or co-facilitated by a peer. There are no limitations on the amount, duration, and scope of these services.]

TN #22-0032 Approval Date \_\_\_\_\_

Supersedes TN #13-0019 Effective Date April 01, 2022

New York  
2(c.4)(a)

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

**3. Linkage and Navigation**

Definition: Linkage and navigation is transitional in nature and incorporates brief, time-limited strategies to engage, guide, and support an individual through systems of care. This service assists with the prevention, detection/diagnosis, and treatment of health conditions affecting people who use drugs—such as HIV, HCV, STIs, Substance Use Disorder, mental illness, and other medical problems—by identifying and eliminating barriers to timely care. Barriers to care may be communication/information-related, physical, financial, and emotional in nature.

Key components of this service include health promotion and education; matching individual needs with necessary services/resources; supporting engagement in quality, stigma-free services, including referrals to comprehensive case management as appropriate; appointment escorts and/or follow-up; and troubleshooting barriers to care.

Linkage and navigation may be provided in an onsite or offsite setting.

There are no limitations on the amount, duration, and scope of these services.

Providers: Services must be provided by:

- a Harm Reduction Specialist who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential or has at least three (3) years' experience working with people who use drugs and/or providing harm reduction or community-based social services; or
- A Harm Reduction Services Supervisor who is qualified by credentials, training, and/or experience to provide direct services to people who use drugs. A Harm Reduction Services Supervisor may be a professional health/behavioral health practitioner possessing a license or permit from the New York State Education Department, or have a bachelor's degree and 2-5 years' experience working with people who use drugs and/or providing harm reduction or community-based social services, or have a high school diploma or equivalent and at least 6 years of relevant experience, or have at least 10 years of relevant experience; or
- a peer who has been certified through a New York State Department of Health-approved certification program or one conducted by another entity recognized by the Department and who is supervised by a Harm Reduction Services Supervisor.

**4. Medication Management and Treatment Adherence Counseling**

Definition: This service provides education and identifies tools and strategies that individuals may use to recognize the need for medication to address substance use, mental health conditions, HIV/AIDS, HCV, STIs, and other health conditions; as well as best manage and adhere to a medication schedule that addresses all diagnosed conditions.

Components of medication management may include improving the use and adherence of medications for all diagnosed conditions by ensuring that the individual understands the purpose of the medications and identifying resources to support management efforts. Components of treatment adherence may include discussing the importance and need for treatment adherence, providing education and counseling on medications and adherence strategies, and troubleshooting barriers to treatment adherence.

Medication Management and Treatment Adherence Counseling may be provided in an onsite or offsite setting.

TN #22-0032 Approval Date \_\_\_\_\_

Supersedes TN # New Effective Date April 01, 2022



















New York  
2(c.4)(a)(1)

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

There are no limitations on the amount, duration, and scope of these services.

**Providers:** Services must be provided by:

- a Harm Reduction Specialist who has a high school diploma or has passed the general educational development (GED) test or the Test Assessing Secondary Completion (TASC™) and has earned a high school equivalency credential and has at least three (3) years' experience working with people who use drugs and/or providing harm reduction or community-based social services; or
- A Harm Reduction Services Supervisor who is qualified by credentials, training, and/or experience to provide direct services to people who use drugs. A Harm Reduction Services Supervisor may be a professional health/behavioral health practitioner possessing a license or permit from the New York State Education Department, or have a bachelor's degree and 2-5 years' experience working with people who use drugs and/or providing harm reduction or community-based social services, or have a high school diploma or equivalent and at least 6 years of relevant experience, or have at least 10 years of relevant experience; or
- a Peer who has been certified through a New York State Department of Health-approved certification program or one conducted by another entity recognized by the Department and who is supervised by a Harm Reduction Services Supervisor.

**5. Psychoeducation - Support Groups**

**Definition:** Psychoeducation support groups are designed to provide individuals with a non-judgmental space to offer and receive information on various issues that have a direct impact on their life. Psychoeducational groups should be topic-oriented and empower group members to share information and support each other in strategies relative to substance use, finances, medical/health care, support system, incarceration history and other factors that contribute to risk behaviors for HIV/AIDS, HCV, and/or STIs. Psychoeducational groups should work to actively engage participants in the group discussion and prompt them to relate what they are learning to their own experiences. There are no limitations on the amount, duration, and scope of these services.

TN #22-0032 Approval Date \_\_\_\_\_

Supersedes TN #New Effective Date April 01, 2022



## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE

Division of Criminal Justice Services  
Commission on Forensic Science

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

Date: June 3, 2022  
Time: 9:00 a.m. - 1:00 p.m.  
Primary Conference Site:

Empire State Development Corporation  
(ESDC)  
633 3rd Avenue  
37th Floor/Conference Room  
New York, NY

\*Identification and sign-in required

Secondary Conference Site:

Division of Criminal Justice Services  
Alfred E. Smith Office Building  
CrimeStat Room 118  
80 South Swan Street  
Albany, NY

Web Streaming information: The webcast information for this meeting will be posted on the Division of Criminal Justice website under the Newsroom, Open Meeting/Webcasts.

<https://www.criminaljustice.ny.gov/pio/openmeetings.htm>

\*Identification and sign-in is required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, contact:* Elizabeth Suparmanto, Division of Criminal Justice Services, Office of Forensic Services, 80 Swan Street, Albany, NY 12210, (518) 485-5052

## PUBLIC NOTICE

Department of Health

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

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

### Non-Institutional Services

The following is a clarification to the March 30, 2022, noticed provision regarding payments in quarter-hour units for harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations).

With clarification, the estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$ 39,757. The originally published fiscal impact contained a typographical error.

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-2021-1106

Date of Issuance – May 25, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2021-1106- Cow Neck Preserve LLC, is proposing to construct a 4' x 8' ramp, 4' x 175' fixed dock utilizing Thru-Flow decking, 3' x 14' ramp and a 6' x 20' chocked float.

Town of Southampton, Suffolk County, Scallop Pond

The stated purpose of the proposed action is access to water dependent recreation.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/05/f-2021-1106consistcert.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): Cow Neck Significant Coastal Fish and Wildlife Habitat cow\_neck.pdf (ny.gov)

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or June 9, 2022.

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

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

**PUBLIC NOTICE**

Department of State  
F-2021-1172

Date of Issuance – May 25, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2021-1172 Sabrina Pezzino is proposing to construction of a 4' x 50' fixed pier off the existing over-water platform. Remove the existing 33' long wavescreen and relocate the existing 16' x 16' boatlift to the waterward end of the proposed fixed pier. The site is located on Great South Bay at 220 Harbor Lane, Massapequa Park, NY 11762, Nassau County.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/05/f-2021-1172pezzino.pdf> or at <https://dos.ny.gov/public-notices>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or June 24, 2022.

*Comments should be addressed to:* Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dos.ny.gov

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

**PUBLIC NOTICE**

Department of State  
F-2022-0073

Date of Issuance – May 25, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2022-0073, Wellesley Island Water Corp., is proposing to make various improvements to an existing drinking water system. The proposed improvements include replacement of a water storage tank, construction of a new water pumping station, construction of a new water treatment plant, and installing new underground waterlines.

The new waterlines will include ~3,000 linear feet of 8" HDPE pipe (3 separate lines) installed by open cut trench (1,000 feet long by 10 feet wide by 7 feet 8 inches deep. Approximately 3,500 linear feet of 8" HDPE pipe will be installed by Hydraulic Directional Drilling (HDD). Of the above ~ 20lf of open cut trench would be within regulated wetlands and ~115lf of HDD would be within/ under regulated wetlands. Wetland disturbance would be restored with clean fill in the bottom of the trench then backfilled with excavated native materials to restore to preexisting conditions. Approximately 80lf of HDD pipe installation would occur under a regulated water way, minimum depth below the water way bottom would be 5 feet. All HDD drill pits would be placed outside regulated waters and wetlands and an inadvertent release plan has been provided.

The proposed work would be conducted at the eastern end of Wellesley Island in the Town of Alexandria, Jefferson County. Specifically, the proposed new HDD installed waterlines would be placed generally along Bullhead Bay Road from Sunset Drive to Club Road. The open trench pipe installation would be from the proposed water tank located north of Club Road to the proposed filtration building, generally along Stone Gate Lane.

The stated purpose of the proposed action is to update the water system to bring it into state and federal compliance including to bring it into compliance with the Surface Water Treatment Rule of the Safe Drinking Water Act.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2022/05/f-2022-0073publicnotice.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 June 24, 2022.

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

**SUMMARY**  
**SPA #22-0034**

This State Plan Amendment proposes to extend additional medical assistance payments to State and County hospitals for the periods April 1, 2022, through March 31, 2025.

DRAFT



New York
153

1905(a)(1): Inpatient Hospital Services
Government General Hospital Additional Disproportionate Share Payments

Government general hospital disproportionate share payments will be made to increase reimbursement to hospitals operated by the State of New York, the State University of New York. To be eligible, hospitals must be operating at the time the payments are made. The payments are subject to the payment limits established in this Attachment of this plan.

- 1. Government general hospitals operated by the State of New York or the State University of New York shall receive additional payments effective April 1, 1997 for the period April 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1, 1998 through March 31, 1999, August 1, 1999 for the period April 1, 1999 through March 31, 2000, April 1, 2000 for the period April 1, 2000 through March 31, 2001, April 1, 2001 for the period April 1, 2001 through March 31, 2002, April 1, 2002 for the period April 1, 2002 through March 31, 2003, for the state fiscal year beginning April 1, 2005 through March 31, 2006, for the state fiscal year beginning April 1, 2006 through March 31, 2007 and April 1, 2007 through March 31, 2009, for the state fiscal years beginning April 1, 2009 through March 31, 2011, for the state fiscal years beginning April 1, 2011 through March 31, 2013, for the state fiscal years beginning April 1, 2013 through March 31, 2016 and, for the state fiscal years beginning April 1, 2016 through March 31, 2019, and for state fiscal years beginning April 1, 2019 through March 31, 2022 and for state fiscal years beginning April 1, 2022 through March 31, 2025, subject to the limits established pursuant to this Attachment. Such payments shall be established based on medical assistance and uninsured patient losses for 1996, 1997, 1998, 1999, 2000, 2001 and 2002 after considering all other medical assistance based initially for 1996 on 1994 reconciled data as further reconciled to actual reported 1996 reconciled data, for 1997 based initially on reported 1995 reconciled data as further reconciled to actual reported 1997 reconciled data, for 1998 based initially on reported 1995 reconciled data, as further reconciled to actual reported 1998 reconciled data, for 1999 based initially on reported 1995 reconciled data as further reconciled to actual reported 1999 reconciled data, for 2000 based initially on reported 1995 reconciled data, as further reconciled to actual reported 2000 reconciled data, for 2001 based initially on reported 1995 reconciled data, as further reconciled to actual reported 2001 reconciled data, for 2002 based initially on reported 2000 reconciled data as further reconciled to actual reported 2002 reconciled data, for the state fiscal year beginning on April 1, 2005, based initially on up to one hundred percent of reported 2000 reconciled data as further reconciled to up to one hundred percent of actual reported data for 2005, and for the state fiscal year beginning on April 1, 2006, based initially on up to one hundred percent of reported 2000 reconciled data as further reconciled to up to one hundred percent of actual reported data for 2006.

**New York**  
**155**

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

2. Government general hospitals operated by a county, which does not include a city with a population of over one million, shall receive additional payments effective April 1, 1997 for the period April 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1, 1998 through March 31, 1999, August 1, 1999 for the period April 1, 1999 through March 31, 2000, April 1, 2000 for the period April 1, 2000 through March 31, 2001, April 1, 2001 for the period April 1, 2001 through March 31, 2002, April 1, 2002 for the period April 1, 2002 through March 31, 2003, for the state fiscal year beginning April 1, 2005 through March 31, 2006, for the state fiscal year beginning April 1, 2006 through March 31, 2007, and April 1, 2007 through March 31, 2008, and for the state fiscal year beginning April 1, 2008 through March 31, 2009, for the state fiscal years beginning April 1, 2009 through March 31, 2011, for the state fiscal years beginning April 1, 2011 through March 31, 2013, for the state fiscal years beginning April 1, 2013 through March 31, 2016 [and] for the state fiscal years beginning April 1, 2016 through March 31, 2019, [and] for the state fiscal years beginning April 1, 2019 through March 31, 2022, and for state fiscal years beginning April 1, 2022 through March 31, 2025 subject to the limits established pursuant to this Attachment. Such payments shall be established based on medical assistance and uninsured patient losses for 1996, 1997, 1998, 1999, 2000, 2001 and 2002, after considering all other medical assistance based initially for 1996 on 1994 reconciled data as further reconciled to actual reported 1996 reconciled data, for 1997 based initially on reported 1995 reconciled data as further reconciled to actual reported 1997 reconciled data, for 1998 based initially on reported 1995 reconciled data, as further reconciled to actual reported 1998 reconciled data, for 1999 based initially on reported 1995 reconciled data as further reconciled to actual reported 1999 reconciled data, for 2000 based initially on reported 1995 reconciled data, as further reconciled to actual reported 2000 reconciled data, for 2001 based initially on reported 1995 reconciled data, as further reconciled to actual reported 2001 reconciled data, for 2002 based initially on reported 2000 reconciled data as further reconciled to actual reported 2002 reconciled data, for the state fiscal year beginning on April 1, 2005, based initially on up to one hundred percent of reported 2000 reconciled data as further reconciled to up to one hundred percent of actual reported data for 2005, and for the state fiscal year beginning on April 1, 2006, based initially on up to one hundred percent of reported 2000 reconciled data as further reconciled to up to one hundred percent of actual reported data for 2006.

TN #22-0034

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

Supersedes TN #19-0008

Effective Date April 1, 2022

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

**SUMMARY**  
**SPA #22-0035**

This State Plan Amendment proposes to revise the method of distributing the Clinic Safety Net (CSN) payments for non-FQHCs.

DRAFT

SPA 22-0035  
Attachment A  
Annotated Pages

Annotated Pages: 2(an)(1)

DRAFT

**New York  
2(an)(1)**

**[Diagnostic and Treatment Centers (D&TCs) Safety Net Payment (continued):**

- d. Each eligible D&TC will qualify for a rate add-on based on its percentage of uninsured visits to total visits according to the following tiers:

| <b>% of eligible uninsured visits to total visits</b> |                     |        |      |                   |                     |        |      |
|---|---------------------|--------|------|-------------------|---------------------|--------|------|
| <b>Upstate</b>  |                     |        |      | <b>Downstate</b>  |                     |        |      |
| Low<br>(at Least)                                     | High<br>(Less Than) | Amount | Tier | Low<br>(at Least) | High<br>(Less Than) | Amount | Tier |
| 0%  | 5%                  |        |      | \$0               | 0                   |        |      |
| 5%  | 10%                 | \$30   | 1    | 5%                | 15%                 | \$47   | 1    |
| 10%   | 15%                 | \$40   | 2    | 15%               | 20%                 | \$57   | 2    |
| 15%   | 20%                 | \$51   | 3    | 20%               | 25%                 | \$68   | 3    |
| 20%   | 25%                 | \$63   | 4    | 25%               | 35%                 | \$80   | 4    |
| 25% or more   |                     | \$76   | 5    | 35% or more       |                     | \$93   | 5    |

- e. Safety net payments will be calculated by multiplying each facility's rate add-on, based on the tiers in paragraph (1)(d), by the number of Medicaid fee-for-service visits reported on the base year certified cost report.
- f. The safety net rate adjustment for each eligible D&TC that is determined based on the tier system will be scaled based on the ratio of the total funds allocated for distribution, using the tier system, to the total statewide safety net payment that is available for all eligible D&TCs.
- g. Adjustments to rates of payment made pursuant to this section will be made quarterly as aggregate payments to eligible diagnostic and treatment centers and will not be subject to subsequent adjustment or reconciliation.
2. In the event that a provider that is included in this D&TCs Safety Net Payment section receives FQHC designation during a state fiscal year, the newly designated FQHC provider will be removed from this D&TCs Safety Net Payment section and included in section for the FQHCs Safety Net Payment as follows:
- a. The effective date of the transfer will be the later of the following:
- The first state fiscal year distribution calculation after the FQHC designated approval date; or
  - The first state fiscal year distribution calculation after the date the Department of Health is notified of the FQHC designation.
- b. The funds that were allocated to the new FQHC provider in this D&TCs Safety Net Payment section will be transferred to the FQHC Safety Net Payment section based on the prior state fiscal year calculation. ]

TN       #22-0035       Approval Date \_\_\_\_\_

Supersedes TN       #18-0067       Effective Date   April 1, 2022



New York  
2(an)(1)**1905(a)(9) Clinic Services****Diagnostic and Treatment Centers (D&TCs) Safety Net Payment (continued):**

d. (i) Each eligible D&TC will qualify for a rate add-on based on its percentage of uninsured visits to total visits according to the following tiers:

| <b>% of eligible uninsured visits to total visits</b> |                    |               |             |                    |                    |               |             |
|---|--------------------|---------------|-------------|--------------------|--------------------|---------------|-------------|
| <b>Upstate</b>  |                    |               |             | <b>Downstate</b>   |                    |               |             |
| <u>Low</u>  | <u>High</u>        | <u>Amount</u> | <u>Tier</u> | <u>Low</u>         | <u>High</u>        | <u>Amount</u> | <u>Tier</u> |
| <u>(at Least)</u>                                     | <u>(Less Than)</u> |               |             | <u>(at Least)</u>  | <u>(Less Than)</u> |               |             |
| <u>0%</u>   | <u>5%</u>          | <u>\$0</u>    | <u>0</u>    | <u>0%</u>          | <u>5%</u>          | <u>\$0</u>    | <u>0</u>    |
| <u>5%</u>   | <u>10%</u>         | <u>\$30</u>   | <u>1</u>    | <u>5%</u>          | <u>15%</u>         | <u>\$47</u>   | <u>1</u>    |
| <u>10%</u>  | <u>15%</u>         | <u>\$40</u>   | <u>2</u>    | <u>15%</u>         | <u>20%</u>         | <u>\$57</u>   | <u>2</u>    |
| <u>15%</u>  | <u>20%</u>         | <u>\$51</u>   | <u>3</u>    | <u>20%</u>         | <u>25%</u>         | <u>\$68</u>   | <u>3</u>    |
| <u>20%</u>  | <u>25%</u>         | <u>\$63</u>   | <u>4</u>    | <u>25%</u>         | <u>35%</u>         | <u>\$80</u>   | <u>4</u>    |
| <u>25% or more</u>                                    |                    | <u>\$76</u>   | <u>5</u>    | <u>35% or more</u> |                    | <u>\$93</u>   | <u>5</u>    |

(ii) For the distribution periods beginning on and after April 1, 2022, the tiers will not apply and all eligible D&TC's will receive a uniform add-on which will be calculated by dividing the total D&TC Safety Net Payment available, as stated in paragraph 1 of this section, by the sum of the total number of uninsured visits and Medicaid fee-for-service visits for all eligible D&TCs reported on the base year certified cost report. Any visit which Medicaid is not the only payer will not be included in the calculation.

e. (i) Safety net payments will be calculated by multiplying each facility's rate add-on, based on the tiers in paragraph (1)(d)(i) of this section, by the number of Medicaid fee-for-service visits reported on the base year certified cost report.

(ii) For the distribution periods beginning on and after April 1, 2022, each eligible D&TC's safety net payment will be calculated by multiplying the uniform rate add-on, calculated based on paragraph (1)(d)(ii) of this section, by the sum of each D&TC's uninsured visits and Medicaid fee-for-service visits reported on the base year certified cost report. The uninsured and Medicaid fee-for-service visits used in the facility's distribution calculation will be the same visits utilized in the uniform rate add-on calculation described in paragraph (1)(d)(ii) of this section.

f. The safety net rate adjustment for each eligible D&TC that is determined based on the tier system in paragraph (1)(d)(i) of this section will be scaled based on the ratio of the total funds allocated for distribution, using the tier system, to the total statewide safety net payment that is available for all eligible D&TCs. The safety net rate adjustment for each eligible D&TC that is determined based on the uniform rate add-on in paragraph (1)(d)(ii) of this section will no longer require the rate adjustment be scaled.

g. Adjustments to rates of payment made pursuant to this section will be made quarterly as aggregate payments to eligible diagnostic and treatment centers and will not be subject to subsequent adjustment or reconciliation.

TN #22-0035

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

Supersedes TN #18-0067

Effective Date April 1, 2022



Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

**SUMMARY**  
**SPA #22-0036**

This amendment proposes to revise the State Plan to allow the State to enter into outcomes-based contract arrangements with drug manufacturers through supplemental rebate agreements.

DRAFT

New York  
2(b)

10. Prior approval is required for all dental care except preventive prophylactic and other routine dental care services and supplies.

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

12a. Prior authorization or dispensing validation is required for some prescription drugs. The State has established a preferred drug program with prior authorization for drugs not included on the preferred drug list. The prior authorization complies with the requirements of Section 1927(d)(5) of the Social Security Act and provides for a 24-hour turnaround by either telephone or other telecommunications device from receipt of request and provides for a 72-hour supply of drugs in emergency circumstances. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health. Prior authorization is required for a generic equivalent of a brand name drug, including a generic equivalent that is on the preferred drug list or the clinical drug review program, when the net cost of the brand name drug, after consideration of all rebates, is less than the cost of the generic equivalent.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. Outpatient drugs of any manufacturer which has entered into and complies with a rebate agreement under Sections 1902(a)(54) and 1927(a) of the Act with the Centers for Medicare and Medicaid Services (CMS) which are prescribed for a medically accepted indication. All drugs covered by the National Drug Rebate Agreements remain available to Medicaid beneficiaries, although some may require prior authorization. Drugs for the treatment of erectile dysfunction, as set forth in 42 U.S.C. §1396r-8(d)(2)(K), are not a covered service, on and after April 1, 2006, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and these uses have been approved by the Food and Drug Administration.
2. Supplemental Rebate Programs

The State is in compliance with Section 1927 of the Social Security Act. The State has the following policies for the Supplemental Rebate Programs for the Medicaid population.

