



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. Halbritter:

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

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

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

Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Hill:

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

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Sincerely,

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Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



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Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. Polite:

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

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Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

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Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Hill:

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

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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Vennetta Harrison  
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Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

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Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Henry:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Patterson:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Wallace:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Venetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. Halftown:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Venetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program





## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Lafrance:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Venetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Chief Cook:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

Saint Regis Mohawk Tribe  
Chief Eric Thompson  
412 State Route 37  
Akwesasne, NY 13655

Dear: Chief Thompson:

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

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Sincerely,

/S/

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Venetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Ms. Austin:

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

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Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

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US Dept. of Health and Human Services

Vennetta Harrison  
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Regina Bryde  
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**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. Cuffee:

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

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program



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Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. Twoguns:

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

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**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. Wheeler:

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

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**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

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

Dear: Mr. John Sr.:

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

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Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program





## Department of Health

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**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 12, 2019

American Indian Community House  
Ben Geboe  
Interim Executive Director  
39 Eldridge Street, 4th Floor  
New York, NY 10002

Dear: Mr. Geboe:

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

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Medicaid Director  
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Vennetta Harrison  
CMS Native American Contact

Regina Bryde  
NYSDOH American Indian Health Program

**SUMMARY**  
**SPA #19-0045**

This State Plan Amendment proposes a flat per-diem fee as reimbursement of the operating costs for specialized hospital-based inpatient psychiatric units dedicated solely to the treatment of children with diagnoses of both developmental disability and serious emotional disturbance.

DRAFT

**New York  
119**

12. *New hospitals and new hospital units.* The operating cost component of rates of payment for new hospitals, or hospital units, without adequate cost experience will be computed based on either budgeted cost projections, subsequently reconciled to actual reported cost data, or the regional ceiling calculated in accordance with paragraph (10) of this section, whichever is lower. The capital cost component of such rates will be calculated in accordance with the capital cost provisions of this Attachment.
13. Effective July 1, 2018, Hospitals that have been approved by the Office of Mental Health to operate distinct units to provide specialized inpatient psychiatric care to stabilize adults with co-morbid mental illness and intellectual developmental disability diagnoses as defined in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, will be reimbursed a flat per diem operating rate of \$1,177.11, and the rate-setting methodology provided in paragraph 8 of this section will not apply to services furnished in such units. Capital costs will be reimbursed on a per diem basis for the cost of capital in accordance with paragraph 11 of this section. Specialized inpatient psychiatric units are a new approach to treating dually-diagnosed individuals. The units are physically distinct and have been approved by the State to provide such care and services based on a review of the unit's physical plant specifications, enhanced staffing, and adherence to specialized clinical protocols, which demonstrate sufficient specialization in the assessment and treatment of adults with co-occurring intellectual or developmental disability, including autism spectrum disorder, and mental illness diagnoses, who exhibit destructive behaviors, or an acute safety risk or decrease in functioning.
14. Effective August 1, 2019, Hospitals that have been approved by the Office of Mental Health to operate distinct units to provide specialized inpatient psychiatric care to stabilize children with co-morbid mental illness and intellectual developmental disability diagnoses as defined in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, will be reimbursed a flat per diem operating rate of \$1,792.50, and the rate-setting methodology provided in paragraph 8 of this section will not apply to services furnished in such units. Capital costs will be reimbursed on a per diem basis for the cost of capital in accordance with paragraph 11 of this section. Specialized inpatient psychiatric units are a new approach to treating dually-diagnosed individuals. The units are physically distinct and have been approved by the State to provide such care and services based on a review of the unit's physical plant specifications, enhanced staffing, and adherence to specialized clinical protocols, which demonstrate sufficient specialization in the assessment and treatment of adults with co-occurring intellectual or developmental disability, including autism spectrum disorder, and mental illness diagnoses, who exhibit destructive behaviors, or an acute safety risk or decrease in functioning.

**TN #19-0045** \_\_\_\_\_

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

**Supersedes TN #18-0001** \_\_\_\_\_

**Effective 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 comply with Social Services Law 365-a. The following changes are proposed:

**Non-Institutional Services**

Effective on or after October 1, 2019, Medical assistance shall include the coverage of Applied Behavior Analysis, as defined in section eighty-eight hundred one of the education law, where such service is provided by a licensed behavior analyst or certified behavior analyst assistant, licensed or certified under article one hundred sixty-seven of the education law, for the treatment of autism spectrum disorders and related disorders.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$6.4 million.