- a) CMS has authorized the State of New York to enter into the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) and the Amendment to the SRA submitted to CMS on March 30, 2006 have been authorized for pharmaceutical manufacturers' existing agreements through their current expiration dates. The updated NMPI SRA submitted to CMS on June 30, 2013 has been authorized for renewal and new agreements with pharmaceutical manufacturers for drugs provided to Medicaid beneficiaries.
  - i. Effective on or after July 1, 2020, the Department will implement a single statewide formulary for opioid dependence agents and opioid antagonists for all Medicaid participating managed care organizations (MCO's) and for Medicaid fee for service, under the prescribed conditions in Attachment A-2 of the NMPI Supplemental Rebate Agreement.
- b) CMS has authorized the State of New York to enter into Medicaid State-specific Supplemental Rebate Agreement directly with manufacturers to receive supplemental rebates of covered outpatient drugs for Medicaid beneficiaries. The State-specific Supplemental Rebate Agreement was submitted to CMS on December 31, 2014 and has been authorized by CMS.

c) CMS has authorized the State of New York to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries. These contracts will be executed on the contract template titled "Value-Based Supplemental Rebate Agreement" submitted to CMS and authorized for use beginning April 1, 2022.

TN #22-0036 \_\_\_\_\_

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

Supersedes TN #20-0039 \_\_\_\_\_

Effective Date April 1, 2022

New York  
2(b)

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

12a. Prior authorization or dispensing validation is required for some prescription drugs. The State has established a preferred drug program with prior authorization for drugs not included on the preferred drug list. The prior authorization complies with the requirements of Section 1927(d)(5) of the Social Security Act and provides for a 24-hour turnaround by either telephone or other telecommunications device from receipt of request and provides for a 72-hour supply of drugs in emergency circumstances. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health. Prior authorization is required for a generic equivalent of a brand name drug, including a generic equivalent that is on the preferred drug list or the clinical drug review program, when the net cost of the brand name drug, after consideration of all rebates, is less than the cost of the generic equivalent.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. Outpatient drugs of any manufacturer which has entered into and complies with a rebate agreement under Sections 1902(a)(54) and 1927(a) of the Act with the Centers for Medicare and Medicaid Services (CMS) which are prescribed for a medically accepted indication. All drugs covered by the National Drug Rebate Agreements remain available to Medicaid beneficiaries, although some may require prior authorization. Drugs for the treatment of erectile dysfunction, as set forth in 42 U.S.C. §1396r-8(d)(2)(K), are not a covered service, on and after April 1, 2006, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and these uses have been approved by the Food and Drug Administration.

2. Supplemental Rebate Programs

The State is in compliance with Section 1927 of the Social Security Act. The State has the following policies for the Supplemental Rebate Programs for the Medicaid population.

- a) CMS has authorized the State of New York to enter into the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) and the Amendment to the SRA submitted to CMS on March 30, 2006 have been authorized for pharmaceutical manufacturers' existing agreements through their current expiration dates. The updated NMPI SRA submitted to CMS on June 30, 2013 has been authorized for renewal and new agreements with pharmaceutical manufacturers for drugs provided to Medicaid beneficiaries.
  - i. Effective on or after July 1, 2020, the Department will implement a single statewide formulary for opioid dependence agents and opioid antagonists for all Medicaid participating managed care organizations (MCO's) and for Medicaid fee for service, under the prescribed conditions in Attachment A-2 of the NMPI Supplemental Rebate Agreement.
- b) CMS has authorized the State of New York to enter into Medicaid State-specific Supplemental Rebate Agreement directly with manufacturers to receive supplemental rebates of covered outpatient drugs for Medicaid beneficiaries. The State-specific Supplemental Rebate Agreement was submitted to CMS on December 31, 2014 and has been authorized by CMS.

c) CMS has authorized the State of New York to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries. These contracts will be executed on the contract template titled "Value-Based Supplemental Rebate Agreement" submitted to CMS and authorized for use beginning April 1, 2022.

TN #22-0036

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

Supersedes TN #20-0039

Effective Date April 1, 2022

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

**SUMMARY**  
**SPA #22-0037**

This State Plan Amendment proposes to make permanent the private duty nursing fee-for-service reimbursement increases for nursing services provided to adults and for individuals transitioning out of the Medically Fragile Children's program, that were temporarily enacted under ARPA. This will continue to decrease the disparity that occurred in 2020 and 2021 when fees for medically fragile children were increased. Increased fee-for-service reimbursement and access to providers shall decrease the risk of unnecessary hospitalizations and institutionalization of the adult population.

DRAFT

New York  
4(a)(i)(3.1)

**1905(a)(8) Private Duty Nursing**

**Services Provided To Adults**

For purposes of this section, the enhanced rates of payment for continuous nursing services for adults provided by a certified home health agency, or by registered nurses or licensed practical nurses who are independent providers, established under the Medicaid State Plan Disaster Relief State Plan Amendment will continue from the 1st day after the end of the Public Health Emergency (PHE) until March 31, 2023. This is to ensure the availability of such services, at a rate that is higher than the provider's pre-November 2021 rate for private duty nursing services. The rates will be determined based on the application of a base rate for the region and additional enhancements for an attestation of training and experience in caring for medically fragile adults, and enrollment in a public directory. A certified home health agency that receives such rates for continuous nursing services for adults will use such enhanced rates to increase payments to registered nurses and licensed practical nurses who provide these services. All government and non-government owned or operated provide are eligible for this adjustment pursuant to the same uniformly applied methodology.

DRAFT

TN #22-0037

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

Supersedes TN NEW

Effective Date Day after PHE ends

**New York  
5(a)**

**1905(a)(8) Private Duty Nursing**

The Commissioner will increase the rates of payment for all eligible providers in an amount up to an aggregate of \$16,000,000 annually for the periods June 1, 2006 through March 31, 2007, April 1, 2007 through March 31, 2008, and April 1, 2008 through March 31, 2009.

Rates will be adjusted in the form of a uniform percentage add-on as calculated by the Department, based upon the proportion of total allocated dollars, to the total Medicaid expenditures for covered home care services provided in local social services districts that do not include a city with a population over one million. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

**Services Provided to Medically Fragile Children**

For purposes of this section, for the period beginning October 1, 2020 and thereafter, a medically fragile child will mean a child, up to twenty-three years of age, who is at risk of hospitalization or institutionalization for reasons that include but are not limited to the following: children who are technologically-dependent for life or health-sustaining functions; require complex medication regimen or medical interventions to maintain or improve their health status; or are in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk. These children are capable of being cared for at home if provided with appropriate home care services including but not limited to continuous nursing services.

For the period January 1, 2007 and thereafter, rates of payment for continuous nursing services for medically fragile children will be established to ensure the availability of such services or programs and will be established at a rate that is thirty percent higher than the provider's current rate for private duty nursing services. Providers that receive such rates for continuous nursing services for medically fragile children must use these enhanced rates to increase payments to registered nurses or licensed practical nurses who provide these services to medically fragile children. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

For the period beginning October 1, 2020, providers who enroll in the medically fragile children private duty nursing provider directory will receive an enhanced rate as indicated in the chart below:

|   |
|---|
| <b>2020 rate = 10/1/20 base rate + 15 percent</b> |
| <b>2021 rate = 2021 base rate + 30 percent</b>    |
| <b>2022 rate = 2022 base rate + 45 percent</b>    |

**[Nursing Services (Limited)]**

The Commissioner of Health, subject to the approval of the Director of the Budget, establishes reimbursement rates for certain nursing services provided to eligible residents by a certified operator of an adult home or enriched housing program that has been issued a limited license by the Department. A limited license may be issued to the certified operator of an adult home or enriched housing program and allows such operator to directly provide certain]

TN #22-0037 Approval Date \_\_\_\_\_

Supersedes TN #20-0060 Effective Date Day after PHE Ends



**New York  
5(a.1)**

**1905(a)(8) Private Duty Nursing**

**Services Provided to Adults**

For the period commencing one day after the Public Health Emergency (PHE) ends through March 31, 2023, the enhanced rates of payment for continuous nursing services for adults established under the Medicaid State Plan Disaster Relief State Plan Amendment will continue to ensure the availability of such services or programs and will be established with available fee enhancements of approximately seventy-five percent that were not available pre-November 2021 rate for private duty nursing. Agencies that receive such rate for continuous nursing service for adults must use these enhanced rates to increase payments to registered nurses, or licensed practical nurses who provide these services to adults. All government and non-government owned or operated providers are eligible for this adjustment pursuant to the same uniformly applied methodology.

For the period beginning the day after the PHE ends and continuing through March 31, 2023, providers will receive an enhanced rate (after successful submission of required information) as indicated in the chart below:

|   |
|---|
| <b>Base Fee for region + Training &amp; Experience Attestation (30%) + Directory Enrollment (45%)<br/>= Final Rate of Payment</b> |
|---|

**This is an example only:**

| <u>Base Fee</u> | <u>T &amp; E (30%) add-on</u>           | <u>Directory (45%) add-on</u>      |
|-----------------|---|------------------------------------|
| <u>\$27.30</u>  | <u>\$27.30 + \$8.19 (30%) = \$35.49</u> | <u>\$35.49 + \$15.97 = \$51.46</u> |

**Note:** Only if providers enroll in both portions of the enhancement will they be eligible for the full enhanced payment.

Provider information can be found here:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/pdn\\_children/providers/](https://www.health.ny.gov/health_care/medicaid/redesign/pdn_children/providers/)

**Nursing Services (Limited)**

The Commissioner of Health, subject to the approval of the Director of the Budget, establishes reimbursement rates for certain nursing services provided to eligible residents by a certified operator of an adult home or enriched housing program that has been issued a limited license by the Department. A limited license may be issued to the certified operator of an adult home or enriched housing program and allows such operator to directly provide certain

TN #22-0037

Supersedes TN NEW

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

Effective Date Day after PHE Ends

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

**Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:**

**Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.**

**The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.**

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. “Applied behavior analysis” or “ABA” is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts’s Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

**SUMMARY**  
**SPA #22-0038**

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; [and] \$226,443,721 for the period April 1, 2014 through March 31, 2015; [and] \$264,916,150 for the period April 1, 2015 through March 31, 2016; [and] \$271,204,805 for the period of April 1, 2016 through March 31, 2017; [and] \$319,459,509 for the period of April 1, 2017 through March 31, 2018; [and] \$362,865,600 for the period of April 1, 2018 through March 31, 2019; [and] \$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; [and] \$275,082,185 for the period of April 1, 2021 through March 31, 2022; \$275,082,185 for the period of April 1, 2022 through March 31, 2023 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;
- (c) No payment will be made to a hospital described in (i) and (ii). Payment amounts will be reduced as necessary not to exceed the limitations described in (iii).
- (i) did not receive an Indigent Care Pool (ICP) payment;
- (ii) the hospital's facility specific projected disproportionate share hospital payment ceiling is zero; or,
- (iii) the annual payments amount to eligible hospitals exceeds the Medicaid customary charge limit at 42 CFR 447.271.
- (d) Any amounts calculated under paragraphs (a) and (b) but not paid to a hospital because of the requirements in paragraph (c) will be allocated proportionately to those eligible general hospitals that provide emergency room services and which would not be precluded by paragraph (c) from receiving such additional allocations.

**TN #22-0038**

**Supersedes TN #21-0034**

**Approval Date**

**Effective Date**

**April 1, 2022**

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

**SUMMARY**  
**SPA #22-0039**

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

New York  
161

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

**Additional Inpatient Governmental Hospital Payments**

For the period beginning state fiscal year April 1, [2021] 2022 and ending March 31, [2022] 2023, 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 \$371,923,676 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.

DRAFT

TN #22-0039

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

Supersedes TN #21-0033

Effective Date April 1, 2022

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in



**SUMMARY**  
**SPA #22-0040**

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



The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

**SUMMARY**  
**SPA #22-0041**

This State Plan Amendment proposes to revise the State Plan to include routine patient costs for items and services furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials, including those beneficiaries enrolled in Alternative Benefit Plans, pursuant to the Center for Medicaid and CHIP Services requirements.

DRAFT

New York  
9

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: X\_\_\_\_\_

I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). 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 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 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 #22-0041 Approval Date \_\_\_\_\_  
Supersedes #NEW Effective Date April 1, 2022

New York

9

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: X\_\_\_\_\_

I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). 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 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 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 #22-0041 Approval Date \_\_\_\_\_  
Supersedes #NEW Effective Date April 1, 2022

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

**SUMMARY**  
**SPA #22-0042**

This State Plan Amendment proposes to revise the State Plan to include routine patient costs for items and services furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials, including those beneficiaries enrolled in Alternative Benefit Plans, pursuant to the Center for Medicaid and CHIP Services requirements.

DRAFT





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NY - 22 - 0042

## Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

| Add | Eligibility Group:   | Enrollment is mandatory or voluntary? | Remove |
|-----|----------------------|---------------------------------------|--------|
| Add | <input type="text"/> | <input type="text"/>                  | Remove |

Enrollment is available for all individuals in these eligibility group(s).

### Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20181119



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NY - 22 - 0042

**Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The state first chose the Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program as the benchmark plan and compared it to the Essential Health Benefits and to the Medicaid State Plan. The Medicaid State Plan covers all the benefits in the benchmark plan except chiropractic services. The state is proposing to substitute personal care services from the Medicaid State Plan for this benchmark covered benefit. In addition to EHBs, the ABP includes the 1937 covered benefits in the Medicaid State Plan.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: - - -

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

### Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
  - The state/territory offers benefits based on the approved state plan.
  - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
    - The state/territory offers the benefits provided in the approved state plan.
    - Benefits include all those provided in the approved state plan plus additional benefits.
    - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
    - The state/territory offers only a partial list of benefits provided in the approved state plan.
    - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

### Selection of Base Benchmark Plan



# Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.  
The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NY - 22 - 0042

## Alternative Benefit Plan Cost-Sharing

**ABP4**

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

Existing state plan cost-sharing rules apply to the Adult Group the same as applied to all other Medicaid populations.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NY - 22 - 0042

|                             |             |
|-----------------------------|-------------|
| <b>Benefits Description</b> | <b>ABP5</b> |
|-----------------------------|-------------|

The state/territory proposes a "Benchmark-Equivalent" benefit package.

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

The Alternative Benefit Plan will include all mandatory and optional benefits defined in the New York Medicaid State Plan under the categorically needy population designation (3.1A).  
Utilization thresholds and authorization requirements which apply to the fee-for-service delivery system do not apply to managed care service delivery.

DRAFT



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Physician services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Services include acupuncture services provided by a licensed physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, 5(a) physician services whether furnished in the office, the patient's home, a hospital or elsewhere. Includes services physician directed mental health and substance use disorder services.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Includes ambulatory surgical centers, free standing clinic, health center and renal dialysis services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, 2(a)(d)

Benefit Provided:

Medical Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Services provided by licensed practitioners within the scope of their practice as defined by state law. Includes Cognitive Rehabilitative Therapy (CRT) provided by licensed providers.



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, 6(a,b,d) includes; nurse, podiatrist, psychologist, social worker, nutritionist, physician assistant, nurse practitioner and other licensed medical service providers.

Benefit Provided:

Clinic services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

no limitation if medically necessary

Duration Limit:

benefit year

Scope Limit:

Includes specialty clinic services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, (9)

Clinic services provided to Medicaid recipients enrolled in managed care plans are exempt from the NYS Utilization Threshold program. Individuals in the new adult group will be enrolled in managed care plans. This population will not be subject to the service limits defined in the UT Program.

Medicaid enrollees who access their covered benefits via the Fee-For-Service delivery system are subject to service limits for non-exempt clinic services as defined in the NYS Medicaid Utilization Threshold (UT) Program. The UT Program places limits on the number of non-exempt clinic services a Medicaid member may receive in a benefit year. These service limits are established based on each member's clinical information. This information includes diagnoses, procedures, prescription drugs, age and gender. As a result, most Medicaid members have clinically appropriate service limit levels and will not need additional services authorized through the Threshold Override Application (TOA) process. Medicaid enrollees may receive services in excess of the UT Program limits upon the request of the licensed provider for additional services and the submission of documentation supporting the need for continued medical care above the threshold limit. Non-exempt clinic services may be provided to an enrollee who has exceeded the threshold without a request for additional services submitted by the licensed provider (outside the TOA process) in the following instances: immediate/urgent need, services rendered in retroactive period, emergency care, member has temporary Medicaid, request from county for second opinion to determine if member can work, or a request for UT override is pending. These exemptions along with the TOA process ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater. Clinic services, by specialty code that are subject to the UT Program threshold (non-exempt) in the FFS delivery system are: 321, 901, 902, 903, 905, 909, 914 THRU 917, 919 THRU 921, 923 THRU 933, 935, 950 THRU 958, 965, 966, 999. For code definitions see: DATA DICTIONARY, NEW YORK STATE DEPARTMENT OF HEALTH Office of Health Insurance Programs, Provider Network Data System (PNDS), Version 6.7 revised (January 2014)

Clinic services exempt from the UT Program: pediatric general medicine and specialties, child teen health program (CTHP), school supportive health services program, dialysis, oncology, OPWDD clinic treatment and specialty programs, TB/Directly Observed Therapy, Prenatal Care.

Benefit Provided:

Hospice Services

Source:

State Plan 1905(a)

Remove





# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Services are palliative in nature, include supportive medical, social, emotional and spiritual services to terminally ill persons as well as emotional support for family members. Services may be delivered at home, nursing home or hospice residence.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, (18)  
Hospice services are provided to an individual who has been certified (diagnosed) by a physician as being terminally ill, with a life expectancy of approximately twelve months or less. Services include curative treatment for children under age 21.  
Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.

Benefit Provided:

Personal care services - provided in the home

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

In-home and community services prescribed in accordance with a plan of treatment, provided by a qualified person under supervision of a registered nurse. Attendant services and supports to assist in accomplishing (ADLs) and health related tasks.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A.(26)

Benefit Provided:

Other laboratory and x-ray services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

Includes diagnostic radiology, diagnostic ultrasound, nuclear medicine, radiation oncology services and magnetic resonance imaging (MRI) performed upon the order of a physician or qualified licensed provider.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (3)  
18 NYCRR 505.17(c)  
Certain radiology services require prior authorization.

Benefit Provided:

Abortion Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Services, drugs and supplies related to abortion when the life of the mother would be endangered if the fetus were carried to term or when pregnancy is a result of an act of rape or incest.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid State Plan 3.1A (20) Covered services for pregnant women

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

|   |                          |        |
|---|--------------------------|--------|
| Benefit Provided:   | Source:                  | Remove |
| Other medical services - emergency hospital   | State Plan 1905(a)       |        |
| Authorization:  | Provider Qualifications: |        |
| None  | Medicaid State Plan      |        |
| Amount Limit:   | Duration Limit:          |        |
| No Limitations  | None                     |        |
| Scope Limit:  |                          |        |
| Procedures, treatments or services needed to evaluate or stabilize an emergency medical condition including psychiatric stabilization and medical detoxification from drugs or alcohol. |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |                          |        |
| Medicaid state plan attachment 3.1A 24(e)   |                          |        |

|   |                          |        |
|---|--------------------------|--------|
| Benefit Provided:   | Source:                  | Remove |
| Other medical services - emergency transportation   | State Plan 1905(a)       |        |
| Authorization:  | Provider Qualifications: |        |
| None  | Medicaid State Plan      |        |
| Amount Limit:   | Duration Limit:          |        |
| No Limitations  | None                     |        |
| Scope Limit:  |                          |        |
| Emergency ambulance transportation (incl. air ambulance) for the purpose of obtaining hospital services for a person suffering from a severe, life-threatening or potentially disabling condition which requires emergency services during transport. |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |                          |        |
| Medicaid state plan attachment 3.1A 24(a)   |                          |        |

Add



# Alternative Benefit Plan

## 3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (1) inpatient hospital services other than inpatient services provided in institutions for mental disease.

Benefit Provided:

Organ transplant services - inpatient hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Organ transplant services include transplant of the pancreas, kidneys, heart, lung, small intestine, liver, blood or marrow cell, cornea, single or double lobar lung.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan 3.1E

Organ transplant must be performed in a hospital approved by the Commissioner of Health and the hospital must be a member of the Organ Procurement and Transplantation Network approved by HHS.

Solid organ and cell transplant service covered in the New York Medicaid State Plan include the solid organ and cells covered in the BC/BS Federal Employee Standard Benefit Plan.

Benefit Provided:

Hospice Care - Inpatient

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Services delivered in an inpatient setting that are palliative in nature, include supportive medical,



# Alternative Benefit Plan

social, emotional and spiritual services to terminally ill persons as well as emotional support for family members.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, (18)

Hospice services are provided to an individual who has been certified (diagnosed) by a physician as being terminally ill, with a life expectancy of approximately twelve months or less. Services include curative treatment for children under age 21.

Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.

Add

DRAFT



# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Physician services - Obstetrical and Maternal  | State Plan 1905(a)       |        |
| Authorization:   | Provider Qualifications: |        |
| None   | Medicaid State Plan      |        |
| Amount Limit:  | Duration Limit:          |        |
| None Limitations   | None                     |        |
| Scope Limit:   |                          |        |
| None   |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: |                          |        |
| Medicaid state plan attachment 3.1A 5(a)   |                          |        |

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Inpatient hospital - Obstetrical and Maternal  | State Plan 1905(a)       |        |
| Authorization:   | Provider Qualifications: |        |
| None   | Medicaid State Plan      |        |
| Amount Limit:  | Duration Limit:          |        |
| No Limitations   | Nope                     |        |
| Scope Limit:   |                          |        |
| None   |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: |                          |        |
| Medicaid state plan attachment 3.1A (1)  |                          |        |

|   |                          |        |
|---|--------------------------|--------|
| Benefit Provided:   | Source:                  | Remove |
| Nurse-midwife services  | State Plan 1905(a)       |        |
| Authorization:  | Provider Qualifications: |        |
| None  | Medicaid State Plan      |        |
| Amount Limit:   | Duration Limit:          |        |
| No Limitations  | None                     |        |
| Scope Limit:  |                          |        |
| Includes the management of normal pregnancy, childbirth and postpartum care as well as primary preventive reproductive health care to healthy women. Includes newborn evaluation, resuscitation and referral for infants. |                          |        |



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (17)  
Care may be provided on an inpatient or outpatient basis including in a birthing center or in the patient's home.

Add

DRAFT



# Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

|   |                          |        |
|---|--------------------------|--------|
| Benefit Provided:   | Source:                  | Remove |
| Inpatient hospital services - MH and SUD  | State Plan 1905(a)       |        |
| Authorization:  | Provider Qualifications: |        |
| None  | Medicaid State Plan      |        |
| Amount Limit:   | Duration Limit:          |        |
| No Limitations  | None                     |        |
| Scope Limit:  |                          |        |
| Medically supervised inpatient services to treat persons with mental illness and/or substance use disorders.  |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |                          |        |
| Medicaid state plan attachment 3.1A (1)<br>Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.   |                          |        |
| Benefit Provided:   | Source:                  | Remove |
| Medical care provided by licensed providers   | State Plan 1905(a)       |        |
| Authorization:  | Provider Qualifications: |        |
| None  | Medicaid State Plan      |        |
| Amount Limit:   | Duration Limit:          |        |
| No Limitations  | None                     |        |
| Scope Limit:  |                          |        |
| Includes the medically necessary services of licensed; clinical psychologists, social workers, pharmacists, nurse practitioners and other providers of medically necessary services. Includes Cognitive Rehabilitative Therapy by licensed providers. |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |                          |        |
| Medicaid state plan 3.1A 6(d)<br>Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.   |                          |        |
| Benefit Provided:   | Source:                  | Remove |
| Clinic services   | State Plan 1905(a)       |        |
| Authorization:  | Provider Qualifications: |        |
| None  | Medicaid State Plan      |        |





# Alternative Benefit Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Includes MH Continuing Day Treatment Programs, MH Continuing Treatment Programs, Substance Use Disorder Treatment Programs, Methadone Maintenance Treatment Programs, Developmental Disability Clinic Treatment and other specialty treatment programs.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (9) Clinic services listed above are claimed under the clinic category in the NY Medicaid State plan. Clinic services for developmental disability specialty, MMTP, alcohol/SUD treatment, mental health, are exempt from the NYS Utilization Threshold program. Physician services in the managed care delivery system are exempt from the UT program. Clinic services are provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Benefit Provided:

Physician Services - MH and SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A, 5(a) physician services whether furnished in the office, the patient's home, a hospital or elsewhere for treatment of mental health and substance use disorders. Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Add



# Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Medicaid state plan 3.1A (12)

The State of New York's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.

DRAFT



# Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Physical therapy - rehabilitative/habilitative   | Secretary-Approved Other |        |
| Authorization:   | Provider Qualifications: |        |
| Prior Authorization  | Medicaid State Plan      |        |
| Amount Limit:  | Duration Limit:          |        |
| No Limitations   | None                     |        |
| Scope Limit:   |                          |        |
| Services provided by a physical therapist for the maximum reduction of physical disability and restoration to the patient's best functional level. Habilitative services are provided to the patient to acquire a skill and avert the loss of functions. |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:   |                          |        |
| Medicaid state plan attachment 3.1 A (11) (a)  |                          |        |

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Occupational therapy - rehabilitative/habilitative   | Secretary-Approved Other |        |
| Authorization:   | Provider Qualifications: |        |
| Prior Authorization  | Medicaid State Plan      |        |
| Amount Limit:  | Duration Limit:          |        |
| No Limitations   | None                     |        |
| Scope Limit:   |                          |        |
| Services provided by an occupational therapist for the maximum reduction of physical disability and restoration to the patients best functional level . Habilitative services are provided to acquire a skill and avert the loss of functions. |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:   |                          |        |
| Medicaid state plan attachment 3.1A (11) (b)   |                          |        |

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:                        | Source:                  | Remove |
| Speech and Language Services - rehab/hab | Secretary-Approved Other |        |
| Authorization:                           | Provider Qualifications: |        |
| Prior Authorization                      | Medicaid State Plan      |        |



# Alternative Benefit Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Services provided by a speech -language pathologist for the maximum reduction of physical disability and restoration to the best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (11) (c)

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Includes nursing services, physical therapy, occupational therapy, or speech pathology, audiology and health aides services supervised by a registered nurse or therapist.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A 7(a)

Benefit Provided:

Home Health Services - Supplies and Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Medical necessary supplies, equipment and appliances, suitable for use in the home prescribed by a physician, consistent with 440.70. Includes durable medical equipment.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A 7(c)



# Alternative Benefit Plan

|  |  |               |
|--|--|---------------|
| <b>Benefit Provided:</b><br>Hearing aid services and products  | <b>Source:</b><br>State Plan 1905(a)                   | <b>Remove</b> |
| <b>Authorization:</b><br>None  | <b>Provider Qualifications:</b><br>Medicaid State Plan |               |
| <b>Amount Limit:</b><br>No Limitations   | <b>Duration Limit:</b><br>None                         |               |
| <b>Scope Limit:</b><br>Audiology services include audiometric exam and testing, hearing aid evaluation and prescription.<br>Hearing aid services include selecting, fitting and dispensing hearing aids, batteries and repair. |  |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br>Medicaid state plan attachment 3.1A 13(d)   |  |               |
| <b>Benefit Provided:</b><br>Hearing Services   | <b>Source:</b><br>State Plan 1905(a)                   | <b>Remove</b> |
| <b>Authorization:</b><br>None  | <b>Provider Qualifications:</b><br>Medicaid State Plan |               |
| <b>Amount Limit:</b><br>No Limitations   | <b>Duration Limit:</b><br>None                         |               |
| <b>Scope Limit:</b><br>Audiology services and hearing evaluations conducted by a licensed audiologist. Hearing tests are performed for diagnostic as well as rehabilitative purposes.  |  |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br>Medicaid state plan attachment 3.1A 13(d)   |  |               |
| <b>Add</b>   |  |               |



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

All laboratory examinations, which must be medically necessary and related to the specific needs, complaints, or symptoms of the patient, require written order of a physician or qualified practitioner.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A 3

Utilization Thresholds do not apply to services otherwise subject to thresholds when provided as managed care services furnished by or through a managed care program qualified by the NYS Department of Health to persons enrolled in and receiving medical care from such program.

Add

DRAFT



# Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

|   |   |                                       |
|---|---|---------------------------------------|
| <b>Benefit Provided:</b><br><input type="text" value="Physician and licensed provider services"/> | <b>Source:</b><br><input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
|   |   | <input type="button" value="Add"/>    |

DRAFT



# Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Early and periodic screening, diagnostic and treatment services for individuals under 21 years and treatment of conditions found. No limitation in scope of benefit.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid state plan attachment 3.1A (4) (b)

Add

DRAFT





# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark Collapse All

|  |  |                                       |
|--|--|---------------------------------------|
| <p>Other Base Benefit Provided:</p> <input type="text"/> | <p>Source:</p> <input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
|  |  | <input type="button" value="Add"/>    |

DRAFT



# Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

|  |  |                                       |
|--|--|---------------------------------------|
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Chiropractic services"/> | Source:<br><input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
|--|--|---------------------------------------|

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Personal care services will substitute for adult chiropractic services covered in the Standard BC/BS Federal Employee Benefit.  
Personal care services are covered in the New York Medicaid state plan attachment 3.1A (26)  
EHB 1

|   |  |                                       |
|---|--|---------------------------------------|
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Benefit Provided: Outpatient Surgery &amp; diagnostics"/> | Source:<br><input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
|---|--|---------------------------------------|

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient surgery and related diagnostics is a duplication of outpatient hospital services covered in the New York Medicaid State Plan.  
EHB 1 - Ambulatory Services

|   |  |                                       |
|---|--|---------------------------------------|
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Benefit Provided: Physician services"/> | Source:<br><input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
|---|--|---------------------------------------|

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Physician services is a duplication of physician services covered in the New York Medicaid State Plan.  
EHB 1 - Ambulatory services

|  |  |                                       |
|--|--|---------------------------------------|
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Benefit Provided: Routine immunizations"/> | Source:<br><input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
|--|--|---------------------------------------|

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine immunizations available at participating retail pharmacy is a duplication of prescription drug services covered under the New York Medicaid State Plan.  
EHB 6 - Prescription drugs

|  |  |                                       |
|--|--|---------------------------------------|
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Benefit Provided: Podiatry services"/> | Source:<br><input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
|--|--|---------------------------------------|

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Podiatry services is a duplication of medical care provided by licensed practitioners -podiatrist, covered in the New York Medicaid State Plan.  
EHB 1 - Ambulatory services



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Benefit Provided: Hospice Services - ambulatory

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Hospice services is a duplication of Hospice Services covered in the New York Medicaid State Plan. Hospice Service may be delivered ambulatory or non-inpatient setting.  
EHB 1 - Ambulatory services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Acupuncture services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Acupuncture services is a duplication of acupuncture services provided by a licensed physician covered in the New York Medicaid State Plan.  
EHB 1 - Ambulatory Services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Medical emergency facility svcs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Medical emergency facility services is a duplication other medical services - emergency hospital services covered in the New York Medicaid State Plan.  
EHB 2 - Emergency services

Base Benchmark Benefit that was Substituted:

Benefit provided: Medical emergency professional

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Medical emergency professional services is a duplication of physician services and medical care provided by licensed practitioners covered in the NYS Medicaid State Plan.  
EHB 1- Ambulatory service

Base Benchmark Benefit that was Substituted:

Benefit Provided: Prescription drug benefit

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Prescription drug benefit is a duplication of drugs prescribed by a physician or licensed provider covered in the New York Medicaid State Plan.  
EHB 6 - Prescription drugs



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Benefit Provided: Well child care to age 22

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Well child care to age 22, is a duplication of EPSDT services for persons < 21yrs and preventive services for persons age 21 -22 covered in the New York State Plan  
EHB 10 - Pediatric services  
EHB 9 - Preventive and wellness services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Bright Futures preventive

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Bright futures preventive services are a duplication of preventive services covered in the New York Medicaid State Plan.  
EHB 9 - Preventive and wellness services

Base Benchmark Benefit that was Substituted:

Benefit provided: Routine physical exam

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine physical exams is duplication of routine physical exam as a preventive services which is covered in the New York Medicaid State Plan.  
EHB 9 - Preventive services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Routine laboratory tests

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine laboratory tests is a duplication of laboratory services covered in the New York Medicaid State Plan.  
EHB 8 - Laboratory services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Routine hearing screening

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine hearing screening services is a duplication of hearing services covered in the New York Medicaid State Plan.  
EHB 7 - Rehabilitative and habilitative



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Benefit Provided: Pediatric oral exam

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Pediatric oral exam is a duplication of pediatric dental services covered with EPSDT in the New York Medicaid State Plan.  
EHB 10 - Pediatric services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Cognitive rehabilitative therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Cognitive rehabilitative therapy is a duplication of physician services, services provided by licensed practitioners and services provided by a physical therapist, occupational therapist or speech therapist in the Medicaid State Plan. CRT encompasses an array of services provided by physicians and licensed practitioners with different specialties in varied medical settings. The NY Medicaid State Plan provides a greater benefit for therapy services due to no limitations on amount, duration and scope of CRT coverage under both medical and behavioral therapy.  
EHB 1  
EHB 5  
EHB 7

Base Benchmark Benefit that was Substituted:

Benefit Provided: Durable Medical Equipment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Durable Medical Equipment is a duplication of home health services - supplies and equipment covered in the NYS Medicaid State Plan.  
EHB 7 - Rehabilitation and Habilitation services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Hearing tests and hearing aids

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Hearing tests and hearing aids is a duplication of audiology and hearing aid services covered in the New York Medicaid State Plan.  
EHB 7 - Rehabilitation and Habilitation services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Physician care delivery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Physician care including delivery, pre and post-natal and postpartum care are a duplication physician



# Alternative Benefit Plan

services covered in the New York Medicaid State Plan.

EHB 4 - Maternity and newborn care

Base Benchmark Benefit that was Substituted:

Benefit Provided: Inpatient hospital maternity

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Inpatient hospital maternity and physician care is a duplication of inpatient hospital services and physician services covered in the New York Medicaid State Plan. Includes newborn examination and screening prior to discharge from hospital or birthing center. EHB 4 - Maternity and newborn care

Base Benchmark Benefit that was Substituted:

Benefit Provided: Inpatient hospital room/board

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Inpatient room and board and other inpatient services is a duplication of inpatient hospital services covered in the New York Medicaid State Plan.  
EHB 3 - Hospitalization

Base Benchmark Benefit that was Substituted:

Benefit Provided: Diagnostic, screening preventive

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Diagnostic, screening and preventive services is a duplication of diagnostic, screening and preventive services covered in the New York Medicaid State Plan.  
EHB 9- Preventive and wellness services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Outpatient services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient services including medical emergency care is a duplication of physician services, clinic services, outpatient hospital services covered in the New York Medicaid State Plan.  
EHB 1- Ambulatory Care

Base Benchmark Benefit that was Substituted:

Benefit Provided: Organ transplant- hospital

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Organ transplant inpatient hospital services are a duplication of organ transplant-inpatient hospital services covered in the New York Medicaid State Plan. The solid organs, blood and cells covered for transplant in the BC/BS FEBC are covered in the Medicaid State Plan.



# Alternative Benefit Plan

EHB 3 - Hospitalization

Base Benchmark Benefit that was Substituted:

Benefit Provided: MH and SUD inpatient hospital

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Mental health and substance use disorder inpatient hospital services are a duplication of inpatient hospital services MH and SUD covered in the NYS Medicaid State Plan.  
EHB 5 - Mental Health and Substance Use Disorder Services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Outpatient MH/SUD facility care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient MH/SUD facility care is a duplication of physician services, medical care provided by licensed practitioners and clinic services covered in the New York Medicaid State Plan.  
EHB 5 - Mental Health and Substance Use Disorder Services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Inpatient professional MH/SUD

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Inpatient professional MH/SUD care is a duplication of physician services and medical care provided by licensed practitioners covered in the New York Medicaid State Plan.  
EHB 5 - Mental Health and Substance Use Disorder Services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Professional outpatient MH/SUD

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Professional outpatient MH/SUD care is a duplication of physician services, medical care provided by licensed practitioners and clinic services covered in the New York Medicaid State Plan.  
EHB 5 - Mental Health and Substance Use Disorder Services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Routine dental for children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Routine dental services for children is a duplication of EPSDT services covered in the New York Medicaid State Plan.  
EHB 10 - Pediatric Services



# Alternative Benefit Plan

|   |                           |        |
|---|---------------------------|--------|
| Base Benchmark Benefit that was Substituted:<br>Benefit Provided: Diagnostic tests  | Source:<br>Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:<br>Diagnostic tests including radiology and laboratory services is a duplication of other laboratory and x-ray services covered in the New York Medicaid State Plan.<br>EHB 1 - Ambulatory Patient Services |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Benefit Provided: Emergency transportation  | Source:<br>Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:<br>Emergency transportation is a duplication of other medical services-emergency transportation, covered in the New York Medicaid state plan.<br>EHB 2 - Emergency services                                 |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Benefit Provided: Licensed provider services  | Source:<br>Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:<br>Medical services provided by licensed providers is a duplication of medical care provided by licensed practitioners covered in the New York Medicaid State Plan.<br>EHB 1 - Ambulatory Care              |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Benefit Provided: IP professional care- maternity   | Source:<br>Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:<br>Maternity services provided by inpatient professionals is a duplication of Nurse-midwife services covered in the New York Medicaid State Plan.<br>EHB 4 Maternity and Newborn Care                       |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Benefit: Freestanding Ambulatory Facility Services  | Source:<br>Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:<br>Freestanding Ambulatory Facility Services is a duplication of clinic services covered in the New York Medicaid State Plan.<br>EHB 1 - Ambulatory Care  |                           |        |





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Benefit Provided: Hospice Care - Inpatient

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Hospice Care-Inpatient is a duplication of the Inpatient Hospice services covered in the New York Medicaid State Plan.  
EHB 3 - Hospitalization

Base Benchmark Benefit that was Substituted:

Benefit Provided: Abortion services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Abortion services is a duplication of abortion services covered in the New York State Plan. Abortion services, drugs and supplies related to abortion are covered in the New York State Plan when the life of the mother would be endangered if the fetus were carried to term or when pregnancy is a result of an act of rape or incest.  
EHB 1- Ambulatory services

Base Benchmark Benefit that was Substituted:

Benefit: Physical Therapy - rehab/habilitative

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Physical therapy services in the BC/BS FEBP is a duplication of services covered in the secretary approved physical therapy benefit in the New York State Plan.  
EHB 7- Rehabilitative and Habilitative services

Base Benchmark Benefit that was Substituted:

Benefit: Occupational therapy-rehab/habilitative

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Occupational therapy services in the BC/BS FEBP is a duplication of services covered in the secretary approved occupational therapy benefit in the New York State Plan.  
EHB 7 - Rehabilitative and Habilitative services

Base Benchmark Benefit that was Substituted:

Benefit: Speech and Language therapy- rehab/hab

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Speech and language therapy services in the BC/BS FEBP are a duplication of services covered in the secretary approved speech therapy benefit in the New York State Plan.  
EHB 7 - Rehabilitative and Habilitative



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Benefit Provided: Home health care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Home health care covered in the BC/BS FEBP is a duplication of home health services covered in the New York Medicaid State Plan. The BC/BS FEBP Home Health Care benefit covers home nursing care for two (2) hours per day when a registered nurse (R.N.) or licensed practical nurse (L.P.N.) provides the services; and a physician orders the care. The BC/BS FEBP home nursing care benefit is limited to 50 visits per person, per calendar year. The New York State Plan Home Health Services benefit exceeds the BC/BS benefit in services covered and duration of care, as medically needed.  
EHB 7 - Rehabilitative and Habilitative services

Add

DRAFT



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Wellness Incentives

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

These features in the BC/BS FEHB plan are essentially monetary rewards and are not incentives that have a relationship to health/wellness.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Adult routine dental services

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

This is not an EHB for the new adult group as it is an excepted benefit.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Routine Vision Services

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

This is not an EHB for the new adult group as it is an excepted benefit.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Healthy Newborn visits and screening

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

This is not an EHB for the new adult group as it is an excepted benefit claimed under the child's eligibility.

Add



# Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

|  |   |        |
|--|---|--------|
| Other 1937 Benefit Provided:<br>Non-emergency transportation   | Source:<br>Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization:<br>Prior Authorization                          | Provider Qualifications:<br>Medicaid State Plan                   |        |
| Amount Limit:<br>No Limitations                                | Duration Limit:<br>None   |        |
| Scope Limit:<br>Transportation to medically necessary services |   |        |
| Other:<br>Medicaid State Plan 3.1A (24)                        |   |        |
|  |   |        |

|  |   |        |
|--|---|--------|
| Other 1937 Benefit Provided:<br>Intermediate Care Facility services  | Source:<br>Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization:<br>Concurrent Authorization   | Provider Qualifications:<br>Medicaid State Plan                   |        |
| Amount Limit:<br>No Limitations  | Duration Limit:<br>None   |        |
| Scope Limit:<br>Intermediate Care Facility services comprehensive and individualized health care and rehabilitation services to individuals with intellectual disabilities (IID) to promote functional status and independence.  |   |        |
| Other:<br>Medicaid State Plan 3.1 A (15) (a)(b)<br>Including such services in a public institution (or district part thereof) for the developmentally disabled or persons with related conditions.<br>Other than such services provided in an institution for mental diseases. |   |        |
|  |   |        |

|   |   |        |
|---|---|--------|
| Other 1937 Benefit Provided:<br>Nursing Facility Services   | Source:<br>Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization:<br>Concurrent Authorization  | Provider Qualifications:<br>Medicaid State Plan                   |        |
| Amount Limit:<br>No Limitations   | Duration Limit:<br>see other below                                |        |
| Scope Limit:<br>Services which help meet both the medical and non-medical needs of people with a chronic illness or |   |        |
|   |   |        |
|   |   |        |



# Alternative Benefit Plan

disability who cannot care for themselves for long periods of time. Other than services provided in an institution for mental diseases.

Other:

Medicaid State Plan 3.1 A (4)(a)

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitatons

Duration Limit:

During pregnancy + 60 days postpartum

Scope Limit:

Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to pregnancy.

Other:

Medicaid State Plan 3.1A (20)

Other 1937 Benefit Provided:

Private Duty Nursing services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Medically necessary nursing services, may be intermittent, part-time or continuous and must be provided in the home under the direction of a physician.

Other:

Medicaid State Plan 3.1A (8)

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Services provided as defined by the Rural Health Clinic Services Act of 1977 (Public Law 95-210).

Other:

Other 1937 Benefit Provided:

Federally Qualified Health Clinic (FQHC)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Covered Federally Qualified Health Center (FQHC) Services as defined by Section 1861(aa) of the Social Security Act (the Act) was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990.

Other:

Medicaid state plan attachment 3.1A.2(c)  
Includes both FQHCs receiving a grant under Section 330 of the Public Health Service (PHS) Act and FQHCs not grant funded under Section 330 of the PHS, known as FQHC (look-alike) clinics based on the recommendation of the Health Resources and Services Administration.

Other 1937 Benefit Provided:

Routine adult dental services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Preventive, prophylactic and other routine dental care, services, supplies and dental prosthetics required to alleviate a serious health condition.

Other:

Medicaid State plan 3.1A (10) Dental Services  
Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit. All orthodontia is covered as a Medicaid FFS benefit.



# Alternative Benefit Plan

|  |  |               |
|--|--|---------------|
| <p>Other 1937 Benefit Provided:</p> <p>Family Planning Services</p>  | <p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization:</p> <p>Other</p>   | <p>Provider Qualifications:</p> <p>Medicaid State Plan</p>                   |               |
| <p>Amount Limit:</p> <p>No Limitations</p>   | <p>Duration Limit:</p> <p>None</p>   |               |
| <p>Scope Limit:</p> <p>The offering, arranging and furnishing of those health services which enable enrollees, including minors who may be sexually active, to prevent or reduce the incidence of unwanted pregnancy. Fertility services are limited .</p>   |  |               |
| <p>Other:</p> <p>Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit. Fertility services are limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs.</p> |  |               |
| <p>Other 1937 Benefit Provided:</p> <p>Prosthetic/Orthotic devices, Orthopedic footwear</p>  | <p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization:</p> <p>Other</p>   | <p>Provider Qualifications:</p> <p>Medicaid State Plan</p>                   |               |
| <p>Amount Limit:</p> <p>No Limitations</p>   | <p>Duration Limit:</p> <p>None</p>   |               |
| <p>Scope Limit:</p> <p>Prosthetic appliances or devices which replace or perform the function of any missing part of the body. Orthotic appliances or devices used to support a weak or deformed body part or to restrict or eliminate motion in a body part.</p>  |  |               |
| <p>Other:</p> <p>Orthopedic footwear includes shoes, shoe modifications or additions used to correct, accommodate or prevent a physical deformity or range of motion malfunction.</p>  |  |               |
| <p>Other 1937 Benefit Provided:</p> <p>Personal Emergency Response Systems (PERS)</p>  | <p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization:</p> <p>Prior Authorization</p>   | <p>Provider Qualifications:</p> <p>Medicaid State Plan</p>                   |               |
| <p>Amount Limit:</p> <p>No Limitations</p>   | <p>Duration Limit:</p> <p>None</p>   |               |
| <p>Scope Limit:</p> <p>An electronic device which enables high risk patients to secure help in the event of a physical, emotional or</p>   |  |               |



# Alternative Benefit Plan

environmental emergency. Usually connected to the patient's phone, will signal a response center when help button is activated.