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

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

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

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

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

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

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

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

**PUBLIC NOTICE**

## Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with a joint policy objective of the Office for Persons with Developmental Disabilities, the Office of Mental Health and the Department of Health. The following changes are proposed:

**Institutional Services**

Effective on or after October 1, 2019, the Department of Health, in conjunction with the Office of Mental Health, will certify specialized inpatient psychiatric units that focus on the treatment of adolescents and children with a diagnosis of both developmental disability and serious emotional disturbance. Special admission criteria and rates will be created.

The costs associated with these specialized inpatient units are expected to be fully offset by reduction in lengths of inpatient stays of the adolescent and child populations, therefore it is anticipated there will be no net increase to aggregate Medicaid spending.

The estimated aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$2,928,720. The annualized aggregate increase attributable to this initiative is \$5,857,436.

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

**PUBLIC NOTICE**

## New York City Deferred Compensation Plan &amp; NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from insurance consultants or brokers to provide a range of consulting services in the area of cyber insurance. The Request for Proposals ("RFP") will be available beginning on Thursday, April 18, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Thursday, May 23, 2019. To obtain a copy of the RFP, please visit [www1.nyc.gov/site/olr/about/about-rfp.page](http://www1.nyc.gov/site/olr/about/about-rfp.page) and download the RFP along with the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, proposals from New York City certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with New York City 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**

## New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide U.S. Treasury Inflation Protected

# 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

Office of General Services  
Interagency Committee on Sustainability and Green  
Procurement

Pursuant to Executive Order No. 4: Establishing a State Green Procurement and Agency Sustainability Program, April 24, 2008 ("EO 4"), the Interagency Committee on Sustainability and Green Procurement hereby gives public notice of the following:

13 green specifications were tentatively approved by the Interagency Committee on Sustainability and Green Procurement and have been posted for public comment.

These include new or amended specifications on the following topics: Adhesives, Floor Coverings, Lubricants, and Computers and Displays.

All of the above specifications are available for viewing at: <https://ogs.ny.gov/greenny/executive-order-4-tentatively-approved-specifications>

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

Comments may be submitted electronically to: [GreenEO4@ogs.ny.gov](mailto:GreenEO4@ogs.ny.gov)

Comments from the public regarding the tentatively approved specifications will be **accepted until October 8, 2019.**

## 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 a joint policy objective of the Office for Persons with Developmental Disabilities, the Office of Mental Health and the Department of Health. The following changes are proposed:

## Institutional Services

The following is a clarification to the May 15th, 2019 noticed provision regarding specialized inpatient psychiatric units that focus on the treatment of adolescents and children with a diagnosis of both developmental disability and serious emotional disturbance. This initiative will now be effective August 1, 2019.

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  
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Bronx, New York 10457

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

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

## PUBLIC NOTICE

Division of Homeland Security and Emergency Services  
Office of Fire Prevention and Control

Pursuant to Section 176-b of the Town Law, the Office of Fire Prevention and Control hereby gives notice of the following:

Application for Waiver of the Limitation on Non-resident Members of Volunteer Fire Companies

An application for a waiver of the requirements of paragraph a of subdivision 7 of section 176-b of the Town Law, which limits the membership of volunteer fire companies to forty-five per centum of the actual membership of the fire company, has been submitted by the East Clinton Fire District, County of Dutchess.

Pursuant to section 176-b of the Town Law, the non-resident membership limit shall be waived provided that no adjacent fire department objects within sixty days of the publication of this notice.

Objections shall be made in writing, setting forth the reasons such waiver should not be granted, and shall be submitted to:

Francis J. Nerney, Jr.  
State Fire Administrator  
State of New York  
Office of Fire Prevention and Control  
1220 Washington Avenue  
Building 7A, Floor 2  
Albany, New York 12226

Objections must be received by the State Fire Administrator within sixty days of the date of publication of this notice.

In cases where an objection is properly filed, the State Fire Administrator shall have the authority to grant a waiver upon consideration of (1) the difficulty of the fire company or district in retaining and recruiting adequate personnel; (2) any alternative means available to the fire company or district to address such difficulties; and (3) the impact of the waiver on adjacent fire departments.

*For further information, please contact:* Chief John Gilmore, Office of Fire Prevention and Control, 1220 Washington Ave., Bldg. 7A, Fl. 2, Albany, NY 12226, (518) 474-6746, John.Gilmore@dhses.ny.gov

## PUBLIC NOTICE

Department of State  
F-2019-0044

Date of Issuance – July 10, 2019

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-2019-0044 or the “4 Shore Rd Project”, the applicant Robert Goodman, is proposing to maintain and repair the existing seawall and install an outfall in the seawall to manage stormwater. The proposed maintenance will take place in the footprint of the existing structure. The outfall will manage stormwater and help prevent sedimentation into the sound. The outfall will be installed on the northernmost section of the wall. The diameter is 12: with the invert at 6.5 feet above current elevation. The project is located at 4 Shore Road, Village of Mamaroneck, Westchester County, in Long Island Sound.