Other:

Medicaid State Plan 3.1A (7)(c)

Other 1937 Benefit Provided:

Nurse Practitioner services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

All nurse practitioner specialties recognized under state law.

Other:

New York Medicaid State Plan 3.1A (23)

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Replacement of missing teeth or dentures

Duration Limit:

None

Scope Limit:

Removable replacement for missing teeth and surrounding tissues. Two types of dentures; complete and partial dentures. Services include replacement of dentures.

Other:

New York Medicaid State Plan 3.1A (12)(b)

Other 1937 Benefit Provided:

Eyeglasses and corrective lens

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit Plan

Amount Limit:

One pair or glasses or corrective lenses

Duration Limit:

every 24 months

Scope Limit:

Frames bearing lenses worn in front of the eyes or lenses worn on the eye normally used for vision correction.

Other:

New York Medicaid State Plan 3.1A (12)(d)  
Prior approval required for artificial eyes, certain special lenses and eye services.

Other 1937 Benefit Provided:

Optometrists' services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One examination including refraction

Duration Limit:

every 24 Months

Scope Limit:

Licensed practitioners trained in the health of the eyes and related structures, as well as vision, visual systems, and vision information processing.

Other:

New York Medicaid State Plan 3.1A (6)(b)

Other 1937 Benefit Provided:

Directly Observed Therapy - rehabilitative

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

None

Scope Limit:

Services to treat, control, monitor and measure Tuberculosis and other communicable diseases.

Other:

Medicaid State Plan 3.1A (13)(d)

Other 1937 Benefit Provided:

Health Home Services



# Alternative Benefit Plan

Source:

Remove

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

An inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for adults with chronic conditions.

Other:

Medicaid State Plan 1945, 3.11 A (H)

Other 1937 Benefit Provided:

Community First Choice - personal care services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Consumer controlled enhanced personal attendant services and supports that include; functional skills training, coaching and prompting the individual to accomplish the ADL, IADL and health-related skills.

Other:

Medicaid State Plan 1915(k), 3.1-A 3(d)(B), 3(d)(C)

Other 1937 Benefit Provided:

Rehabilitative Residential services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior deficits associated with the individual's mental disease.



# Alternative Benefit Plan

Other:

Medicaid State Plan 3.1 A (13)(d)

Rehabilitative residential services are provided to persons residing in community residences licensed by the NYS Office of Mental Health. Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Other 1937 Benefit Provided:

Routine Costs Associated with Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Routine patient costs associated with participation in qualifying clinical trials are covered in accordance with definitions set forth in Section 210 of the Consolidated Appropriations Act of 2021, amending section 1905(a) of the Social Security Act.

Other:

Assurances: Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

Add



# Alternative Benefit Plan

|   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) | Collapse All <input type="checkbox"/> |
|---|---------------------------------------|

### PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. 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 average 5 hours per response, 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.

V.20190808

DRAFT



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date:

Attachment 3.1-C-

## Benefits Assurances

ABP7

### EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.  Yes

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.
- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

### Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NY - 22 - 0042

## Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

## Managed Care Options

### Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

### Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The State has provided Medicaid recipients enrollment in managed care plans since 1997. At the time the Alternative Benefits Plan (ABP) was initiated, Medicaid Managed Care enrollment statewide was three million households. Another 400,000 adults were enrolled in managed care through an 1115 waiver program, Family Health Plus. Over 90 percent of Family Health Plus enrollees were eligible for Medicaid under the new eligibility levels and are already enrolled in managed care. The state anticipated that only 77,000 enrollees would be newly eligible statewide in the adult group. As such, there was no need for an implementation plan for member or provider outreach. The state engaged stakeholders in all aspects of the Affordable Care Act (ACA) implementation, including the Medicaid expansion and the ABP. Due to changes under the ACA, the Family Health Plus Program was eliminated on December 31, 2014. In April 2021, there were 5,066,688 enrollees in Medicaid Managed Care inclusive of the ABP.

### MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.



# Alternative Benefit Plan

- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

The Section 1115 demonstration Medicaid Redesign Team Waiver's transfer of authority advanced the statewide managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage to certain individuals who would otherwise be without health insurance.

## Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

## Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Traditional fee-for-service payment model. Providers are reimbursed at established rates for covered medically necessary services provided to enrollees prior to enrollment in managed care. Persons determined eligible for coverage have ten (10) days to select a health plan prior to auto assignment to a health plan. Enrollees may access state certified fee-for-service providers for medically necessary covered services not included in the managed care benefit package or not covered by the enrollee's health plan. These services are included in the "Additional Information: Fee For Service" section below. Managed care plans do not impose treatment limitations on MH/SUD services that are more restrictive than limitations defined in 3.1 A of the New York Medicaid state plan. MH and SUD benefits in the managed care benefit package are aligned with the state plan, in addition, the 1115 Medicaid Redesign Team Waiver authorizes demonstration-only MH and SUD benefits for managed care members.

## Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

All New York Medicaid Managed Care health plans provide members with a Member Handbook. The handbook explains the services covered by the health plan and the non-plan covered services that the enrollee must access via the fee for service delivery system. The New York Medicaid Managed Care Model Member Handbook is used by all participating health plans as an enrollee resource tool. Language in the handbook explains how to access both health plan covered services and services covered in the state plan that are not covered by the MMC plan contract; "Medicaid managed care provides a number of services you get in addition to those you get with regular Medicaid. [Insert Plan Name] will provide or arrange for most services that you will need. You can get a few services, however, without going through your PCP. These include emergency care; family planning/HIV testing and counseling; and specific self referral services, including those you can get from within the plan and some that you can choose to go to any Medicaid provider of the service."

There are medical services managed care enrollees must access via the FFS delivery system, as follows:

- A) Nursing Home Services - Services provided in a nursing home to an enrollee under age 21 who is determined by the LDSS to be in Long Term Placement Status.
- B) Emergency and Non-Emergency Transportation
- C) Mental Health Services
  - 1. Day Treatment Programs Serving Children
  - 2. Rehabilitation Services Provided to Residents of OMH Licensed Community Residences and Family Based Treatment



# Alternative Benefit Plan

Programs

- 3. Residential Treatment Facilities for Children and Youth
- D) SUD Services - Residential Rehabilitation Services for Youth (RRSY)
- E) OPWDD Services (Office of Persons with Developmental Disabilities)
  - 1. Long Term Article 16 Clinic Services
  - 2. Day Treatment
  - 3. Care Coordination Organization (CCO)
  - 4. Home and Community Based Services Waiver (HCBS)
- F) Other Non-Covered Services:
  - 1. The Early Intervention Program
  - 2. Preschool Supportive Health Services
  - 3. School Supportive Health Services
  - 4. School Based Health Centers

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20181119

DRAFT





# Alternative Benefit Plan

- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Employer Sponsored Insurance and Payment of Premiums

**ABP9**

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

Medicaid will pay the cost of employer sponsored insurance if it is cost effective. The scope of the employer sponsored benefit package is provided by the applicant. The employer's health plan must meet certain standards for covered benefits and costs. The state assesses cost effectiveness by comparing the ESI premium to the average Medicaid managed care rate which can vary by sex, age and location in the state. Medicaid fee-for-service will reimburse providers for any medically necessary service covered in the ABP that is not covered by the employer sponsored plan. No employer contribution is required.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

Section 4.22 C of the New York Medicaid State Plan defines the state method for determining the cost effectiveness of employer sponsored health insurance. ESI enrollees may access fee-for-service providers for medically necessary services covered in the Medicaid state plan that are limited by their employer sponsored benefit package. ESI enrollees are not enrolled in the NYS Medicaid Managed Care Program. All ESI enrollees receive an program guide that explains how to access medically necessary services via the FFS delivery system.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## General Assurances

ABP10

### Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

### Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Payment Methodology

ABP11

### Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, 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.

V.20130807

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

# 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

### Deferred Compensation Board

Pursuant to the provisions of 9 NYCRR, Section 9003.2 authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Wednesday, June 8, 2022 is soliciting proposals from Administrative Service Agencies and Financial Organizations to provide Administrative Services, Communication Services and Financial Guidance/Advice for the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto. A copy of the request for proposals may be obtained from Ben Taylor, Callan LLC, 600 Montgomery Street. San Francisco, CA 94111, (415) 974-5060, [taylorb@callan.com](mailto:taylorb@callan.com).

A copy of the RFP is also available on the Board's website: [www.deferredcompboard.ny.gov](http://www.deferredcompboard.ny.gov)

All proposals must be received electronically by Callan LLC no later than 5:00 p.m. CST on Monday, July 25, 2022. Additionally, a pdf copy must be sent to James Reeves at [james.reeves@nysdcp.com](mailto:james.reeves@nysdcp.com) by this date.

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions for beneficiaries in qualifying clinical trials enrolled in Alternative Benefit Plans (ABP). The following changes are proposed:

#### Non-Institutional Services

The following is a clarification to the March 30, 2022 noticed provision for beneficiaries in qualifying clinical trials enrolled in ABP.

With clarification, the Department assures access to early and periodic screening, diagnostic and treatment (EPSDT) services in compliance with § 440.345 will continue unchanged. Tribal consultation was conducted in compliance with 5006(e) of the American Recovery and Reinvestment Act of 2009.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

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

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

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

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

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

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

#### Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to establish and authorize payment for Nutrition Services provided to children/youth by providers licensed under Article 29-I.

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

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

### Deferred Compensation Board

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide international value equity investment management services for the International Equity Fund (the "Fund") investment option of the Plan. The objective of the Fund is to provide exposure to the broad international equity market. Qualified vendors that do not currently provide product capabilities to eVestment must submit product information to NEPC, LLC at the following e-mail address: [bvertucci@nepc.com](mailto:bvertucci@nepc.com). Please complete the submission of product information no later than 4:30 P.M. Eastern Time on June 29, 2022.

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 Uniform Code Variance/Appeal Petitions

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

2022-0104 Matter of MTA - NYC Transit, Two Broadway, New York, NY 10004, for a variance concerning safety requirements, including area of refuge, required number of exits, and exhaust discharge. Involved is an existing subterranean transit station, known

as the 68th Street-Hunter College Station, located at East 68th Street and Lexington Avenue, City of New York, Borough of Manhattan, State of New York.

2022-0171 Matter of Paul Davis Restoration, 1075 Buffalo Road, Rochester, NY 14624, for a variance concerning safety requirements, including basement ceiling height. Involved is an existing one-family dwelling located at 66 Carverdale Drive, Town of Brighton, County of Monroe, State of New York.

2022-0236 Matter of Thomas D. Armentano, 518 Backus Road, Webster, NY 14580, for a variance concerning safety requirements, including permanent barriers. Involved is an existing one-family dwelling located at 518 Backus Road, Town of Webster, County of Monroe, State of New York.

2022-0237 Matter of Justin Sudore, 743 Close Circle, Webster, NY 14580, for a variance concerning safety requirements, including permanent barriers. Involved is an existing one-family dwelling located at 743 Close Circle, Town of Webster, County of Monroe, State of New York.

2022-0241 Matter of Freier Building LLC, 119 Hinkleyville Road, Spencerport, NY 14559, for a variance concerning safety requirements, including required water supply. Involved is a one-family dwelling located at 1688 Clarkson Parma Town Line Road, Town of Parma, County of Monroe, State of New York.

2022-0267 Matter of Jeffrey Halsdofer, 1384 Meadow Breeze Lane, Webster, NY 14580, for a variance concerning safety requirements, including permanent barriers. Involved is an existing one-family dwelling located at 1384 Meadow Breeze Lane, Town of Webster, County of Monroe, State of New York.

## PUBLIC NOTICE

### Department of State Uniform Code Variance/Appeal Petitions

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

2022-0264 Matter of Elsasser Expediting Services, John Roy, 1134B, Route 25, Selden, NY 11784, for a variance concerning safety requirements, including the ceiling height and the height under a girder/soffit. Involved is an existing one-family dwelling located at 328 Miller Place Road, Miller Place, Town of Brookhaven, 11764, County of Suffolk, State of New York.

2022-0266 Matter of Thomas Sigismonti, 20 Cypress Street, Floral Park, NY 11001, for a variance concerning safety requirements, including the ceiling height and the height under a girder/soffit. Involved is an existing one-family dwelling located at 20 Cypress Street, Village of Floral Park, 11001, County of Nassau, State of New York.

## PUBLIC NOTICE

### Department of State Uniform Code Variance/Appeal Petitions

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

2022-0270 in the Matter of Get My Co Corp, Timothy Lener, 57 Wheeler Ave., Suite 203, Pleasantville, NY 10570, for a variance

**SUMMARY**  
**SPA #22-0043**

This State Plan Amendment proposes to reimburse Licensed Clinical Social Workers, licensed pursuant to Article 154 of the New York State Education law, to bill Medicaid directly for services provided within their scope of practice.

DRAFT





New York  
2(xv)(3)

**1905(a)(6): Medical Care, Or Any Other Type Of Remedial Care**  
**6d. Other Practitioner Services**

In accordance with § 42 CFR 440.60(a), Licensed Clinical Social Workers (LCSWs) are covered while acting within their scope of practice, and for services rendered by Licensed Master Social Workers (LMSWs), LCSW limited permit holders, and LMSW limited permit holders under the supervision of a New York State (NYS) licensed practitioner.

Additional information on limited permits may be found on the New York State Education (NYSED) web page, available at:

- <http://www.op.nysed.gov/prof/sw/part74.htm#lim>

The Medicaid fee schedule for LCSWs is effective for services provided on or after 4/1/2022. All rates are published online at:

- [https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician\\_Manual\\_Fee\\_Schedule\\_Sect2.xls](https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sect2.xls)

**Licensed Clinical Social Workers:**

Social work is a profession that helps individuals, families, and groups change behaviors, emotions, attitudes, relationships, and social conditions to restore and enhance their capacity to meet their personal and social needs.

Social workers are trained to provide a variety of services, ranging from psychotherapy to the administration of health and welfare programs. They work with human development and behavior, including the social, economic, and cultural systems in which people function.

The LCSW may provide all social work services, including clinical services such as the diagnosis of mental, emotional, behavioral, developmental, and addictive disorders, the development of treatment plans, and the provision of psychotherapy. Specific licensure requirements for LCSWs are contained in Title 8, Article 154, Section 7704 of New York State Education Law and Part 74 and Section 52.30 of the Regulations of the Commissioner of Education.

LCSWs may provide supervision of the clinical social work services provided by LMSWs, LCSW limited permit holders, and LMSW limited permit holders with respect to each Medicaid member. Supervision of these clinical social work services shall consist of contact between the supervising LCSW and the LMSW and/or limited permit holder (supervisee) during which:

- The supervisee apprises the supervisor of the diagnosis and treatment of each member;
- The supervisee's cases are discussed;
- The supervisor provides the supervisee with oversight and guidance in diagnosing and treating members;
- The supervisor regularly reviews and evaluates the professional work of the supervisee;  
and
- The supervisor provides at least one hour per week, or two hours every other week, of in-person individual or group clinical supervision, provided that at least two hours per month shall be individual clinical supervision.

TN #22-0043  
Supersedes TN #NEW

Approval Date \_\_\_\_\_  
Effective Date July 1, 2022

## New York

3

**1905(a)(6): Medical Care, Or Any Other Type Of Remedial Care**  
**AMOUNT, DURATION, AND SCOPE OF MEDICAL**  
**AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

**b. Optometrists' services.**

[X] Provided:            [ ] No limitations            [X] With limitations \*

**c. Chiropractors' services. (EPSDT only.)**

[X] Provided:            [ ] No limitations            [X] With limitations \*

[ ] Not Provided.

**d. Other practitioners' services.**

[X] Provided:            Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

**(i). Other Licensed Practitioner services. (EPSDT only.)**

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

**(ii). Licensed Care Social Worker (LCSW)**

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

**(iii). Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapists (LMHT)**

[X] Provided: Identified on attached sheet with description of limitations, if any.

[ ] Not Provided.

**7. Home health services.**

**a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

Provided:            [ ] No limitations            [X] With limitations \*

**b. Home health aide services provided by a home health agency.**

Provided:            [ ] No limitations            [X] With limitations \*

**c. Medical supplies, equipment, and appliances suitable for use in the home.**

Provided:            [ ] No limitations            [X] With limitations

\* Description provided on attachment.

TN #22-0043  
 Supersedes TN #19-0003

Approval Date \_\_\_\_\_  
 Effective Date July 1, 2022

New York  
2(xv)(3)

**1905(a)(6): Medical Care, Or Any Other Type Of Remedial Care**  
**6d. Other Practitioner Services**

In accordance with § 42 CFR 440.60(a), Licensed Clinical Social Workers (LCSWs) are covered while acting within their scope of practice, and for services rendered by Licensed Master Social Workers (LMSWs), LCSW limited permit holders, and LMSW limited permit holders under the supervision of a New York State (NYS) licensed practitioner.

Additional information on limited permits may be found on the New York State Education (NYSED) web page, available at:

- <http://www.op.nysed.gov/prof/sw/part74.htm#lim>

The Medicaid fee schedule for LCSWs is effective for services provided on or after 4/1/2022. All rates are published online at:

- [https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician\\_Manual\\_Fee\\_Schedule\\_Sect2.xls](https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Manual_Fee_Schedule_Sect2.xls)

**Licensed Clinical Social Workers:**

Social work is a profession that helps individuals, families, and groups change behaviors, emotions, attitudes, relationships, and social conditions to restore and enhance their capacity to meet their personal and social needs.

Social workers are trained to provide a variety of services, ranging from psychotherapy to the administration of health and welfare programs. They work with human development and behavior, including the social, economic, and cultural systems in which people function.

The LCSW may provide all social work services, including clinical services such as the diagnosis of mental, emotional, behavioral, developmental, and addictive disorders, the development of treatment plans, and the provision of psychotherapy. Specific licensure requirements for LCSWs are contained in Title 8, Article 154, Section 7704 of New York State Education Law and Part 74 and Section 52.30 of the Regulations of the Commissioner of Education.

LCSWs may provide supervision of the clinical social work services provided by LMSWs, LCSW limited permit holders, and LMSW limited permit holders with respect to each Medicaid member. Supervision of these clinical social work services shall consist of contact between the supervising LCSW and the LMSW and/or limited permit holder (supervisee) during which:

- The supervisee apprises the supervisor of the diagnosis and treatment of each member;
- The supervisee's cases are discussed;
- The supervisor provides the supervisee with oversight and guidance in diagnosing and treating members;
- The supervisor regularly reviews and evaluates the professional work of the supervisee;  
and
- The supervisor provides at least one hour per week, or two hours every other week, of in-person individual or group clinical supervision, provided that at least two hours per month shall be individual clinical supervision.

TN #22-0043  
Supersedes TN #NEW

Approval Date \_\_\_\_\_  
Effective Date July 1, 2022

New York  
1(a)(ii)(c)

**1905(a)(6): Medical Care, Or Any Other Type Of Remedial Care  
Licensed Clinical Social Workers (LCSWs)**

The state Medicaid program reimburses for services provided by a Licensed Clinical Social Worker (LCSW) operating within their scope of practice, and for services rendered by Licensed Master Social Workers (LMSWs), LCSW limited permit holders, and LMSW limited permit holders under the supervision of a New York State (NYS) licensed practitioner.

Additional information on limited permits may be found on the New York State Education (NYSED) web page, available at:

- <http://www.op.nysed.gov/prof/sw/part74.htm#lim>

The Medicaid fee schedule for LCSWs is effective for services provided on or after 4/1/2022. All rates are published online at:

- <https://itf.www.emedny.org/ProviderManuals/ClinicalSocWork/PDFS/ProcedureCodesFeeSchedule.pdf>

DRAFT

TN #22-0043

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

Supersedes TN #New

Effective Date July 1, 2022

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

**SUMMARY**  
**SPA #22-0044**

This State Plan Amendment proposes to increase Medicaid reimbursement for the assessment and delivery of medically necessary ABA services to Medicaid members. The current rate of reimbursement is \$29.00 per hour. An increase to \$76.31 per hour is proposed to incentivize ABA providers to enroll and participate in the Medicaid program resulting in increased access to ABA services for Medicaid members.

DRAFT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

Section 1905(a)(6): Medical Care, Or Any Other Type of Remedial Care

**Applied Behavior Analysis**

Effective for services on or after [October 1, 2019] April 1, 2022, rates established by the Commissioner of Health and approved by the Director of the Budget will reflect Applied Behavior Analysis (ABA) costs on a per hour basis when medically necessary ABA services have taken place.

Rates for the assessment and delivery of ABA services will be the amount billed by the provider not to exceed [ \$29.00 ] \$76.31 per hour. Services less than 60 minutes are not eligible for reimbursement.

DRAFT

TN #22-0044 Approval Date \_\_\_\_\_  
Supersedes TN #19-0046 Effective Date April 1, 2022



Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. “Applied behavior analysis” or “ABA” is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts’s Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

**SUMMARY**  
**SPA #22-0045**

This State Plan Amendment proposes to reimburse Licensed Mental Health Counselors and Licensed Marriage and Family Therapists licensed pursuant to Article 163 of the New York State Education law to bill Medicaid directly for services provided within their scope of practice.

DRAFT

New York  
2(xv)(4)

**1905(a)(6): Medical Care, Or Any Other Type of Remedial Care**  
**6d. Other Practitioner Services**

In accordance with § 42 CFR 440.60(a), the following licensed mental health practitioners are covered, as defined by New York State law: Licensed Mental Health Counselors (LMHCs) while acting within their scope of practice, and for services rendered by LMHC limited permit holders under the supervision of a LMHC, and Licensed Marriage and Family Therapists (LMFTs) while acting within their scope of practice, and for services rendered by LMFT limited permit holders under the supervision of a LMFT. Specific licensure requirements for LMHCs are contained in Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.32, Subpart 79-9, of the Regulations of the Commissioner of Education. Specific licensure requirements for LMFTs are contained in Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.33, Subpart 79-10, of the Regulations of the Commissioner of Education.

**Licensed Mental Health Counselors:**

LMHCs use assessment instruments, provide mental health counseling and psychotherapy, clinical assessment and evaluation, treatment planning and case management, prevention, discharge, and aftercare services. After identifying and evaluating mental health problems and related human development challenges, mental health counselors employ effective methods of counseling and psychotherapy to treat individuals with conditions that may include mood disorders including depression, anxiety disorders, substance abuse, sexual dysfunction, eating disorders, personality disorders, dementia and adjustment disorders.

LMHCs assist patients to develop skills and strategies to address issues such as parenting and career skills; problems in adolescent and family communication and functioning; couples, marital and relationship problems; and preventing the occurrence or re-occurrence of alcohol and substance abuse.

**Licensed Marriage and Family Therapists:**

LMFTs provide individual, couple, family, relational and group therapy. LMFTs treat a wide range of clinical problems including depression, marital problems, anxiety, nervous and mental disorders, as well as relationship, couple, family and child-parent problems. Marriage and family therapy is often brief and solution-focused, and it is designed to achieve specific therapeutic goals of individuals and families.

TN #22-0045  
Supersedes TN #NEW

Approval Date \_\_\_\_\_  
Effective Date July 1, 2022

New York  
2(xv)(4)

**1905(a)(6): Medical Care, Or Any Other Type of Remedial Care**  
**6d. Other Practitioner Services**

In accordance with § 42 CFR 440.60(a), the following licensed mental health practitioners are covered, as defined by New York State law: Licensed Mental Health Counselors (LMHCs) while acting within their scope of practice, and for services rendered by LMHC limited permit holders under the supervision of a LMHC, and Licensed Marriage and Family Therapists (LMFTs) while acting within their scope of practice, and for services rendered by LMFT limited permit holders under the supervision of a LMFT. Specific licensure requirements for LMHCs are contained in Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.32, Subpart 79-9, of the Regulations of the Commissioner of Education. Specific licensure requirements for LMFTs are contained in Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.33, Subpart 79-10, of the Regulations of the Commissioner of Education.

**Licensed Mental Health Counselors:**

LMHCs use assessment instruments, provide mental health counseling and psychotherapy, clinical assessment and evaluation, treatment planning and case management, prevention, discharge, and aftercare services. After identifying and evaluating mental health problems and related human development challenges, mental health counselors employ effective methods of counseling and psychotherapy to treat individuals with conditions that may include mood disorders including depression, anxiety disorders, substance abuse, sexual dysfunction, eating disorders, personality disorders, dementia and adjustment disorders.

LMHCs assist patients to develop skills and strategies to address issues such as parenting and career skills; problems in adolescent and family communication and functioning; couples, marital and relationship problems; and preventing the occurrence or re-occurrence of alcohol and substance abuse.

**Licensed Marriage and Family Therapists:**

LMFTs provide individual, couple, family, relational and group therapy. LMFTs treat a wide range of clinical problems including depression, marital problems, anxiety, nervous and mental disorders, as well as relationship, couple, family and child-parent problems. Marriage and family therapy is often brief and solution-focused, and it is designed to achieve specific therapeutic goals of individuals and families.

TN #22-0045  
Supersedes TN #NEW

Approval Date \_\_\_\_\_  
Effective Date July 1, 2022

New York  
1 (a) (ii) (d)

**1905(a)(6): Medical Care, Or Any Other Type of Remedial Care  
Licensed Clinical Social Workers (LCSWs)**

The state Medicaid program reimburses for services provided by a Licensed Mental Health Counselor (LMHC) operating within their scope of practice, and for services rendered by LMHC limited permit holders under the supervision of a LMHC.

Additional information on limited permits may be found on the New York State Education (NYSED) web page, available at:

- <http://www.op.nysed.gov/prof/sw/part74.htm#lim>

The Medicaid fee schedule for LMHCs is effective for services provided on or after 4/1/2022. All rates are published online at:

- [https://itf.www.emedny.org/ProviderManuals/LMHP/PDFS/LMHP\\_Procedure\\_Codes\\_Fee\\_Schedule.pdf](https://itf.www.emedny.org/ProviderManuals/LMHP/PDFS/LMHP_Procedure_Codes_Fee_Schedule.pdf)

**Licensed Marriage and Family Therapists**

The state Medicaid program reimburses for services provided by a Licensed Marriage and Family Therapist (LMFT) operating within their scope of practice, and for services rendered by LMFT limited permit holders under the supervision of a LMFT.

Additional information on limited permits may be found on the New York State Education (NYSED) web page, available at:

- <http://www.op.nysed.gov/prof/sw/part74.htm#lim>

The Medicaid fee schedule for LMFTs is effective for services provided on or after 4/1/2022. All rates are published online at:

- [https://itf.www.emedny.org/ProviderManuals/LMHP/PDFS/LMHP\\_Procedure\\_Codes\\_Fee\\_Schedule.pdf](https://itf.www.emedny.org/ProviderManuals/LMHP/PDFS/LMHP_Procedure_Codes_Fee_Schedule.pdf)

TN #22-0045

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

Supersedes TN #NEW

Effective Date July 1, 2022

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

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

**Non-Institutional Services**

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

Effective on or after April 1, 2022, this notice proposes to establish Medical Assistance coverage and rates of payment for crisis intervention services to stabilize and treat mental health and substance use disorder conditions, provided by mobile crisis teams and residential crisis settings for adults, as well as crisis stabilization centers for adults and children.

More specifically, crisis intervention services provided by multidisciplinary mobile crisis teams in accordance with Section 9813 of the American Rescue Plan Act provide an array of crisis intervention services, including telephonic triage for both adults and children, mobile crisis response, and mobile or telephonic follow-up services, in a variety of settings in the community.

Crisis intervention services provided in crisis stabilization centers will provide urgently needed immediate evaluation, treatment, and support services, including coordination with other mental health and substance use services, for children and adults experiencing or at risk of a mental health or substance use disorder crisis.

Crisis intervention services will also be provided in residential crisis settings, which are short-term, voluntary, non-IMD, sub-acute settings, and address a spectrum of acuity levels in which an individual may present in a mental health or substance use disorder crisis. Services stabilize crisis symptoms and restore functionality to enable transition back to the community and to prevent or reduce future psychiatric crises.

The estimated annual net aggregate increase in gross Medicaid expenditures related to this State Plan Amendment for State Fiscal Year 2023 is \$16M and for State Fiscal Year 2024 is \$44.5 million.

Effective on or after April 1, 2022, and for each State Fiscal Year thereafter, the State proposes to revise the method of distributing the funding for the Clinic Safety Net (CSN) distribution for comprehensive diagnostic and treatment centers that are other than Federally Qualified Health Centers (referred to as the non-FQHC CSN distribution).

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

Effective on or after April 1, 2022, the State proposes to enter into outcomes-based contract arrangements with drug manufacturers for drugs provided to Medicaid beneficiaries through supplemental rebate agreements.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is (\$5 million).

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon CMS approval of the Spending Plan submitted by the state, established rates will be enhanced for state-plan approved private duty nursing (PDN) services for members 23 years of age and older by an additional 30 percent for the medically fragile training and experience and 45 percent for the private duty nursing directory starting April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendments for PDN services for State Fiscal Year 2023 is \$38.9 million.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Medicaid coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for Medicaid to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective on or after April 1, 2022, pursuant to the Centers for Medicare and Medicaid Services, Alternative Benefit Plans (ABP) coverage must include routine patient costs for items and services furnished in connection with participation by beneficiaries in qualifying clinical trials. The Department will submit a State Plan Amendment for ABP to formalize federal approval of existing coverage in accordance with the requirements. Routine patient costs and qualifying clinical trials are defined in Section 1905(a)30 and Section 1905(gg) of the Social Security Act (the Act), respectively. This includes clinical trials in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition and is described in any of clauses (i)-(iii) of section 1905(gg) of the Act. Routine patient costs do not include any investigational item or service that is the subject of the qualifying clinical trial and is not otherwise covered outside of the clinical trial under the state plan, waiver, or demonstration project.

There is no estimated annual change to gross Medicaid expenditures as a result of this proposed amendment, since these benefits are already covered under long-standing NYS Medicaid policy.

Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, aligning fees with those paid by the Child Health Plus program. "Applied behavior analysis" or "ABA" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA services are provided to individuals who have a diagnosis of autism spectrum or related disorder. As of August 1, 2021, Medicaid began accepting enrollment of Licensed Behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhetts's Syndrome. However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate is below rates paid by CHP and commercial plans. Subsequently, very few ABA providers have been willing to enroll as Medicaid managed care and/or fee-for-service providers.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$73.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes clinical social workers, licensed pursuant to Article 154 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$24.2 million.

Effective on or after April 1, 2022, this proposal to amend the State Plan to align with Subdivision 2 of section 365-a of the social services law, that authorizes licensed mental health counselors and marriage and family therapists, licensed pursuant to Article 163 of the Education law, to bill Medicaid directly for their services within their scope of practice, effective April 1, 2022.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$4.2 million.

Effective on or after July 1, 2022, Medicaid reimbursement rates for non-facility physician services will be updated to 70% of current Medicare rates. This update will apply to Evaluation & Management (E&M) and Medicine procedure codes. Most Medicaid physician reimbursement rates have not been updated since 2009 and New York Medicaid is currently reimbursing physicians, on average, at 45% of Medicare for E&M codes and 58% of Medicare for Medicine codes. Updating the Medicaid physician fee schedule is intended to increase the use of primary care and preventative services and reduced utilization of costlier downstream care.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in



each local (county) social services district and available for public review.

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

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

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

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

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

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

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

**PUBLIC NOTICE**

Department of State  
Notice of Review of Request for  
Brownfield Opportunity Area  
Conformance Determination  
Project: Alvista Rise  
Location: 147-25 94th Avenue  
Jamaica Brownfield Opportunity Area  
City of New York, Queens County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Jamaica Brownfield Opportunity Area, in the Bronx, on April 15, 2015. The designation of the Jamaica Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On October 5, 2021, J2 Owner LLC submitted a request for the Secretary of State to determine whether the project Alvista Rise, located at 147-25 94th Avenue, Queens, NY, which will be located within the designated Jamaica Brownfield Opportunity Area, conform to the goals and priorities identified in the Nomination that was prepared for the designated Jamaica Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: [https://dos.ny.gov/system/files/documents/2022/03/application\\_147-25\\_94th-avenue\\_jamaica.pdf](https://dos.ny.gov/system/files/documents/2022/03/application_147-25_94th-avenue_jamaica.pdf)

Comments must be submitted no later than April 30th, 2022, either by mail to: Kevin Garrett, Department of State, Office of Planning and Development, 123 William St., #20-163, New York, NY 10038, or by email to: kevin.garrett@dos.ny.gov

**PUBLIC NOTICE**

Department of State  
Notice of Review of Request for  
Brownfield Opportunity Area  
Conformance Determination  
Project: The Arches  
Location: Port Morris Harlem Riverfront  
Brownfield Opportunity Area  
City of New York, Bronx County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Port Morris Harlem Riverfront Brownfield Opportunity Area, in the Bronx, on April 9, 2015. The designation of the Port Morris Harlem Riverfront Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On July 30, 2021, Deegan 135 Realty LLC submitted a request for the Secretary of State to determine whether The Arches Project, which will be located within the designated Port Morris Harlem Riverfront Brownfield Opportunity Area, conform to the goals and priorities identified in the Nomination that was prepared for the designated Port Morris Harlem Riverfront Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: <https://dos.ny.gov/system/files/documents/2022/03/2021-07-30-final-boa-conformance-application-with-attachments-for-deegan-135-realty-llc.pdf>

Comments must be submitted no later than March 30th, 2022, either by mail to: Kevin Garrett, Department of State, Office of Planning and Development, 123 William St., #20-163, New York, NY 10038, or by email to: kevin.garrett@dos.ny.gov

**PUBLIC NOTICE**

Department of State  
F-2022-0058, F-2022-0130 through F-2022-0140  
Date of Issuance – March 30, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act (CZMA) of 1972, as amended.

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant's consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2022-0058, F-2022-0130, F-2022-0131, F-2022-0132, F-2022-0133, F-2022-0134, F-2022-0135, F-2022-0136, F-2022-0137, F-2022-0138, F-2022-0139, and F-2022-0140, the consultant, Andrew Baird at First Coastal Corp., is proposing a living shoreline along twelve contiguous properties. The shoreline design will contain the following parts: a 12' wide emergent rock sill ranging from 40' to 65' long consisting of approx. 110 cubic yards of stone per property to be placed 58 feet seaward of the rock core dune; 94 cubic yards of clean sand fill landward of rock sill per property; 750 square feet of spartina planting 12" O.C. per property; a rock-core dune of 45 cubic yards of toe stone and fill stone per property for 6 of the homes; additional 18"

**SUMMARY**  
**SPA #22-0047**

This State Plan Amendment proposes to increase reimbursement for Article 28 hospital inpatient psychiatric services to better meet community mental health needs.

DRAFT

**New York  
117(d)**

1905(a)(1) Inpatient Hospital Services

8. *Inpatient psychiatric services provided in general hospitals, or distinct units of general hospitals, specializing in such inpatient psychiatric services, for patients admitted on and after October 20, 2010, will be reimbursed on a per diem basis as follows:*

- a. Reimbursement will use the All Patient Refined Diagnostic Related Group (APR-DRG) patient classification system.
- b. The operating component of the rate will be a statewide price, calculated utilizing 2005 Medicaid fee-for-service (FFS) inpatient costs developed using the ratio of cost to charges approach to determine costs and a regression model to price out various components of the costs to determine cost significance in such components. The components include patient age, rural designation, comorbidities, length of stay, and presence of mental retardation. The costs of these components as developed in the regression model were excluded in developing the statewide price.
  - i. The facility-specific old operating per diem rates were trended to 2010, and for each case, these rates were multiplied by the length of stay (LOS) to calculate the "old payment."
  - ii. Facility-specific 2005 Direct Graduate Medical Education (DGME) costs were divided by 2005 patient days to calculate DGME per diem rates. These rates were then trended to 2010.
  - iii. The 2010 payment rate for Electroconvulsive Therapy (ECT) was established as \$281 (based on the ECT rate in effect for Medicare psychiatric patients during the first half of 2010). This rate was then adjusted by each facility's wage equalization factor (WEF).
  - iv. For each case, the proper DGME payment (DGME rate multiplied by the LOS) and ECT payment (WEF-adjusted ECT rate times the number of ECT treatments) was subtracted from the "old payments" to derive the "old payments subject to risk adjustment."
  - v. For each case, a payment adjustment factor was derived based on the regression model, including the LOS adjustment factor as defined by the new payment methodology.
  - vi. The sum of the old payments subject to risk adjustment from step iv (\$502,341,057), was divided by the sum of payment adjustment factors from step v (\$831,319), which resulted in the statewide per diem rate of \$604.27 as of October 20, 2010.  
The current statewide per diem rate of \$642.66 reflects the effect of restoring transition funds back into the statewide price pursuant to the Transition Fund Pool section of this Attachment. Effective October 1, 2018, the statewide price will be increased to \$676.21. Effective August 1, 2021, the statewide fee-for-service price will be increased to \$742.86. Effective April 1, 2022, the statewide fee-for service price will be increased to \$950.43.

TN #22-0047

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

Supersedes TN #21-0018

Effective Date April 1, 2022

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

**SUMMARY**  
**SPA #22-0048**

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

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 \$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 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 #22-0048 \_\_\_\_\_

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

Supersedes TN #21-0037 \_\_\_\_\_

Effective Date April 1, 2022 \_\_\_\_\_

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

**SUMMARY**  
**SPA #22-0049**

This State Plan Amendment proposes to provide temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

DRAFT



New York  
47(aa)(5)**1905(4)(a): Nursing Facility Services  
Nursing Homes (Continued):**

| Provider Name                                     | Gross Medicaid Rate Adjustment | Rate Period Effective          |
|---|--------------------------------|--------------------------------|
| Amsterdam Nursing Home Corp<br>(Amsterdam House)* | \$1,430,938                    | 01/01/2015 – 03/31/2015        |
|   | \$1,450,213                    | 04/01/2015 – 03/31/2016        |
|   | \$1,447,006                    | 04/01/2016 – 03/31/2017        |
|   | \$847,377                      | 04/01/2020 – 03/31/2021        |
|   | \$847,377                      | 04/01/2021 – 03/31/2022        |
|   | (\$11,859)                     | 10/01/2021 – 03/31/2022        |
|   | <u>\$799,375</u>               | <u>04/01/2022 – 03/31/2023</u> |
| Baptist Nursing and Rehabilitation                | \$935,000                      | 10/01/2018 - 03/31/2019        |
|   | \$910,000                      | 04/01/2019 - 03/31/2020        |
|   | \$347,500                      | 04/01/2020 – 03/31/2021        |
| Beth Abraham Health Services                      | \$2,460,249                    | 01/01/2015 – 03/31/2015        |
|   | \$2,493,389                    | 04/01/2015 – 03/31/2016        |
|   | \$2,487,874                    | 04/01/2016 – 03/31/2017        |
| Bronx-Lebanon Special Care Center*                | \$788,294                      | 01/01/2015 – 03/31/2015        |
|   | \$798,912                      | 04/01/2015 – 03/31/2016        |
|   | \$797,146                      | 04/01/2016 – 03/31/2017        |
|   | \$521,445                      | 04/01/2020 – 03/31/2021        |
|   | \$521,445                      | 04/01/2021 – 03/31/2022        |
|   | (\$9,201)                      | 10/01/2021 – 03/31/2022        |
|   | <u>\$551,640</u>               | <u>04/01/2022 – 03/31/2023</u> |

\*Denotes provider is part of CINERGY Collaborative.

TN #22-0049

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

Supersedes TN #21-0059Effective Date April 1, 2022

New York  
47(aa)(5.1)

**1905(4)(a): Nursing Facility Services**  
**Nursing Homes (Continued):**

\*Denotes provider is part of CINERGY Collaborative.

| Provider Name   | Gross Medicaid Rate Adjustment | Rate Period Effective          |
|---|--------------------------------|--------------------------------|
| Brooklyn United Methodist Church Home*                | \$702,169                      | 01/01/2015 – 03/31/2015        |
|   | \$707,212                      | 04/01/2015 – 03/31/2016        |
|   | \$706,273                      | 04/01/2016 – 03/31/2017        |
|   | \$384,919                      | 04/01/2020 – 03/31/2021        |
|   | \$384,919                      | 04/01/2021 – 03/31/2022        |
|   | \$8,741                        | 10/01/2021 – 03/31/2022        |
|   | <u>\$369,825</u>               | <u>04/01/2022 – 03/31/2023</u> |
| Buena Vida Continuing Care & Rehab Ctr                | \$970,765                      | 01/01/2015 – 03/31/2015        |
|   | \$983,841                      | 04/01/2015 – 03/31/2016        |
|   | \$981,665                      | 04/01/2016 – 03/31/2017        |
|   | \$642,147                      | 04/01/2020 – 03/31/2021        |
|   | \$642,147                      | 04/01/2021 – 03/31/2022        |
|   | (\$321,073)                    | 10/01/2021 – 03/31/2022        |
| Cabrini Center for Nursing                            | \$1,130,860                    | 01/01/2015 – 03/31/2015        |
|   | \$1,146,093                    | 04/01/2015 – 03/31/2016        |
|   | \$1,143,558                    | 04/01/2016 – 03/31/2017        |
| Carmel Richmond Healthcare and Rehabilitation Center* | \$1,084,185                    | 01/01/2015 – 03/31/2015        |
|   | \$1,098,790                    | 04/01/2015 – 03/31/2016        |
|   | \$1,096,359                    | 04/01/2016 – 03/31/2017        |
|   | \$632,161                      | 04/01/2020 – 03/31/2021        |
|   | \$632,161                      | 04/01/2021 – 03/31/2022        |
|   | (\$8,847)                      | 10/01/2021 – 03/31/2022        |
|   | <u>\$615,961</u>               | <u>04/01/2022 – 03/31/2023</u> |
| Center For Nursing & Rehabilitation Inc               | \$1,179,939                    | 01/01/2015 – 03/31/2015        |
|   | \$1,195,833                    | 04/01/2015 – 03/31/2016        |
|   | \$1,193,189                    | 04/01/2016 – 03/31/2017        |
|   | \$746,693                      | 04/01/2020 – 03/31/2021        |
|   | \$746,693                      | 04/01/2021 – 03/31/2022        |
|   | (\$373,347)                    | 10/01/2021 – 03/31/2022        |
| Chapin Home for the Aging*                            | \$771,403                      | 01/01/2015 – 03/31/2015        |
|   | \$781,794                      | 04/01/2015 – 03/31/2016        |
|   | \$780,065                      | 04/01/2016 – 03/31/2017        |
|   | \$487,868                      | 04/01/2020 – 03/31/2021        |
|   | \$487,868                      | 04/01/2021 – 03/31/2022        |
|   | (\$6,828)                      | 10/01/2021 – 03/31/2022        |
|   | <u>\$460,231</u>               | <u>04/01/2022 – 03/31/2023</u> |

TN #22-0049

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

Supersedes TN #21-0059

Effective Date April 1, 2022





New York  
47(aa)(6.2)**1905(4)(a): Nursing Facility Services**  
**Nursing Homes (Continued):**

| Provider Name                            | Gross Medicaid Rate Adjustment | Rate Period Effective   |
|--|--------------------------------|-------------------------|
| Heritage Commons Residential Health Care | \$976,816                      | 01/01/2014 – 03/31/2014 |
|  | \$834,744                      | 04/01/2014 – 03/31/2015 |
|  | \$1,055,223                    | 06/16/2016 – 03/31/2017 |
| Incarnation Children’s Center            | \$224,255                      | 10/01/2021 – 03/31/2022 |
| Isabella Geriatric Center Inc*           | \$2,902,269                    | 01/01/2015 – 03/31/2015 |
|  | \$2,941,364                    | 04/01/2015 – 03/31/2016 |
|  | \$2,934,859                    | 04/01/2016 – 03/31/2017 |
|  | \$1,633,648                    | 04/01/2020 – 03/31/2020 |
|  | \$1,633,648                    | 04/01/2021 – 03/31/2022 |
|  | \$397,615                      | 10/01/2021 – 03/31/2022 |
|  | \$1,749,498                    | 04/01/2022 – 03/31/2023 |
| Island Nursing and Rehab Center*         | \$903,195                      | 01/01/2015 – 03/31/2015 |
|  | \$909,966                      | 04/01/2015 – 03/31/2016 |
|  | \$908,716                      | 04/01/2016 – 03/31/2017 |
|  | \$495,250                      | 04/01/2020 – 03/31/2021 |
|  | \$495,250                      | 04/01/2021 – 03/31/2022 |
|  | \$11,248                       | 10/01/2021 – 03/31/2022 |
|  | \$475,830                      | 04/01/2022 – 03/31/2023 |

\*Denotes provider is part of CINERGY Collaborative.