The applicant’s consistency certification and supporting information are available for review at: [http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0044\\_4ShoreRd\\_App.pdf](http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0044_4ShoreRd_App.pdf)

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, July 25, 2019.

*Comments should be addressed to:* Consistency Review Unit, Department of State, Office of Planning, Development & 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-2019-0155

Date of Issuance – July 10, 2019

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 and is available for review at: [http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0155\\_ApplicationforPN.pdf](http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0155_ApplicationforPN.pdf)

The proposed activity is also the subject of a related application under Article VII of the New York State Public Service Law. Additional information on the Article VII Application for the Pipeline E37 Reliability and Resiliency Project (19-T-0069) can be found here: <http://documents.dps.ny.gov/public/MatterManagement/CaseMaster.aspx?MatterCaseNo=19-T-0069>

In F-2019-0155, Niagara Mohawk Power Corporation doing business as National Grid (herein referred to as National Grid) is proposing the Pipeline E37 Reliability and Resiliency Project. The stated purpose of the Project is to improve system reliability to existing customers as well as allowing continued system growth.

The Project proposes to install approximately 7.3 miles of 16-inch diameter steel gas transmission pipeline in the Town of Bethlehem, Albany County and the Towns of East and North Greenbush, Rensselaer County. The gas transmission main would connect the south end of the Albany transmission loop (“Albany Loop”) in Bethlehem to the northeast end in North Greenbush. The DOS consistency review only pertains to aspects of the Project that may affect New York’s coastal uses and resources. The pipeline would be installed through a combination of open trench methods, horizontal directional drilling (HDD), and conventional bore, including HDD under the Hudson Riverbed. There are no anticipated permanent losses of wetlands or watercourses resulting from Project construction and operation; however permanent habitat conversion within wetlands is anticipated.

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 August 9, 2019.

*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-2019-0270

Date of Issuance – July 10, 2019

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 <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0270HavensBeachDrainage.pdf>

**SUMMARY**  
**SPA #19-0046**

This amendment proposes to revise the State Plan to add Applied Behavior Analysis (EPSDT) coverage for licensed behavioral analyst, certified behavior analyst assistants under the supervision of licensed behavior analyst, or other individual specified under article one hundred sixty-seven of NYS education law, and update service type/fee schedule accordingly.

DRAFT

**New York  
3b-35(i)**

**13d. Rehabilitative Services:**

**Applied Behavior Analysis**

Effective on or after October 1, 2019, Medical assistance shall include the coverage of Applied Behavior Analysis or "ABA," as defined in section eighty-eight hundred one of NYS education law, which 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 is covered when the service is referred by a physician, physician assistant or nurse practitioner, and provided by a Licensed Behavior Analyst (LBA) or Certified Behavior Analyst Assistant (CBAA) working under the supervision of an LBA, or other individual specified under article one hundred sixty-seven of NYS education law, for the behavioral health treatment of autism spectrum disorders and related disorders.

DRAFT

**TN 19-0046**

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

**Supersedes TN NEW**

**Effective Date \_\_\_\_\_**



**New York  
3b-35(i)**

**13d. Rehabilitative Services:**

**Applied Behavior Analysis**

Effective on or after October 1, 2019, Medical assistance shall include the coverage of Applied Behavior Analysis or "ABA," as defined in section eighty-eight hundred one of NYS education law, which 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 is covered when the service is referred by a physician, physician assistant or nurse practitioner, and provided by a Licensed Behavior Analyst (LBA) or Certified Behavior Analyst Assistant (CBAA) working under the supervision of an LBA, or other individual specified under article one hundred sixty-seven of NYS education law, for the behavioral health treatment of autism spectrum disorders and related disorders.

DRAFT

**TN 19-0046**

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

**Supersedes TN NEW**

**Effective Date \_\_\_\_\_**

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

**STATE: New York**

**Applied Behavior Analysis**

Effective for services on or after October 1, 2019, 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 per hour. Services less than 60 minutes are not eligible for reimbursement.

DRAFT

TN 19-0046

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

Supersedes TN NEW

Effective 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 comply with Social Services Law 365-a. The following changes are proposed:

**Non-Institutional Services**

Effective on or after October 1, 2019, Medical assistance shall include the coverage of Applied Behavior Analysis, as defined in section eighty-eight hundred one of the education law, where such service is provided by a licensed behavior analyst or certified behavior analyst assistant, licensed or certified under article one hundred sixty-seven of the education law, for the treatment of autism spectrum disorders and related disorders.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$6.4 million.