**New York  
47(aa)(9.1)**

**Reserved**

[Nursing Homes (Continued):

| Provider Name   | Gross Medicaid Rate Adjustment | Rate Period Effective    |
|---|--------------------------------|--------------------------|
| Schulman and Schachne Institute for Nursing and Rehabilitation* | \$1,852,978                    | 01/01/2015 – 03/31/2015  |
|   | \$1,877,938                    | 04/01/2015 – 03/31/2016  |
|   | \$1,873,785                    | 04/01/2016 – 03/31/2017  |
|   | \$1,225,719                    | 04/01/2020 – 03/31/2021  |
|   | \$1,225,719                    | 04/01/2021 – 03/31/2022  |
|   | (\$14,577)                     | 10/01/2021 – 03/31/2022  |
| Silvercrest*  | \$1,293,304                    | 01/01/2015 – 03/31/2015  |
|   | \$1,310,725                    | 04/01/2015 – 03/31/2016  |
|   | \$1,307,827                    | 04/01/2016 – 03/31/2017  |
|   | \$833,785                      | 04/01/2020 – 03/31/2021  |
|   | \$833,785                      | 04/01/2021 – 03/31/2022  |
|   | (\$11,670)                     | 10/01/2021 – 03/31/2022  |
| St Cabrini Nursing Home*  | \$748,048                      | 04/01/2020 – 03/31/2021  |
|   | \$748,048                      | 04/01/2021 – 03/31/2022  |
|   | \$10,327                       | 10/01/2021 – 03/31/2022  |
| St Johnland Nursing Center*                                     | \$400,000                      | 04/01/2020 – 03/31/2021  |
|   | \$400,000                      | 04/01/2021 – 03/31/2022  |
|   | \$120,596                      | 10/01/2021 – 03/31/2022  |
| St. Mary's Hospital for Children Inc.*                          | \$1,777,136                    | 01/01/2015 – 03/31/2015  |
|   | \$1,795,679                    | 04/01/2015 – 03/31/2016  |
|   | \$1,792,470                    | 04/01/2016 – 03/31/2017  |
|   | \$1,053,645                    | 04/01/2020 – 03/31/2021  |
|   | \$1,053,645                    | 04/01/2021 – 03/31/2022  |
|   | (\$9,241)                      | 10/01/2021 – 03/31/2022  |
| St. Patrick's Home  | \$920,596                      | 10/01/2021 – 03/31/2022  |
| St Vincent Depaul Residence*                                    | \$417,641                      | 01/01/2015 – 03/31/2015  |
|   | \$423,266                      | 04/01/2015 – 03/31/2016  |
|   | \$422,330                      | 04/01/2016 – 03/31/2017  |
|   | \$276,263                      | 04/01/2020 – 03/31/2021  |
|   | \$276,263                      | 04/01/2021 – 03/31/2022  |
|   | \$72,414                       | 10/01/2021 – 03/31/2022] |

\*Denotes provider is part of CINERGY Collaborative.]

TN #22-0049 Approval Date \_\_\_\_\_

Supersedes TN #21-0059 Effective Date April 1, 2022

**New York  
47(aa)(9.2)**

**1905(4)(a): Nursing Facility Services**  
**Nursing Homes (Continued):**

| <u>Provider Name</u>   | <u>Gross Medicaid Rate Adjustment</u> | <u>Rate Period Effective</u>   |
|--|---------------------------------------|--------------------------------|
| <u>Schulman and Schachne Institute for Nursing and Rehabilitation*</u> | <u>\$1,852,978</u>                    | <u>01/01/2015 – 03/31/2015</u> |
|  | <u>\$1,877,938</u>                    | <u>04/01/2015 – 03/31/2016</u> |
|  | <u>\$1,873,785</u>                    | <u>04/01/2016 – 03/31/2017</u> |
|  | <u>\$1,225,719</u>                    | <u>04/01/2020 – 03/31/2021</u> |
|  | <u>\$1,225,719</u>                    | <u>04/01/2021 – 03/31/2022</u> |
|  | <u>(\$14,577)</u>                     | <u>10/01/2021 – 03/31/2022</u> |
|  | <u>\$1,204,270</u>                    | <u>04/01/2022 – 03/31/2023</u> |
| <u>Silvercrest*</u>  | <u>\$1,293,304</u>                    | <u>01/01/2015 – 03/31/2015</u> |
|  | <u>\$1,310,725</u>                    | <u>04/01/2015 – 03/31/2016</u> |
|  | <u>\$1,307,827</u>                    | <u>04/01/2016 – 03/31/2017</u> |
|  | <u>\$833,785</u>                      | <u>04/01/2020 – 03/31/2021</u> |
|  | <u>\$833,785</u>                      | <u>04/01/2021 – 03/31/2022</u> |
|  | <u>(\$11,670)</u>                     | <u>10/01/2021 – 03/31/2022</u> |
|  | <u>\$798,351</u>                      | <u>04/01/2022 – 03/31/2023</u> |
| <u>St Cabrini Nursing Home*</u>  | <u>\$748,048</u>                      | <u>04/01/2020 – 03/31/2021</u> |
|  | <u>\$748,048</u>                      | <u>04/01/2021 – 03/31/2022</u> |
|  | <u>\$10,327</u>                       | <u>10/01/2021 – 03/31/2022</u> |
|  | <u>\$788,645</u>                      | <u>04/01/2022 – 03/31/2023</u> |

\*Denotes provider is part of CINERGY Collaborative.

TN #22-0049 Approval Date \_\_\_\_\_  
Supersedes TN #NEW Effective Date April 1, 2022

**New York  
47(aa)(9.3)**

**1905(4)(a): Nursing Facility Services**  
**Nursing Homes (Continued):**

| <u>Provider Name</u>                          | <u>Gross Medicaid Rate Adjustment</u> | <u>Rate Period Effective</u>   |
|---|---------------------------------------|--------------------------------|
| <u>St Johnland Nursing Center*</u>            | <u>\$400,000</u>                      | <u>04/01/2020 – 03/31/2021</u> |
|   | <u>\$400,000</u>                      | <u>04/01/2021 – 03/31/2022</u> |
|   | <u>\$120,596</u>                      | <u>10/01/2021 – 03/31/2022</u> |
|   | <u>\$495,826</u>                      | <u>04/01/2022 – 03/31/2023</u> |
| <u>St. Mary's Hospital for Children Inc.*</u> | <u>\$1,777,136</u>                    | <u>01/01/2015 – 03/31/2015</u> |
|   | <u>\$1,795,679</u>                    | <u>04/01/2015 – 03/31/2016</u> |
|   | <u>\$1,792,470</u>                    | <u>04/01/2016 – 03/31/2017</u> |
|   | <u>\$1,053,645</u>                    | <u>04/01/2020 – 03/31/2021</u> |
|   | <u>\$1,053,645</u>                    | <u>04/01/2021 – 03/31/2022</u> |
|   | <u>(\$9,241)</u>                      | <u>10/01/2021 – 03/31/2022</u> |
|   | <u>\$1,052,354</u>                    | <u>04/01/2022 – 03/31/2023</u> |
| <u>St. Patrick's Home*</u>                    | <u>\$920,596</u>                      | <u>10/01/2021 – 03/31/2022</u> |
|   | <u>\$486,674</u>                      | <u>04/01/2022 – 03/31/2023</u> |
| <u>St Vincent Depaul Residence*</u>           | <u>\$417,641</u>                      | <u>01/01/2015 – 03/31/2015</u> |
|   | <u>\$423,266</u>                      | <u>04/01/2015 – 03/31/2016</u> |
|   | <u>\$422,330</u>                      | <u>04/01/2016 – 03/31/2017</u> |
|   | <u>\$276,263</u>                      | <u>04/01/2020 – 03/31/2021</u> |
|   | <u>\$276,263</u>                      | <u>04/01/2021 – 03/31/2022</u> |
|   | <u>\$72,414</u>                       | <u>10/01/2021 – 03/31/2022</u> |
|   | <u>\$336,588</u>                      | <u>04/01/2022 – 03/31/2023</u> |

\*Denotes provider is part of CINERGY Collaborative.

TN #22-0049 Approval Date \_\_\_\_\_  
Supersedes TN #NEW Effective Date April 1, 2022





The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in



**SUMMARY**  
**SPA #22-0050**

This State Plan Amendment proposes to make an exception to the requirement to rebase and update the Service Intensity Weights (SIWs) for the Acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years so that the base year update subsequent to July 1, 2018 will be or after January 1, 2024. It also proposes to make an exception the requirement that the new base period shall be no more than four years prior to the applicable rate period if the base period of the audited cost report available at that time falls within the period of the declaration of a federal public health emergency or a state disaster emergency.

DRAFT

**New York  
103**

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

**Hospital Acute Inpatient Reimbursement – July 1, 2018**

**Definitions.** As used in this Section, the following definitions will apply:

1. *Diagnosis related groups (DRGs)* will mean the 3M Corporation All-Patient-Refined (APR) classification system, which utilizes diagnostic related groups with assigned weights that incorporate differing levels of severity of a patient's condition and the associated risk of mortality, and reflects such factors as the patient's medical diagnosis, severity level, sex, age, and procedures performed.
2. *Acute Rate DRG case-based payment per discharge (herein after referred to as Acute Rate)* will mean the payment to be received by a hospital for inpatient services, except for physician services (unless allowed under paragraph 12(c) of this Section), rendered to each patient based on the DRG to which that patient has been assigned, as determined by multiplying the statewide base price by the applicable service intensity weight (SIW) and facility-specific wage equalization factor (WEF) and as further adjusted for teaching hospitals by the inclusion of reimbursement for direct and indirect graduate medical education (GME) costs and for all hospitals, the inclusion of non-comparable costs.
3. *Service intensity weights (SIWs)* are the cost weights established such that the SIW for any given DRG indicates the relative cost of the average cost of the patient in the DRG as compared to the average cost of all patients in all DRGs. Weights are developed using cost data from Medicaid fee-for-service, Medicaid managed care and commercial payors as reported to the Statewide Planning and Research Cooperative System (SPARCS) and will be updated no less frequently than every four years, with the exception that the SIWs updated subsequent to July 1, 2018 will be effective on or after January 1, 2024.
4. *Case mix index (CMI)* [shall] will mean the relative costliness of a hospital's case mix relative to the case mix of all other hospitals as reflected in the weighted aggregate SIW for the hospital.
  - a. All payer CMI is developed using acute claims reported to the Statewide Planning and Research Cooperative System (SPARCS) which provides data for all payer sources.
  - b. Medicaid fee-for-service CMI is developed based on Medicaid fee-for-service acute claims submission to New York State.
  - c. Medicaid managed care CMI is developed based on Medicaid managed care acute claims submission to New York State.
5. *Reimbursable operating costs* will mean reported operating costs which relate to the cost of providing inpatient hospital services to Medicaid patients, trended for inflation between the base period, as defined in this Section, and the rate period in accordance with trend factors determined pursuant to the applicable provisions of this Attachment, but excluding the following costs:
  - a. ALC costs;
  - b. Exempt unit costs;
  - c. Transfer costs; and
  - d. High-cost outlier costs.

TN #22-0050

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

Supersedes TN #18-0057

Effective Date April 1, 2022

**New York  
105(a)**

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

17. *Charge converter* will mean the ratio of cost to charges using total inpatient costs and total inpatient charges as reported by the hospital in its annual institutional cost reports submitted to the Department.
18. *IPRO* will mean the Island Peer Review Organization, Inc., a New York not-for-profit corporation providing health related services.
19. *Medicaid*, when used to describe the calculation of the Medicaid Acute Rate in this section, will mean Medicaid Fee-for-Service (FFS) and Medicaid Managed Care (MC). Acute rates are developed using the FFS claims data and the MC encounter data using the methodologies described in this Attachment.
20. *Base year* will mean the period as determined pursuant to the applicable provisions of this Attachment and applies to the DRG case-based payment per discharge, based on the following:
- a. For periods beginning on and after July 1, 2018, the base year will be the 2015 calendar year and the data and statistics will be the audited costs reported by each facility to the Department pursuant to the Financial and Statistical Data Required and Audits Sections.
  - b. For hospitals with a fiscal filing period that is other than a calendar year, the 2015 base year will be the 12-month period which ended between June 30, 2015 and May 31, 2016.
  - c. The base year used for rate-setting for operating cost components will be updated no less frequently than every four years, with the exception that the base year update subsequent to July 1, 2018 will be on or after January 1, 2024, and the new base period will be no more than four years prior to the first applicable rate period that utilizes such new base year provided. In the event of a federal public health emergency or a state disaster emergency, that severely impacts general hospitals, the audited cost reports related to that base period may be excluded for the purposes of updating the operating components, and the latest available audited cost reports may be used instead.
21. *Divisor for add-ons to the acute rates per discharge*, as used in this Section, will mean the discharges used in the development of the add-ons pursuant to the Add-Ons to the Acute Rate Per Discharge Section of this Attachment.
- a. For the period beginning on and after July 1, 2018, the discharges used as the divisor will be the 2015 base year reported to the Department prior to April 25, 2017.
22. *The year discharges* will mean the latest calendar year utilized pursuant to the Service Intensity Weights (SIWs) and Average Length of Stay (ALOS) Section of this Section.
- a. For the period beginning on and after July 1, 2018, the latest calendar year will be 2014.
23. *Goal Seek* is the process of finding the correct input when only the output is known.
- a. Wikipedia definition states, "In computing, goal seeking is the ability to calculate backward to obtain an input that would result in a given output. This can also be called "what-if analysis" or "back-solving."

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$9.8 million.

Effective on or after April 1, 2022, the Medicaid fee-for-service Schedule will be adjusted to increase the reimbursement rate for midwifery services such that midwives will be reimbursed at 95% of the physician fee-for-service schedule.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this action contained in the budget for state fiscal year 2022/2023 is \$2.8 million.

Effective on or after April 1, 2022, this notice proposes to enhance (increase) state established reimbursement rates as follows:

Contingent upon approval of the Fiscal Year 2023 State Budget, established rates will be enhanced for the top twenty (20) state-plan approved orthotics and prosthetics (O & P) for Fee-for Service (FFS) and managed care members from the current Medicaid rate to 80% of the Medicare reimbursement rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023 is \$8 million.

#### Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022 through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 proposed amendment.

Effective on or after April 1, 2022, this proposal would extend the requirement to rebase and update the Service Intensity Weights (SIWs) for the acute Diagnostic Related Group (DRG) hospital rates no less frequently than every four years from July 1, 2022, to on or after January 1, 2024. It also revises the requirement for the base year used for rebasing. The new base year may be more than four years prior to the first applicable rate period that utilizes such new base year.

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

Effective on or after April 1, 2022, additional medical assistance, known as, Intergovernmental Transfer (IGT) payments, for inpatient hospital services may be made to public general hospitals operated by the State of New York or the State University of New York, or by a county which shall not include a city with a population over one million, and those public general hospitals located in the counties of Westchester, Erie, or Nassau, up to one hundred percent (100%) of each such public hospital's medical assistance, and uninsured patient losses after all other medical assistance, including disproportionate share hospital (DSH) payments to such public general hospitals. Payments will be made by means of one or more estimated distributions

initially based on the latest DSH audit results, which shall later be reconciled to such payment year's actual DSH audit uncompensated care costs. Payments may be added to rates of payment or made as aggregate payments. Such payments will continue April 1, 2022, through March 31, 2025.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for funding to distressed hospitals.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

Effective for days of service on or after April 1, 2022, The Department of Health will adjust inpatient psychiatric fee-for-service per diem rates of reimbursement for distinct exempt units specializing in inpatient psychiatric services, in Article 28 hospitals, by increasing the case mix neutral psychiatric statewide per diem base price to produce a full annual net aggregate increase in gross Medicaid expenditures of \$55 million. This State Plan Amendment is necessary to more adequately reimburse hospitals for providing these services and to better meet the community's mental health needs.

#### Long Term Care Services

Effective on or after April 1, 2022, 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 excluding public residential health care facilities operated 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. 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.

Effective on and after April 1, 2022, this notice provides for \$30 million annually in temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

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

Effective on and after April 1, 2022, through March 31, 2024, this notice provides for temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$200 million.

#### Eligibility

Effective January 1, 2023, the Medicaid program will eliminate the resource test for aged, blind and disabled applicants and recipients and raise the income eligibility level to 138% of the federal poverty level for aged, blind, disabled and other medically needy applicants and recipients.

The estimated net aggregate increase in gross Medicaid expenditures as a result of the proposed amendment for State Fiscal Year 2023 is \$10 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). In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in

**SUMMARY**  
**SPA #22-0052**

This State Plan Amendment proposes to revise the State Plan for an across the board adjustment of a 5.4% Cost of Living Adjustment (COLA) to the following non-institutional services; Day Treatment, Article 16, Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD) and Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD).

DRAFT

New York  
2(t.6)

**VI. APG Base Rates for OPWDD certified or operated clinics.**

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

| Peer Group   | Base Rate                  | Effective Date of Base Rate |
|--------------|----------------------------|-----------------------------|
| Peer Group A | \$180.95                   | 7/1/11                      |
| Peer Group B | \$186.99                   | 7/1/11                      |
| Peer Group C | \$270.50                   | 7/1/11                      |
| Peer Group A | \$182.21                   | 4/1/15                      |
| Peer Group B | \$189.07                   | 4/1/15                      |
| Peer Group C | \$272.70                   | 4/1/15                      |
| Peer Group A | \$182.57                   | 4/1/16                      |
| Peer Group B | \$189.45                   | 4/1/16                      |
| Peer Group C | \$273.24                   | 4/1/16                      |
| Peer Group A | \$184.65                   | 4/1/18                      |
| Peer Group B | \$192.90                   | 4/1/18                      |
| Peer Group C | \$276.88                   | 4/1/18                      |
| Peer Group A | \$185.97                   | 4/1/20                      |
| Peer Group B | \$195.09                   | 4/1/20                      |
| Peer Group C | \$279.20                   | 4/1/20                      |
| Peer Group A | \$188.45                   | 7/1/21                      |
| Peer Group B | \$197.69                   | 7/1/21                      |
| Peer Group C | \$282.92                   | 7/1/21                      |
| Peer Group A | [\$187.83] <u>\$197.97</u> | 4/1/22                      |
| Peer Group B | [\$197.04] <u>\$207.68</u> | 4/1/22                      |
| Peer Group C | [\$281.99] <u>\$297.22</u> | 4/1/22                      |

TN # 22-0052

Approval Date

Supersedes TN #21-0047

Effective Date April 1, 2022



**New York  
3h12.2**

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

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

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

Effective January 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

| Corp Name   | Site                 | Rate Codes       |                  |                             |                |                                   |
|-------------|----------------------|------------------|------------------|-----------------------------|----------------|-----------------------------------|
|             |                      | 4170<br>Full Day | 4171<br>Half Day | 4172<br>Collocated<br>Model | 4173<br>Intake | 4174<br>Diagnosis &<br>Evaluation |
| UCP Suffolk | 250 Marcus Boulevard | \$221.22         | \$110.61         | \$0.00                      | \$221.22       | 221.22                            |

Effective April 1, 2022, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

| Corp Name   | Site                 | Rate Codes       |                  |                             |                |                                   |
|-------------|----------------------|------------------|------------------|-----------------------------|----------------|-----------------------------------|
|             |                      | 4170<br>Full Day | 4171<br>Half Day | 4172<br>Collocated<br>Model | 4173<br>Intake | 4174<br>Diagnosis &<br>Evaluation |
| UCP Suffolk | 250 Marcus Boulevard | \$233.17         | \$116.58         | \$0.00                      | \$233.17       | 233.17                            |

TN #22-0052

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

Supersedes TN #22-0004

Effective Date April 1, 2022



**New York  
5(a)(ii)**

**1905(a)(6) Medical Care, or Any Other Type of Remedial Care  
Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)**

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
- (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
- (i) IPSIDD fee schedule effective April 1, 2016 through December 31, 2016:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/ipsidd\\_04-01-16](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16)
  - (ii) IPSIDD fee schedule effective January 1, 2017 through December 31, 2017:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2017\\_01\\_01\\_ipsidd.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm)
  - (iii) IPSIDD fee schedule effective January 1, 2018 through December 31, 2018:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2018/2018\\_01\\_01\\_ipsidd.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm)
  - (iv) IPSIDD fee schedule effective January 1, 2019 through December 31, 2019:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2019/2019\\_01\\_01\\_ipsidd.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm)
  - (v) IPSIDD fee schedule effective January 1, 2020 through June 30, 2021:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2020/2020\\_01\\_01\\_ipsidd.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_ipsidd.htm)
  - (vi) IPSIDD fee schedule effective July 1, 2021 through March 31, 2022:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2021/2021\\_07\\_01\\_ipsidd.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2021/2021_07_01_ipsidd.htm)
  - (vii) IPSIDD fee schedule effective April 1, 2022 and forward:  
[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2022/2022\\_04\\_01\\_ipsidd.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2022/2022_04_01_ipsidd.htm)
- (2) IPSIDD is available for the following services:
- (i) Occupational Therapy;
  - (ii) Physical Therapy;
  - (iii) Speech and Language Pathology;
  - (iv) Psychotherapy.