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

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

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

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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 a joint policy objective of the Office for Persons with Developmental Disabilities, the Office of Mental Health and the Department of Health. The following changes are proposed:

**Institutional Services**

Effective on or after October 1, 2019, the Department of Health, in conjunction with the Office of Mental Health, will certify specialized inpatient psychiatric units that focus on the treatment of adolescents and children with a diagnosis of both developmental disability and serious emotional disturbance. Special admission criteria and rates will be created.

The costs associated with these specialized inpatient units are expected to be fully offset by reduction in lengths of inpatient stays of the adolescent and child populations, therefore it is anticipated there will be no net increase to aggregate Medicaid spending.

The estimated aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$2,928,720. The annualized aggregate increase attributable to this initiative is \$5,857,436.

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.

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

**PUBLIC NOTICE****New York City Deferred Compensation Plan & NYCE IRA**

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from insurance consultants or brokers to provide a range of consulting services in the area of cyber insurance. The Request for Proposals ("RFP") will be available beginning on Thursday, April 18, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Thursday, May 23, 2019. To obtain a copy of the RFP, please visit [www1.nyc.gov/site/olr/about/about-rfp.page](http://www1.nyc.gov/site/olr/about/about-rfp.page) and download the RFP along with the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, proposals from New York City certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with New York City 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****New York City Deferred Compensation Plan**

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide U.S. Treasury Inflation Protected

**SUMMARY**  
**SPA #19-0047**

This amendment proposes to revise the State Plan to authorize the addition of Outpatient Mental Health Rehabilitation Services to include coverage for psychiatric rehabilitation, crisis, counseling, assessment, medication management, care coordination and mental health peer support services delivered on an individual or group basis in a wide variety of settings, including provider offices, in the community, or in the individual's place of residence and authorize reimbursement for a range of identified State Plan services pursuant to the established Perspective Payment System consistent with Section 223 of Protecting Access to Medicare Act (Pub. L. 113-93).

DRAFT

New York  
3b-39

**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Outpatient Mental Health Services:**

The State provides coverage for Outpatient Mental Health Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual. The State assures that rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Outpatient Mental Health Services are recommended by a licensed practitioner of the healing arts acting within the scope of his/her professional license and applicable New York State law, including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, licensed clinical social workers (LCSW), licensed master social workers (LMSW) under the supervision of a LCSW, licensed psychologist or psychiatrist, licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), licensed psychoanalysts, licensed creative arts therapists (LCAT), and licensed occupational therapists (OT).

Outpatient Mental Health Services are person-centered, recovery-oriented diagnostic, therapeutic, and rehabilitative services designed to help individuals achieve recovery from mental health conditions by treating the symptoms of those conditions and restoring skills which have been lost due to the onset of mental illness and which are necessary for individuals to manage and cope with the symptoms and behaviors associated with mental health conditions and function successfully in the community. Medically necessary Outpatient Mental Health Services are those which are necessary to promote the maximum reduction of symptoms and/or restoration of an individual to their best age-appropriate functional level and are provided according to an individualized treatment plan.

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

TN #19-0047

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

Supersedes TN NEW

Effective Date \_\_\_\_\_

**New York  
3b-39(i)**

**Provider Qualifications:**

Outpatient Mental Health Services as described herein are provided by professionals and paraprofessionals qualified by credentials, training, and/or experience to provide direct services related to the treatment of mental illness and substance use disorders employed by or under contract with provider agencies licensed or authorized by the New York State Office of Mental Health, as follows:

1. Professional Staff include:

- a. Physician: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department;
- b. Psychiatrist: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department and who is either a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by such Board or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by such Board;
- c. Physician assistant: An individual who is currently registered or possesses a permit to practice as a physician assistant issued by the New York State Education Department;
- d. Nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner issued by the New York State Education Department;
- e. Psychiatric nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner with an approved specialty area of psychiatry issued by the New York State Education Department;
- f. Registered nurse: An individual who is currently licensed or possesses a permit to practice as a registered professional nurse issued by the New York State Education Department;
- g. Licensed Practical Nurse: An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. Psychologist: An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. Social worker: An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
- j. Mental health counselor: An individual who is currently licensed or possesses a permit to practice as a mental health counselor issued by the New York State Education Department;
- k. Marriage and family therapist: An individual who is currently licensed or possesses a permit to practice as a marriage and family therapist issued by the New York State Education Department;
- l. Psychoanalyst: An individual who is currently licensed or possesses a permit to practice as a psychoanalyst issued by the New York State Education Department;
- m. Creative arts therapist: An individual who is currently licensed or possesses a permit to practice as a creative arts therapist issued by the New York State Education Department;

**TN #19-0047** \_\_\_\_\_

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

**Supersedes TN NEW** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**New York  
3b-39(ii)**

- n. Certified psychiatric rehabilitation practitioner: An individual who is certified by the Psychiatric Rehabilitation Association as a psychiatric rehabilitation practitioner working within the adult mental health system;
- o. Certified rehabilitation counselor: An individual certified by the Commission on Rehabilitation Counselor Certification as a rehabilitation counselor; and
- p. Occupational Therapist: An individual who is currently licensed or possesses a permit to practice as an occupational therapist issued by the New York State Education Department and meets the qualifications set forth in 42 CFR § 440.110(b)(2).

2. Paraprofessional staff are qualified by formal or informal training and professional and/or personal experience in a mental health field or treatment setting. Paraprofessional staff, including certified peer specialists, credentialed family peer advocates, and credentialed youth peer advocates, will be supervised by Professional staff. Professional staff, as defined herein are competent mental health professionals in compliance with CMS requirements for peer-delivered services.

Paraprofessional staff will be at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma or equivalent and 1-3 years of relevant experience working with individuals with serious mental illness or substance use disorders. In addition, certified peer specialists, credentialed family peer advocates, and credentialed youth peer advocates will be certified or provisionally certified by New York State Office of Mental Health (OMH) and meet the following criteria:

**Certified Peer Specialists will:**

- 1. Possess a certification as a Certified Peer Specialist from an OMH-approved Certified Peer Specialist certification program;
- 2. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey;
- 3. Have completed 2000 hours of peer specialist experience under the supervision of a qualified supervisor; and
- 4. Completed 10 continuing education hours of peer specialist specific training annually.

Certified Peer Specialists will be provisionally certified if they meet all of the criteria above except (3) and are actively working toward obtaining 2000 hours of peer specialist experience under the supervision of a qualified supervisor.

**Credentialed Family Peer Advocate (FPA) will:**

- 1. Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs;
- 2. Have completed Level One and Level Two of the Family Peer Advocate Core Training/ Parent Empowerment Program (PEP) training or another training approved by the Office of Mental Health;

**TN #19-0047** \_\_\_\_\_

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

**Supersedes TN NEW** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**New York  
3b-39(iii)**

3. Submit three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPAs supervisor; and
4. Complete 20 hours of continuing education and renew their FPA credential every two years.

**Credentialed Youth Peer Advocate will:**

1. Hold a valid Youth Peer Advocate Provisional Credential and meet all the requirements to apply for a Youth Peer Advocate Professional Credential;
2. Successfully complete the Youth Peer Advocate Training Level Two (online and in-person);
3. Complete the Youth Peer Advocate application which includes: A Letter of Recommendation from a supervisor; Signed Youth Peer Advocate Code of Ethics; 600 hours of paid or formal volunteer work; and
4. The Youth Peer Advocate Professional Credential requires 20 hours of continuing education credits to renew.

Credentialed Youth Peer Advocate will be provisionally credentialed for a period not to exceed 18 months if they meet the following criteria:

1. Self-identify as a person with first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges in juvenile justice, special education, and/or foster care settings who is able to assist in supporting young people attain resiliency/recovery and wellness;
2. Complete the Youth Peer Advocate Training Level One; and
3. Complete the Youth Peer Advocate application which includes: Two Letters of Recommendation; Signed Youth Peer Advocate Code of Ethics; Statement of Lived Experience; Resume; and Proof of age.

**Service Descriptions:**

Outpatient Mental Health Services include assessments/screening; treatment planning; counseling/therapy; medication treatment; psychiatric consultation; testing services; health monitoring; Screening, Brief Intervention and Referral to Treatment (SBIRT); care coordination; peer/family peer recovery support; crisis intervention; and psychosocial rehabilitation services.

All Outpatient Mental Health Services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community, or in the individual's place of residence, consistent with guidance issued by the New York State Office of Mental Health. The setting in which the service is provided is determined by the individual's needs and goals identified in the individual's treatment plan. Where indicated below, services may be provided to the individual's collateral supports, such as identified family members or significant others, as necessary, for the benefit of the Medicaid beneficiary.

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Outpatient Mental Health Services include:

- **Assessments/Screenings** – Including initial, immediate needs, risk, psychiatric, and functional/rehabilitative assessments, and health screenings and health physicals, for the purpose of gathering or updating information concerning the individual's mental and physical health history and status, including determination of substance use, in order to determine the appropriate diagnosis, assess the individual's functional limitations, and inform the treatment planning process. Health screenings and health physicals assess the need for and referral to additional physical health services. Assessments may include interactions between the professional and an individual's collateral supports to obtain necessary information for the benefit of the treatment planning for the individual.