TN #22-0052 Approval Date \_\_\_\_\_  
Supersedes TN #21-0047 Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0053**

This State Plan Amendment proposes to revise the State Plan for an across the board adjustment of a 5.4% Cost of Living Adjustment (COLA) to the following institutional service, Intermediate Care Facility (ICF/IID).

DRAFT



## 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:

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0054**

This State Plan Amendment proposes to add an across-the-board adjustment of a 5.4% Cost of Living Adjustment (COLA) per the enacted 2023 Budget to the following inpatient service, Residential Treatment Facilities.

DRAFT



## 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:

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.



**SUMMARY**  
**SPA #22-0055**

This State Plan Amendment proposes to add an across-the-board adjustment of a 5.4% Cost of Living Adjustment (COLA) per the enacted 2023 Budget to the following inpatient service, Specialty Hospitals.

DRAFT

SPA 22-0055  
Attachment A  
Annotated Pages

Annotated Page: Page 2(e)

DRAFT



New York  
2(e)

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

- (ii) April 1, 2018, Increase: In addition to the compensation funding effective January 1, 2018, providers will receive a compensation increase targeted to direct care, support and clinical employees. The compensation increase funding will include associated fringe benefits. The April 1, 2018, direct care and support employee compensation funding will be applied after the January 1, 2018 increase is applied for a compounded compensation increase. The compensation increase funding will be included in the provider's rate issued for April 1, 2018, or in a subsequent rate with the inclusion of funding in the amount necessary to achieve the same funding impact.
- (iii) No trend factor adjustments are currently included in the rate calculation.
- (iv) Effective July 01, 2021 through March 31, 2022, operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, and a one percent (1%) annual increase to be paid out over 12 months in subsequent years until such time as the COLA increase is reflected in the base period cost reports.
- (v) Effective April 01, 2022 through March 31, 2023, operating rates of payment will be increased for a Cost of Living Adjustment (COLA) to support a five point four percent (5.4%) increase until such time as the COLA increase is reflected in the base period cost reports.

TN #22-0055

Supersedes TN #21-0045

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

Effective Date April 01, 2022

New York  
2(e.1)

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

(b) The allowable capital costs used in the provider rate development will be based on paragraphs (2)(b)(ii)(1)(a) and a capital schedule developed to provide supporting documentation of the capital rate development.

(i) OPWDD regulations under 14 NYCRR Subpart 635-6, as in effect on January 1, 2018, establish standards and criteria that describes the capital acquisition and lease of real property assets which require approval by OPWDD. Any adjustments to the provider's property schedule developed in paragraph (2)(b)(ii)(2)(b) will require a prior property approval (PPA) completed by OPWDD.

(ii) A property cost verification (PCV) will be performed to reconcile the costs submitted on a PPA by requiring the provider to submit to NYS supporting documentation of actual costs. Actual costs will be verified by the Department within NYS that is reviewing the supporting documentation of such costs. A provider submitting such actual costs will certify that the reimbursement requested reflects allowable capital costs and that such costs were actually expended by the provider. Under no circumstances will the amount included in the rate under this subparagraph exceed the amount authorized in the PPA process. A PCV will be performed on all PPAs prior to any capital costs being included in reimbursement rates.

(iii) Capital rates will be reviewed and adjusted for PCVs twice a year. The effective date of the rate adjustments will be on the January 1 or July 1 date that is subsequent to the PCV date, however, the adjustment will incorporate the capital change from the initial effective date of the capital change. This update may require NYS to annualize the PPA, which could include more than twelve months of costs in the first year.

TN #22-0055

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

Supersedes TN #21-0045

Effective Date April 01, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0056**

This State Plan Amendment proposes to end date the one and one half percent (1.5%) reduction that was implemented in 2020.

DRAFT

New York  
A(1)(i)

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

**1% Across-the-Board Reductions to Payments – Effective January 1, 2020 [and thereafter]-  
3/31/2022; additional 0.5% Across-the-Board Payment Reduction – effective [on and after]  
4/2/2020 – 3/31/2022**

- (1) For dates of service [on and after] January 1, 2020 – March 31, 2022, the rates of reimbursement for Article 28 nursing homes will be adjusted to reflect an across the board reduction of one percent (1%).
- (2) For dates of service [on and after] April 2, 2020 – March 31, 2022, the rates of reimbursement for Article 28 nursing homes will be adjusted by an additional one-half percent (0.5%) to reflect an across the board reduction of one and one half percent (1.5%).
  - a. Sections subjected to the one percent (1%) and one and one half percent (1.5%) reduction are as follows:
    - i. Nursing Home Reimbursement
    - ii. Specialty Care Facilities

DRAFT

TN #22-0056 Approval Date \_\_\_\_\_

Supersedes TN #20-0053 Effective Date April 1, 2022



## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0057**

This State Plan Amendment proposes to provide a one percent (1%) across the board increase to Nursing Home rates.

DRAFT

New York  
A

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

**Across-the-Board Reductions to Payments – Effective 9/16/10 – 3/31/11**

- (1) For dates of service on and after September 16, 2010, through and including March 31, 2011, payments for services as specified in paragraph (2) of this Attachment [shall] will be reduced by 1.1%, provided payment is made no later than March 31, 2011.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) include the following:

**Part I – Residential Health Care Facilities**

- a) Voluntary Health Care Facility Right Sizing Program. Page 16
- b) Services provided by Residential Health Care Facilities, excluding proportionate share payments to non-state operated public facilities (found on page 47(x)(2)(b)). Pages 17-87

**Part III – Methods and Standards for Establishing Payment Rates (Out of State Services) – Nursing Facilities**

- c) Services provided by nursing facilities out of state. Page 1

**2% Across-the-Board Reductions to Payments - Effective 4/1/2011-3/31/2013**

- (1) For dates of service on and after April 1, 2011, and ending on March 31, 2013, payments for services as specified in paragraph (2) of this Attachment will be reduced by 2%.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

**Part III – Methods and Standards for Establishing Payment Rates (Out of State Services) – Nursing Facilities**

- d) Services provided by nursing facilities out of state. Page 1

**Across the Board Increase**

- (1) For dates of service on and after November 1, 2018, the operating component of the rates of reimbursement for Article 28 nursing homes, will be adjusted to reflect an across-the-board increase of one and one-half percent (1.5%).
  - a. Sections subjected to the one and one-half percent (1.5%) increase are as follows:
    - i. Nursing Home Reimbursement
    - ii. Specialty care facilities
  - b. The capital component of the rates [are] is not subject to the one and one-half percent (1.5%) increase.
- (2) For dates of service on and after April 1, 2022, the operating component of the rates of reimbursement for Article 28 nursing homes, will be adjusted to reflect an across-the-board increase of one percent (1%).
  - a. Sections subjected to the one (1%) increase are as follows:
    - i. Nursing Home Reimbursement
    - ii. Specialty care facilities
  - b. The capital component of the rates is not subject to the one percent (1%) increase.

TN #22-0057 Approval Date \_\_\_\_\_

Supersedes TN #18-0063 Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0058**

This State Plan Amendment proposes to end-date the one and one-half percent (1.5%) across-the-board payment reduction on non-institutional services.

DRAFT

**New York  
A (7.5)**

**1905(a)(6): Medical care, or any other type of remedial care; 1905(a)(9): Clinic Services**

**Across the Board 1% Payment Reduction – effective 1/1/2020 [and thereafter]- 3/31/2022; additional 0.5% Across-the-Board Payment Reduction – effective 4/2/2020 [and thereafter]- 3/31/2022**

- (1) For dates of service on and after January 1, 2020 – March 31, 2022, payments for services as specified in paragraph (3) of this Attachment will be reduced by 1%, with the exception of the services listed below that are provided in clinics designated as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services, as well as services provided to Native Americans, where applicable.
- (2) For dates of service on and after April 2, 2020 - March 31, 2022, payments for services as specified in paragraph (3) of this Section will be reduced by an additional one-half percent (0.5%) to the percent referenced in paragraph (1), resulting in a one and one-half percent (1.5%) reduction, with the exception of the services listed below that are provided in clinics designated as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services, as well as services provided to Native Americans, where applicable.
- (3) Payments in this Attachment subject to the reduction in paragraphs (1) and (2) are the following:
  - a) Physician Services.
  - b) Statewide Patient Centered Medical Home – Physicians and/or Nurse Practitioners, Statewide Patient Centered Medical Home – Hospital Based Clinics and Statewide Patient Centered Medical Home – Freestanding Clinics.
  - c) Advanced Primary Care – Physicians and/or Nurse Practitioners, Advanced Primary Care – Hospital Based Clinics and Advanced Primary Care – Freestanding Clinics.
  - d) Adirondack Medical Home Multipayor Program – Physicians and/or Nurse Practitioners, Adirondack Medicaid Home Multipayor Program – Hospital Based Clinics and Adirondack Medical Home Multipayor Program – Freestanding Clinics.
  - e) Dental Services (including dentures), Podiatrists, Optometrists, Chiropractor's Services, Nurse Midwives, Nurse Practitioners and Clinical Psychologists.
  - f) Exempt Acute Care Children's Hospitals.
  - g) Ordered Ambulatory Services (specific services performed by a hospital on an ambulatory basis upon the order of a qualified physician, physician's assistant, dentist or podiatrist to test, diagnose or treat a recipient or specimen taken from a recipient).
  - h) Ordered Ambulatory Services (specific services performed by a free-standing clinic on an ambulatory basis upon the order of a qualified physician, physician's assistant, dentist or podiatrist to test, diagnose or treat a recipient or specimen taken from a recipient).
  - i) Adult Day Health Care Services for Persons with HIV/AIDS and Other High-Need Populations Diagnostic and Treatment Centers.
  - j) Ambulatory Patient Group System: Hospital-Based Outpatient (Article 28 Services Only).
  - k) Hospital Outpatient Supplemental Payments – Non-Government Owned or Operated General Hospitals.

## 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:

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0059**

This State Plan Amendment proposes to end-date the one and one-half percent (1.5%) across-the-board payment reduction on hospital inpatient services.

DRAFT



New York  
A(1)(d)

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

**Across the Board 1% Payment Reduction – effective 1/1/2020 [and thereafter]- 3/31/2022; additional 0.5% Across-the-Board Payment Reduction – effective on or after 4/2/2020 [and thereafter]- 3/31/2022**

- (1) For dates of service on and after January 1, 2020 – March 31, 2022, payments for services as specified in paragraph (3) of this Section will be reduced by one percent (1%).
- (2) For dates of service on or after April 2, 2020 – March 31, 2022, payments for services as specified in paragraph (3) of this Section will be reduced by an additional one-half percent (0.5%) to the percent referenced in paragraph (1), resulting in a one and one-half percent (1.5%) reduction.
- (3) Payments pursuant to Part I in this Attachment subject to the reduction in paragraphs (1) and (2) are the following:

**Part I – Methods and Standards for Establishing Payments – Inpatient Hospital Care**

- a) Hospital Inpatient Reimbursement.
- b) Capital Expense Reimbursement.
- c) Adding or Deleting Hospital Services or Units.
- d) New Hospitals and Hospital on Budgeted Rates.
- e) Swing Bed Reimbursement.
- f) Mergers, Acquisitions, Consolidations, Restructurings and Closures.
- g) Administrative Rate Appeals.
- h) Out-of-State Providers.
- i) Hospital Physician Billing.
- j) Graduate Medical Education – Medicaid Managed Care Reimbursement.
- k) Government General Hospital Additional Disproportionate Share Payments.
- l) Government General Hospital Indigent Care Adjustment.
- m) Voluntary Supplemental Inpatient Payments.
- n) Indigent Care Pool Reform.

TN #22-0059  
Supersedes TN #20-0051

Approval Date \_\_\_\_\_  
Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0061**

This State Plan Amendment proposes to implement a 5.4% Cost of Living Adjustment to the reimbursement fees for NYS Office of Mental Health Outpatient and Rehabilitative programs, effective April 1, 2022.

DRAFT



**New York  
3(j.1a)**

**1905(a)(9) Clinic Services****Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)**

The agency's fee schedule rate was set as of April 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/cdt-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx)

[Effective July 1, 2021, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

| <b>Rate Code</b> | <b>Description</b>              | <b>Downstate Region</b> | <b>Western Region</b> | <b>Upstate Region</b> |
|------------------|---------------------------------|-------------------------|-----------------------|-----------------------|
| 4310             | Half Day 1-40 Cumulative Hours  | \$32.58                 | \$29.36               | \$28.85               |
| 4311             | Half Day 41-64 Cumulative Hours | \$24.44                 | \$24.46               | \$24.48               |
| 4312             | Half Day 65+ Cumulative Hours   | \$18.01                 | \$18.03               | \$18.04               |
| 4316             | Full Day 1-40 Cumulative Hours  | \$65.18                 | \$58.70               | \$57.66               |
| 4317             | Full Day 41-64 Cumulative Hours | \$48.89                 | \$48.93               | \$48.97               |
| 4318             | Full Day 65+ Cumulative Hours   | \$36.01                 | \$36.44               | \$36.10               |
| 4325             | Collateral Visit                | \$32.58                 | \$29.36               | \$28.85               |
| 4331             | Group Collateral Visit          | \$32.58                 | \$29.36               | \$28.85               |
| 4337             | Crisis Visit                    | \$32.58                 | \$29.36               | \$28.85               |
| 4346             | Preadmission Visit              | \$32.58                 | \$29.36               | \$28.85]              |

TN #22-0061

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

Supersedes TN #21-0044

Effective Date April 1, 2022

**New York  
3(j.2)**

**1905(a)(9) Clinic Services****Continuing Day Treatment Services:****Reimbursement Methodology for Outpatient Hospital Services****Definitions:**

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service** - Half Day – Minimum two hours  
Full Day – Minimum four hours  
Collateral Visit – minimum of 30 minutes  
Preadmission and Group Collateral Visits – minimum of one hour  
Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

The agency's fee schedule rate was set as of April 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/cdt-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx)

[Reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

**Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers (Non-State Operated)**

| Rate Code | Description                    | Statewide Rate Effective 07/01/2021 |
|-----------|--------------------------------|-------------------------------------|
| 4310      | Half Day 1-40 Cumulative Hours | \$43.81                             |
| 4311      | Half Day 41+ Cumulative Hours  | \$32.80                             |
| 4316      | Full Day 1-40 Cumulative Hours | \$65.27                             |
| 4317      | Full Day 41+ Cumulative Hours  | \$48.95                             |
| 4325      | Collateral Visit               | \$43.73                             |
| 4331      | Group Collateral Visit         | \$43.73                             |
| 4337      | Crisis Visit                   | \$43.73                             |
| 4346      | Preadmission Visit             | \$43.73]                            |

TN   #22-0061  

Supersedes TN   #21-0044  

Approval Date                     

Effective Date   April 1, 2022

New York  
3k(1a)  
[Reserved]

**1905(a)(9) Clinic Services**  
**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital**  
**Partial Hospitalization Services effective April 1, 2022**

The agency's fee schedule rate was set as of April 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

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

DRAFT

TN 22-0061 Approval Date \_\_\_\_\_

Supersedes TN 21-0044 Effective Date April 1, 2022





New York  
3k(2a)

1905(a)(9) Clinic Services  
Day Treatment Services for Children:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of April 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at:

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

[Effective July 1, 2021, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

**Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)**

| Rate Code | Description           | New York City | Rest of State |
|-----------|-----------------------|---------------|---------------|
| 4060      | Full Day              | \$103.51      | \$100.17      |
| 4061      | Half Day              | \$51.77       | \$50.09       |
| 4062      | Brief Day             | \$34.52       | \$33.33       |
| 4064      | Crisis Visit          | \$103.51      | \$100.17      |
| 4065      | Preadmission Full Day | \$103.51      | \$100.17      |
| 4066      | Collateral Visit      | \$34.52       | \$33.33       |
| 4067      | Preadmission Half Day | \$51.77       | \$50.09]      |

TN 22-0061 Approval Date \_\_\_\_\_

Supersedes TN 21-0044 Effective Date April 1, 2022

**New York  
3k(4)**

**1905(a)(9) Clinic Services  
Regional Day Treatment for Children Rates for Outpatient Hospital Services  
(Non-State Operated)**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of April 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at:

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

[Effective July 1, 2021, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

| Rate Code | Description            | New York City | Rest of State |
|-----------|------------------------|---------------|---------------|
| 4060      | Full Day               | \$103.51      | \$100.17      |
| 4061      | Half Day               | \$51.77       | \$50.09       |
| 4062      | Brief Day              | \$34.52       | \$33.33       |
| 4064      | Crisis Visit           | \$103.51      | \$100.17      |
| 4065      | Pre-Admission Full Day | \$103.51      | \$100.17      |
| 4066      | Collateral Visit       | \$34.52       | \$33.33       |
| 4067      | Pre-Admission Half Day | \$51.77       | \$50.09]      |

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed [outpatient Mental Health Clinic] Mental Health Outpatient Treatment and Rehabilitative Services, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

TN 22-0061 Approval Date \_\_\_\_\_

Supersedes TN 21-0044 Effective Date April 1, 2022



**New York  
3M**

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

**13d. Rehabilitative Services**

**Assertive Community Treatment (ACT) Reimbursement**

ACT services are reimbursed regional monthly fees per individual for ACT teams serving either 36, 48, or 68 individuals, as follows. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. [The agency's fee schedule rate was set as of December 31, 2021 and is effective for services provided on or after that date. Further, t] [The agency's fee schedule rate is adjusted as of April 1, 2022 and such rate is effective for services provided on or after that date. All rates are published [Up-to-date ACT service reimbursement rates can be found] at the following link:

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

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

ACT services are reimbursed either the full or partial/stepdown fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided during a month. Providers may not bill more than one monthly fee for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. ACT services are also reimbursed the partial/stepdown fee for a maximum of five months for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full fee may be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of six contacts per month, of which up to two contacts may be provided while the individual was in the hospital. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge.

TN   #22-0061    
Supersedes TN   #21-0058  

Approval Date \_\_\_\_\_  
Effective Date   April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0062**

Effective April 1, 2022, this State Plan Amendment proposes to add a 5.4% statutory COLA for:

- OASAS Part 822 freestanding outpatient addiction rehab, outpatient addiction day rehab, and opioid treatment programs
- OASAS Part 820 residential services (stabilization, rehabilitation, and reintegration)
- OASAS Part 818 freestanding residential rehab (aka, inpatient rehab)
- OASAS Part 816 freestanding residential medically supervised withdrawal and stabilization (aka, inpatient detox)

DRAFT

New York  
10(a.1)(a)

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

**Rehabilitative Services - Addiction Services**

**Addiction Residential Services (cont.)**

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

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

DRAFT

TN #22-0062

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

Supersedes TN #NEW

Effective Date April 1, 2022

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

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

**Reimbursement methodology (cont.)**

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

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

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

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

Effective April 1, 2022, the November 1, 2021 rates for Outpatient Addiction Rehab, Outpatient Addiction Day Rehab, and Opioid Treatment Programs (including in-community services) will receive a 5.4% cost-of-living adjustment (COLA). The July 1, 2022 rates for the same services will also receive the same 5.4% COLA. All rates will be posted at:

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

TN #22-0062

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

Supersedes TN #21-0064

Effective Date April 1, 2022



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

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

Statewide RMSW fees:

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

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

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

Effective April 1, 2022, the January 1, 2019 fees in the table above will receive a 5.4% cost-of-living adjustment. Those fees will be posted on the OASAS website at:

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

TN #22-0062

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

Supersedes TN #19-0017

Effective Date April 1, 2022

New York  
10(a.6)(a)

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

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

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

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

DRAFT

TN #22-0062

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

Supersedes TN #NEW

Effective Date April 1, 2022

New York  
10(a.7)(a)

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

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

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

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

DRAFT

TN #22-0062

Supersedes TN #NEW

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

Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0063**

This State Plan Amendment proposes to add a 5.4% statutory COLA for OASAS Part 822 hospital-based outpatient services (Chemical Dependence (CD) Clinic, CD Outpatient Rehabilitation, and Opioid Treatment Programs).

DRAFT

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

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

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

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

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

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

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

TN #22-0063

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

Supersedes TN #10-0041

Effective Date: April 1, 2022

New York  
1(p)(iv)

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

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

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

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

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

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

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

TN #22-0063

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

Supersedes TN #21-0005

Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.



**SUMMARY**  
**SPA #22-0064**

This State Plan Amendment proposes to add a 5.4% statutory COLA for OASAS Residential Rehabilitation Services for Youth.

DRAFT

New York  
12

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

Statewide RRSY Fees:

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

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

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

Effective April 1, 2022, the January 1, 2019 rates in the table above will receive a cost-of-living adjustment of 5.4% and will be published at the following link:

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

TN #22-0064

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

Supersedes TN #19-0013

Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0065**

This State Plan Amendment proposes to adjust the operating component of the inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, and out-of-state acute care hospitals to reflect an across-the-board increase of one percent (1%) effective for dates of services on and after April 1, 2022.

DRAFT

New York  
A(1)(c.1)

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

**Across the Board Hospital Inpatient Increase**

(1) For dates of service on and after April 1, 2022, the inpatient operating rate components listed below for Article 28 hospitals, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across-the-board increase of one percent (1%).

a. Sections in this Attachment applicable to the one percent (1%) hospital inpatient increase are as follows:

i. Statewide Base Price

ii. Add-Ons to the Acute Rate Per Discharge except as follows:

1. Minimum wage add-on

iii. Exempt units and hospitals

1. Physical medical rehabilitation inpatient services - operating component

2. Chemical dependency rehabilitation inpatient services – operating component

3. Critical access hospitals – operating component

4. Cancer hospitals – operating component

5. Specialty long term acute care hospital – operating component

6. Acute care children's hospitals – operating component

7. Substance abuse detoxification inpatient services – operating component

8. Inpatient psychiatric services provided in general hospitals, or distinct units of general hospitals, specializing in such inpatient psychiatric services – operating component and Direct Graduate Medical Education (DGME)

iv. Graduate Medical Education - Medicaid Managed Care Reimbursement

v. Alternate Level of Care Payments (ALC)

vi. Swing Bed inpatient services – operating component

vii. Out-of-State inpatient hospital services – operating component

TN #22-0065 \_\_\_\_\_

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

Supersedes TN #NEW \_\_\_\_\_

Effective Date April 1, 2022 \_\_\_\_\_

## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0067**

This State Plan Amendment proposes to increase the operating cost component of Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) rates by 1%.