**Practitioners:** Assessment/screenings, except psychiatric assessments, health screenings and health physicals are provided by Professional staff. Functional/rehabilitative assessments are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff. Psychiatric assessments are provided by a Physician, Psychiatrist, Psychiatric nurse practitioner, or Physician's Assistant. Health screenings and health physicals are provided by a Physician, Psychiatrist, Physician's assistant, Nurse practitioner, Registered nurse or Licensed Practical Nurse.

- **Treatment Planning** – A collaborative person-centered process directed by the individual in collaboration with the individual's family or other collaterals, as appropriate and approved by the individual and a licensed clinician, resulting in the development of treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of Outpatient Mental Health Services.

**Practitioners:** Treatment Planning services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

- **Counseling/Therapy** – Individual and group counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual's capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services. Collateral contact is permitted as needed to address the therapeutic goals of the beneficiary.

**Practitioners:** Counseling/Therapy Services are provided by Professional Staff and Paraprofessional staff under the supervision of Professional staff.

- **Medication Treatment** – Medication Treatment is a therapeutic and rehabilitative service to treat the symptoms of an individual's mental illness and/or substance use disorder, including the following components which may be provided by the following professionals:

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- Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications, and ordering and reviewing diagnostic studies, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, or Physician's assistant;
  - Preparing, administering and monitoring the injection of intramuscular medications, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, Physician's assistant, Registered professional nurse or Licensed practical nurse; and
  - Medication skills training and psychoeducation on medication use and effects, provided by Professional staff.
- **Psychiatric Consultation** – Psychiatric Consultation services are diagnostic and therapeutic services including face-to-face evaluation and therapeutic treatment of a beneficiary who is not currently enrolled in the practitioner's program when the service is provided, and such consultation is required for purposes of diagnosis, integration of treatment and continuity of care. Consultation services may be provided through telehealth technology.

**Practitioners:** Psychiatric Consultation services are provided by a Physician, Psychiatrist, Nurse practitioner, Psychiatric nurse practitioner, or Physician's assistant.

- **Testing Services, including developmental and psychological testing** - Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes. Psychological Testing Services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.

**Practitioners:** Developmental Testing Services are provided by Professional staff. Psychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

- **Health Monitoring** - Health Monitoring is a diagnostic and therapeutic service involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use. For children these indicators include, but are not limited to, BMI, activity/exercise level, substance use, and smoking status.

**Practitioners:** Health Monitoring services are provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric nurse practitioner, Physician's assistant, Registered nurse or Licensed practical nurse.

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- **Screening, Brief Intervention and Referral to Treatment (SBIRT) services** – SBIRT are evidence-based assessment, counseling, and referral services which provide: (i) screening to identify individuals exhibiting or who are at risk of substance use-related problems; (ii) early intervention, including counseling and skills training services to modify risky consumption patterns and behaviors; and (iii) referral to appropriate services for individuals who need more extensive, specialized treatment to address such substance consumption patterns and behaviors.

**Practitioners:** SBIRT services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

- **Care Coordination** - Care coordination services include face-to-face or telephonic consultation with other practitioners or resources within the provider agency or in the community to coordinate and strategize best practices to address the individual's needs, conduct service planning and provide referral and linkage to medically necessary Medicaid physical and/or behavioral health services or other necessary social support services to avoid more restrictive levels of treatment.

**Practitioners:** Care coordination services are provided by Professional staff or Paraprofessional under the supervision of professional staff.

- **Peer/Family Peer Recovery Support Services** – Services provide structured, scheduled rehabilitative counseling, role modeling, and other supportive activities in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals and/or family members actively participate in decision-making and services operation. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional. Services for adults include: psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections to reduce symptomology and restore functionality. Services for children/youth include family peer support services as set forth in item 13d of the Supplement to the Attachment 3.1-A (or B) of the Plan.

**Practitioners:** Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

- **Crisis Intervention Services, including crisis response, crisis planning, and crisis stabilization services** – Crisis intervention services are provided to address and remediate acute distress and rehabilitate individuals who are experiencing or who are at risk of experiencing acute mental health crises and to avoid the need for emergency or inpatient psychiatric hospital services, as follows:

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- Crisis response services: Include interventions to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.
- Crisis planning services: Include rehabilitative skills training services to assist individuals to effectively avoid or respond to mental health crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual and/or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management or safety plan, and/or as appropriate, seeking other supports to restore stability and functioning.
- Crisis Stabilization Services: Stabilization services are transitional, rehabilitative, and supportive services that include symptom management and skills training to stabilize an individual after a crisis response in order to reduce the need for urgent care services or a higher level of care.

**Practitioners:** Crisis intervention services are provided by Professional staff and Paraprofessional staff under supervision as provided in this section.

- **Psychosocial Rehabilitation Services** – Psychosocial Rehabilitation Services are designed to assist individuals restore their highest possible functional level and may include other collateral supports beyond the individual or family/caregiver, as necessary, to address the therapeutic goals of the beneficiary. Services include:
  - Psychoeducation and rehabilitative counseling to assist individuals to identify meaningful life role goals and barriers to their realization through a person-centered exploration of the individual's desired goals and objectives, experiences, supports, and motivation to achieve recovery;
  - Essential skill restoration and rehabilitative skill-building to assist individuals to regain the skills necessary for living successfully in the community and attain specific life role goals; and
  - Recovery planning services designed to engage and assist individuals in managing their illness and reduce the risk of hospitalization or relapse, loss of housing, or involvement with the criminal justice system due to lost functionality or uncontrolled symptomology.

**Practitioners:** Psychosocial Rehabilitation Services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

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**13d. Rehabilitative Services**

**Other Diagnostic, Screening, Preventive, and Rehabilitative Services - Rehabilitative Services**

1905(a)(13); 42 CFR 440.130(d)

**Outpatient Mental Health Services:**

The State provides coverage for Outpatient Mental Health Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual. The State assures that rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Outpatient Mental Health Services are recommended by a licensed practitioner of the healing arts acting within the scope of his/her professional license and applicable New York State law, including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, licensed clinical social workers (LCSW), licensed master social workers (LMSW) under the supervision of a LCSW, licensed psychologist or psychiatrist, licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), licensed psychoanalysts, licensed creative arts therapists (LCAT), and licensed occupational therapists (OT).

Outpatient Mental Health Services are person-centered, recovery-oriented diagnostic, therapeutic, and rehabilitative services designed to help individuals achieve recovery from mental health conditions by treating the symptoms of those conditions and restoring skills which have been lost due to the onset of mental illness and which are necessary for individuals to manage and cope with the symptoms and behaviors associated with mental health conditions and function successfully in the community. Medically necessary Outpatient Mental Health Services are those which are necessary to promote the maximum reduction of symptoms and/or restoration of an individual to their best age-appropriate functional level and are provided according to an individualized treatment plan.

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

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**Provider Qualifications:**

Outpatient Mental Health Services as described herein are provided by professionals and paraprofessionals qualified by credentials, training, and/or experience to provide direct services related to the treatment of mental illness and substance use disorders employed by or under contract with provider agencies licensed or authorized by the New York State Office of Mental Health, as follows:

1. Professional Staff include:

- a. Physician: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department;
- b. Psychiatrist: An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department and who is either a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by such Board or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by such Board;
- c. Physician assistant: An individual who is currently registered or possesses a permit to practice as a physician assistant issued by the New York State Education Department;
- d. Nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner issued by the New York State Education Department;
- e. Psychiatric nurse practitioner: An individual who is currently certified or possesses a permit to practice as a nurse practitioner with an approved specialty area of psychiatry issued by the New York State Education Department;
- f. Registered nurse: An individual who is currently licensed or possesses a permit to practice as a registered professional nurse issued by the New York State Education Department;
- g. Licensed Practical Nurse: An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. Psychologist: An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. Social worker: An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
- j. Mental health counselor: An individual who is currently licensed or possesses a permit to practice as a mental health counselor issued by the New York State Education Department;
- k. Marriage and family therapist: An individual who is currently licensed or possesses a permit to practice as a marriage and family therapist issued by the New York State Education Department;
- l. Psychoanalyst: An individual who is currently licensed or possesses a permit to practice as a psychoanalyst issued by the New York State Education Department;
- m. Creative arts therapist: An individual who is currently licensed or possesses a permit to practice as a creative arts therapist issued by the New York State Education Department;

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- n. Certified psychiatric rehabilitation practitioner: An individual who is certified by the Psychiatric Rehabilitation Association as a psychiatric rehabilitation practitioner working within the adult mental health system;
- o. Certified rehabilitation counselor: An individual certified by the Commission on Rehabilitation Counselor Certification as a rehabilitation counselor; and
- p. Occupational Therapist: An individual who is currently licensed or possesses a permit to practice as an occupational therapist issued by the New York State Education Department and meets the qualifications set forth in 42 CFR § 440.110(b)(2).