DRAFT

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

**1905(a)(2)(A): Outpatient Hospital Services; 1905(a)(9): Clinic Services  
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics**

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. 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.

For services provided on and after April 1, 2016 the cost of long acting reversible contraceptives (LARC) will be separated from the PPS reimbursement. Reimbursement for LARC will be based on actual acquisition cost. The facility must submit a separate claim to be reimbursed for the actual acquisition cost of the LARC device.

TN #22-0067

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

Supersedes TN #16-0028

Effective Date: April 01, 2022



## PUBLIC NOTICE

## Department of Health

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

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

## All Services

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0072**

This State Plan Amendment proposes to adjust rates statewide to reflect a 5.4% Cost of Living Adjustment for Health Home Plus and to implement an across the board rate increase of 1% for Health Homes Serving adults and children, excluding the rate code eligible for the Cost of Living Adjustment.

Under proposed legislation S.8007—CA.9007—C, Article VII Part I, the enacted budget outlines a 1% increase in eligible Health Home rates statewide.

For those Health Home members that meet the risk and acuity criteria for Health Home Plus, a 5.4% Cost of Living Adjustment is also outlined in proposed legislation S.8007—CA. 9007—C, Article VII Part DD. Rates subject to the 5.4% cost of living adjustment will not be eligible for the 1% increase.

DRAFT

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

# NY - Submission Package - NY2022MS0005D - Health Homes

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

CMS-10434 OMB 0938-1188

## Package Information

|                       |                         |                        |              |
|-----------------------|-------------------------|------------------------|--------------|
| <b>Package ID</b>     | NY2022MS0005D           | <b>Submission Type</b> | Draft        |
| <b>Program Name</b>   | NYS Health Home Program | <b>State</b>           | NY           |
| <b>Version Number</b> | 1                       | <b>Region</b>          | New York, NY |
|                       |                         | <b>Package Status</b>  | Pending      |

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Executive Summary

**Summary Description Including Goals and Objectives** The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions.

Pursuant to the enacted 2022-23 NYS Budget this State Plan Amendment proposes to:

1. Update Home Rates to reflect an enacted 1% across the board rate increase for Health Homes serving adults and children, AND
2. Adjust Health Home Plus rates statewide to reflect a 5.4% cost of living adjustment outlined in proposed legislation S. 8007--C A. 9007--C, Article VII Part DD

### Federal Budget Impact and Statute/Regulation Citation



#### Federal Budget Impact

|        | Federal Fiscal Year | Amount    |
|--------|---------------------|-----------|
| First  | 2022                | \$2141263 |
| Second | 2023                | \$4282527 |

#### Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

| Name   | Date Created           |   |
|--|------------------------|---|
| <a href="#">Authorizing Provisions (22-0072) (5-10-22)</a> | 5/12/2022 12:01 PM EDT |  |
| <a href="#">Fiscal Calculations (22-0072) (5-10-22)</a>    | 5/17/2022 8:28 AM EDT  |  |

DRAFT

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

CMS-10434 OMB 0938-1188

**The submission includes the following:**

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

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

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

NYS Health Home Program

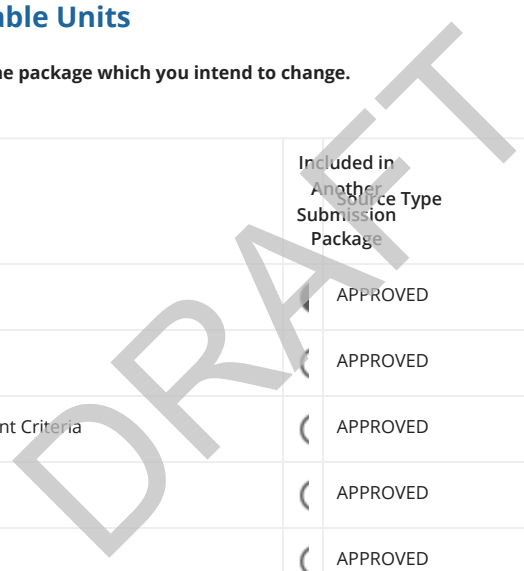
## Health Homes SPA - Reviewable Units

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

\*

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

1 - 8 of 8



# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header


|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Name of Health Homes Program

NYS Health Home Program

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

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

| Name   | Date Created           |   |
|--|------------------------|---|
| <a href="#">NYS Register -COLA -ATB 1(3-30-22) (002)</a> | 5/12/2022 12:14 PM EDT |  |

DRAFT



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Name of Health Homes Program:

NYS Health Home Program

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

- Yes
- No

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

- Yes
- No

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

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

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

- All Indian Health Programs

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

- All Urban Indian Organizations

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

- All Indian Tribes

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

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

| Name               | Date Created |
|--------------------|--------------|
| No items available |              |

### Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

- Eligibility
- Benefits
- Service delivery
- Other issue

DRAFT

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

## SAMHSA Consultation

### Name of Health Homes Program

NYS Health Home Program

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

| Date of consultation |
|----------------------|
| No items available   |

DRAFT

# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |                |                                |     |
|--------------------------|----------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D  | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft          | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-21-0026     |                                |     |
|                          | System-Derived |                                |     |

## Program Authority

1945 of the Social Security Act

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

### Name of Health Homes Program

NYS Health Home Program

## Executive Summary

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

Summary description including goals and objectives

New state plan amendment supersedes transmittal# 21-0026  
Transmittal# 22-0072

Part I: Summary of new State Plan Amendment (SPA) #21-0072

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

Under proposed legislation S. 8007--C A. 9007—C, Article VII Part I, the enacted budget outlines a 1% increase in eligible Health Home rates statewide. For those members that meet the risk and acuity criteria for Health Home Plus, a 5.4% Cost of Living Adjustment is also outlined in proposed legislation S. 8007--C A. 9007—C, Article VII Part DD. Rates subject to the 5.4% cost of living adjustment are not eligible for the 1% increase.

## General Assurances

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

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |                |                                |     |
|--------------------------|----------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D  | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft          | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-21-0026     |                                |     |
|                          | System-Derived |                                |     |

## Payment Methodology

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

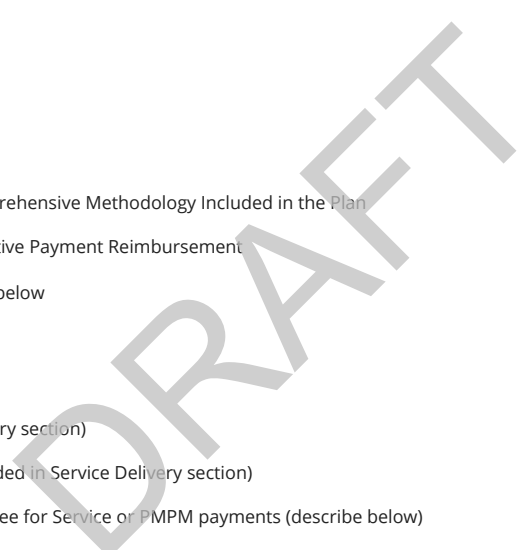
- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Fee for Service Rates based on
    - Severity of each individual's chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other

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

- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** see text below

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |                              |                                |     |
|--------------------------|------------------------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D                | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft                        | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A                          | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-21-0026<br>System-Derived |                                |     |

## Agency Rates

### Describe the rates used

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

### Effective Date

4/1/2022

### Website where rates are displayed

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

DRAFT

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

### Package Header

|                          |                              |                                |     |
|--------------------------|------------------------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D                | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft                        | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A                          | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-21-0026<br>System-Derived |                                |     |

### Rate Development

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

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

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

#### Provider Type

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

#### Care Management Fee:

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

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

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

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

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

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

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

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

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

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

8.xlsx

State Health Home Rates and Rate Codes Effective July 1, 2020, can be found at:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/billing/hh\\_rates\\_effective\\_july\\_2020.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm)

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

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

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

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

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

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

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

#### Managed Care Considerations:

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

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

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

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

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

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



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

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

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

Children's Transitional Rates

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

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019

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

July 1, 2019 through December 31, 2019

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

January 1, 2020 through June 30, 2020

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

July 1, 2020 through December 31, 2020

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

January 1, 2019 through June 30, 2019

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

July 1, 2019 through December 31, 2019

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

January 1, 2020 through June 30, 2020

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

July 1, 2020 through December 31, 2020

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

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

DRAFT

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0005D | NYS Health Home Program

## Package Header

|                          |                |                                |     |
|--------------------------|----------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0005D  | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft          | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-21-0026     |                                |     |
|                          | System-Derived |                                |     |

## Assurances

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

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

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

- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

| Name   | Date Created           |  |
|--|------------------------|--|
| NI- Standard Funding Questions (22-0072) (5-10-22) | 5/17/2022 11:38 AM EDT |  |

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 6/3/2022 1:35 PM EDT*

DRAFT

## 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:

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0073**

This State Plan Amendment proposes to adjust rates statewide to reflect a 5.4% Cost Of Living Adjustment for Care Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities.

DRAFT

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

# NY - Submission Package - NY2022MS0006D - Health Homes

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

CMS-10434 OMB 0938-1188

## Package Information

|                       |   |                        |              |
|-----------------------|---|------------------------|--------------|
| <b>Package ID</b>     | NY2022MS0006D                             | <b>Submission Type</b> | Draft        |
| <b>Program Name</b>   | NYS CCO/HHs Serving Individuals with I/DD | <b>State</b>           | NY           |
| <b>Version Number</b> | 1   | <b>Region</b>          | New York, NY |
|                       |   | <b>Package Status</b>  | Pending      |

DRAFT

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT



### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

#### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

#### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment proposes to adjust rates statewide to reflect a 5.4 percent Cost Of Living Adjustment for Care Coordination Organization/Health Homes for individuals with intellectual and developmental disabilities

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



##### Federal Budget Impact

|        | Federal Fiscal Year | Amount     |
|--------|---------------------|------------|
| First  | 2022                | \$5858560  |
| Second | 2023                | \$11717121 |

##### Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

| Name  | Date Created          |   |
|---|-----------------------|---|
| <a href="#">Fiscal Calculations (22-0073) (5-18-22)</a>   | 5/18/2022 2:51 PM EDT |   |
| <a href="#">Authorizing Provisions (22-0073) (6-2-22)</a> | 6/2/2022 2:46 PM EDT  |  |

DRAFT

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

### Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Governor's Office Review

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

DRAFT

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHS Serving Individuals with I/DD

CMS-10434 OMB 0938-1188

**The submission includes the following:**

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

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

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

NYS CCO/HHS Serving Individuals with I/DD

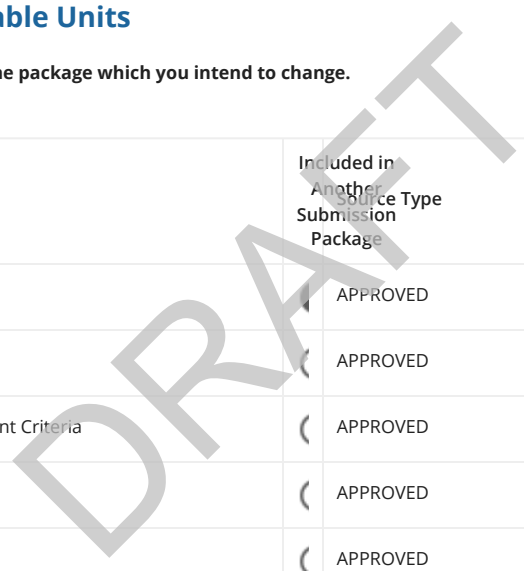
## Health Homes SPA - Reviewable Units

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

\*

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

1 - 8 of 8



# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header


|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

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

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

| Name   | Date Created          |   |
|--|-----------------------|---|
| <a href="#">NYS Register -COLA (3-30-22)</a> | 5/18/2022 2:56 PM EDT |  |

DRAFT

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

### Name of Health Homes Program:

NYS CCO/HHs Serving Individuals with I/DD

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

- Yes
- No

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

- Yes
- No

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

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

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

- All Indian Health Programs

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

- All Urban Indian Organizations

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

- All Indian Tribes

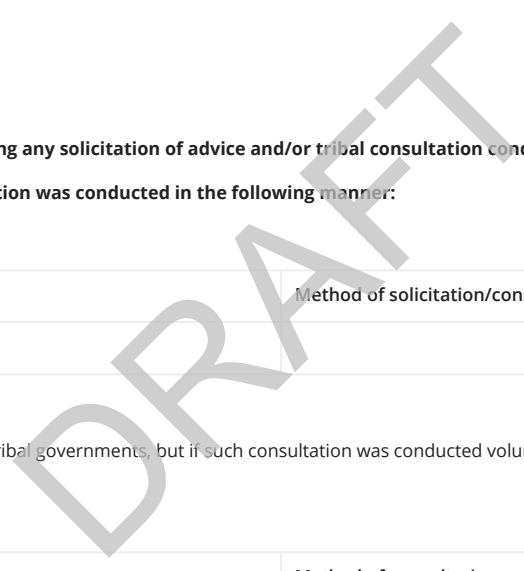
|                              |                                |
|------------------------------|--------------------------------|
| <b>Date of consultation:</b> | <b>Method of consultation:</b> |
|                              |                                |

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

| Name               | Date Created |
|--------------------|--------------|
| No items available |              |

### Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology



- Eligibility
- Benefits
- Service delivery
- Other issue

DRAFT

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |               |                                |     |
|--------------------------|---------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft         | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | N/A           |                                |     |

## SAMHSA Consultation

### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

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

| Date of consultation |
|----------------------|
| No items available   |

DRAFT

# Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |                |                                |     |
|--------------------------|----------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D  | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft          | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-20-0054     |                                |     |
|                          | System-Derived |                                |     |

## Program Authority

1945 of the Social Security Act

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

### Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

## Executive Summary

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions for Care Coordination Organization/Health Home (CCO/HH). Pursuant to the enacted 2022-23 NYS Budget this State Plan Amendment proposes to adjust CCO/Health Home rates statewide to reflect a 5.4 percent cost of living adjustment outlined in proposed legislation S. 8007-C A. 9007—C, Article VII Part DD

The New York State Department of Health (DOH), in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD), is seeking a new Health Home State Plan, effective July 1, 2018, to create and authorize Health Home care management for individuals with intellectual and/or developmental disabilities (I/DD). The goal of establishing Health Homes to serve the I/DD population is to provide a strong, stable, person-centered approach to holistic service planning and coordination required to ensure the delivery of quality care that is integrated and supports the needs of individuals with I/DD chronic conditions. The Health Home program authorized under this State Plan shall be known as the NYS Care Coordination Organizations/Health Homes (CCO/HHs) Serving Individuals with Intellectual and Developmental Disabilities (I/DD) Program (NYS CCO/HHs Serving I/DD) and Health Homes authorized under this State Plan shall be known as Care Coordination Organizations/Health Homes (CCO/HHs). As described in more detail, this SPA will establish requirements for the NYS CCO/HHs Serving I/DD Program, including establishing eligible I/DD Health Home chronic conditions; transitioning Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to Health Homes; establishing per member per month rates for Health Homes designated to serve members with I/DD; defining CCO/HHs core requirements, including Health Information Technology (HIT) requirements; establishing the processes for referring Medicaid members to CCO/HHs; and defining the requirements for providers to be eligible to be designated as CCO/HHs. The State Plan authorizes the statewide enrollment of individuals with eligible Developmental Disability conditions in designated CCO/HHs.

## General Assurances

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



# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |                |                                |     |
|--------------------------|----------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D  | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft          | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-20-0054     |                                |     |
|                          | System-Derived |                                |     |

## Payment Methodology

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

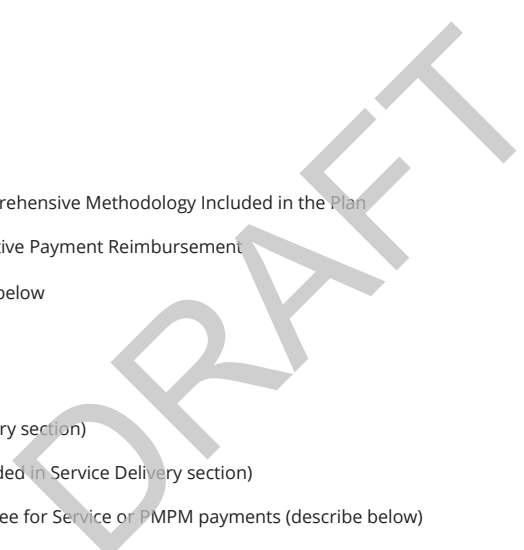
- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Fee for Service Rates based on
    - Severity of each individual's chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other

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

- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided**  
see text below

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |                              |                                |     |
|--------------------------|------------------------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D                | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft                        | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A                          | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-20-0054<br>System-Derived |                                |     |

## Agency Rates

### Describe the rates used

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

### Effective Date

4/1/2022

### Website where rates are displayed

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

DRAFT

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

### Package Header

|                          |                              |                                |     |
|--------------------------|------------------------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D                | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft                        | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A                          | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-20-0054<br>System-Derived |                                |     |

### Rate Development

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

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

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

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies  
Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

#### Care Management Fee

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

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

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

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

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

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2022MS0006D | NYS CCO/HHs Serving Individuals with I/DD

## Package Header

|                          |                |                                |     |
|--------------------------|----------------|--------------------------------|-----|
| <b>Package ID</b>        | NY2022MS0006D  | <b>SPA ID</b>                  | N/A |
| <b>Submission Type</b>   | Draft          | <b>Initial Submission Date</b> | N/A |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | N/A |
| <b>Superseded SPA ID</b> | NY-20-0054     |                                |     |
|                          | System-Derived |                                |     |

## Assurances

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


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

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

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

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

## Optional Supporting Material Upload

| Name   | Date Created          |   |
|--|-----------------------|---|
| NI- Standard Funding Questions (22-0073) (5-14-22) | 5/18/2022 3:01 PM EDT |  |

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 6/2/2022 2:47 PM EDT*

DRAFT

## 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:

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.

**SUMMARY**  
**SPA #22-0074**

This State Plan Amendment proposes to increase the CFTSS Children's Medicaid Rates by 5.4% for the Cost of Living Adjustment (COLA) authorized under Part DD of Chapter 57 of the Laws of 2022.

DRAFT

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. [The agency's fee schedule rate was set as of 4/2/2020 and is effective for services provided on or after that date.] Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA) authorized under Part DD of Chapter 57 of the Laws of 2022.

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

**Crisis Intervention Rates:**

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

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

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

[[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/fpps\\_bh\\_kids\\_ffs\\_rates.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/fpps_bh_kids_ffs_rates.htm)]

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

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

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

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

TN # #22-0074

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

Supersedes TN # 20-0036Effective Date April 1, 2022



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

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

**Rehabilitative Services (EPSDT only)**

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

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Licensed Practitioner, Psychosocial Rehabilitation Supports, Family Peer Support Services, Crisis Intervention, Youth Peer Supports and Training. [The agency's fee schedule rate was set as of 4/2/2020 and is effective for services provided on or after that date.] Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA) authorized under Part DD of Chapter 57 of the Laws of 2022.

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

**Crisis Intervention Rates:**

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

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

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

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

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

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

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

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

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

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

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

TN # #22-0074

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

Supersedes TN # 20-0036

Effective Date April 1, 2022

## PUBLIC NOTICE

## Department of Health

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

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

**All Services**

Effective on or after April 1, 2022, the Department of Health will adjust rates statewide to reflect a 5.4% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Children Family Treatment Support Services, Health Home Plus, Residential Treatment Facilities for Children and Youth, OASAS outpatient addiction services, OASAS freestanding (non-hospital) inpatient rehabilitation services, OASAS freestanding inpatient detox services, OASAS addiction treatment centers, OASAS Part 820 residential services, OASAS residential rehabilitation services for youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic services, Specialty Hospital, Health Home Services Provided by Care Coordination Organizations, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2022, 5.4% percent Cost of Living Adjustment contained in the budget for State Fiscal Year 2023 is \$109.9 million.

Effective on or after April 1, 2022, Health care and mental hygiene worker bonuses will be provided to New York's essential front line health care and mental hygiene workers. These bonuses are intended to attract talented people into the profession and retain people who have been working during the COVID-19 Pandemic by rewarding them financially for their service.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$1.85 billion.

Effective for dates of service on or after April 1, 2022, through March 31, 2024, all Medicaid rate-based claims will receive a 1% operating increase. Payments exempted from this increase, are as follows:

- Payments not subject to federal financial participation;
- Payments that would violate federal law including, but not limited to, hospital disproportionate share payments that would be in excess of federal statutory caps;
- Payments made by other state agencies including, but not limited to, those made pursuant to articles 16, 31 and 32 of the mental hygiene laws;
- Payments the state is obligated to make pursuant to court orders or judgments;
- Payments for which the non-federal share does not reflect any state funding; and
- At the discretion of the Commissioner of Health and the Director of the Budget, payments with regard to which it is determined that application of increases pursuant to this section would result, by operation of federal law, in a lower federal medical assistance percentage applicable to such payments.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$165 million.

Effective for dates of service on or after April 1, 2022, the 1.5% uniform reduction for all non-exempt Department of Health state funds Medicaid payments will be restored.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$280 million.

## Non-Institutional Services

Effective on or after April 1, 2022, 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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 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 state fiscal year beginning April 1, 2022, through March 31, 2023, 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.

Effective April 1, 2022, and each state fiscal year thereafter, this amendment proposes to revise the final payment component of the calculation to account for claim runout. The current authority to make supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Effective on or after April 1, 2022, payments in quarter-hour units for the following harm reduction services for people who actively use drugs provided at New York State Commissioner of Health waived comprehensive harm reduction programs (community-based organizations) will be revised. The intention is to combat the opioid overdose crisis and reduce health care costs for people who use drugs. Harm reduction services improve population health and have been shown to reduce health care costs by preventing disease transmission (HIV, HBV, and HCV), injection site infections, emergency department and inpatient care from drug overdose, injury, and death. Comprehensive harm reduction programs are effective at engaging high-risk populations and serving as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as brief assessment and treatment planning, harm reduction counseling, linkage and navigation, medication management and treatment adherence counseling, psychoeducation support groups. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for State Fiscal Year 2023 is \$34.6 million.