2. Paraprofessional staff are qualified by formal or informal training and professional and/or personal experience in a mental health field or treatment setting. Paraprofessional staff, including certified peer specialists, credentialed family peer advocates, and credentialed youth peer advocates, will be supervised by Professional staff. Professional staff, as defined herein are competent mental health professionals in compliance with CMS requirements for peer-delivered services.

Paraprofessional staff will be at least 18 years of age and have a bachelor's degree, which may be substituted for a high school diploma or equivalent and 1-3 years of relevant experience working with individuals with serious mental illness or substance use disorders. In addition, certified peer specialists, credentialed family peer advocates, and credentialed youth peer advocates will be certified or provisionally certified by New York State Office of Mental Health (OMH) and meet the following criteria:

**Certified Peer Specialists will:**

- 1. Possess a certification as a Certified Peer Specialist from an OMH-approved Certified Peer Specialist certification program;
- 2. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey;
- 3. Have completed 2000 hours of peer specialist experience under the supervision of a qualified supervisor; and
- 4. Completed 10 continuing education hours of peer specialist specific training annually.

Certified Peer Specialists will be provisionally certified if they meet all of the criteria above except (3) and are actively working toward obtaining 2000 hours of peer specialist experience under the supervision of a qualified supervisor.

**Credentialed Family Peer Advocate (FPA) will:**

- 1. Demonstrate 'lived experience' as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs;
- 2. Have completed Level One and Level Two of the Family Peer Advocate Core Training/ Parent Empowerment Program (PEP) training or another training approved by the Office of Mental Health;

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3. Submit three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from FPAs supervisor; and
4. Complete 20 hours of continuing education and renew their FPA credential every two years.

**Credentialed Youth Peer Advocate will:**

1. Hold a valid Youth Peer Advocate Provisional Credential and meet all the requirements to apply for a Youth Peer Advocate Professional Credential;
2. Successfully complete the Youth Peer Advocate Training Level Two (online and in-person);
3. Complete the Youth Peer Advocate application which includes: A Letter of Recommendation from a supervisor; Signed Youth Peer Advocate Code of Ethics; 600 hours of paid or formal volunteer work; and
4. The Youth Peer Advocate Professional Credential requires 20 hours of continuing education credits to renew.

Credentialed Youth Peer Advocate will be provisionally credentialed for a period not to exceed 18 months if they meet the following criteria:

1. Self-identify as a person with first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges in juvenile justice, special education, and/or foster care settings who is able to assist in supporting young people attain resiliency/recovery and wellness;
2. Complete the Youth Peer Advocate Training Level One; and
3. Complete the Youth Peer Advocate application which includes: Two Letters of Recommendation; Signed Youth Peer Advocate Code of Ethics; Statement of Lived Experience; Resume; and Proof of age.

**Service Descriptions:**

Outpatient Mental Health Services include assessments/screening; treatment planning; counseling/therapy; medication treatment; psychiatric consultation; testing services; health monitoring; Screening, Brief Intervention and Referral to Treatment (SBIRT); care coordination; peer/family peer recovery support; crisis intervention; and psychosocial rehabilitation services.

All Outpatient Mental Health Services are delivered on an individual or group basis in a wide variety of settings including provider offices, in the community, or in the individual's place of residence, consistent with guidance issued by the New York State Office of Mental Health. The setting in which the service is provided is determined by the individual's needs and goals identified in the individual's treatment plan. Where indicated below, services may be provided to the individual's collateral supports, such as identified family members or significant others, as necessary, for the benefit of the Medicaid beneficiary.

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Outpatient Mental Health Services include:

- **Assessments/Screenings** – Including initial, immediate needs, risk, psychiatric, and functional/rehabilitative assessments, and health screenings and health physicals, for the purpose of gathering or updating information concerning the individual's mental and physical health history and status, including determination of substance use, in order to determine the appropriate diagnosis, assess the individual's functional limitations, and inform the treatment planning process. Health screenings and health physicals assess the need for and referral to additional physical health services. Assessments may include interactions between the professional and an individual's collateral supports to obtain necessary information for the benefit of the treatment planning for the individual.

**Practitioners:** Assessment/screenings, except psychiatric assessments, health screenings and health physicals are provided by Professional staff. Functional/rehabilitative assessments are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff. Psychiatric assessments are provided by a Physician, Psychiatrist, Psychiatric nurse practitioner, or Physician's Assistant. Health screenings and health physicals are provided by a Physician, Psychiatrist, Physician's assistant, Nurse practitioner, Registered nurse or Licensed Practical Nurse.

- **Treatment Planning** – A collaborative person-centered process directed by the individual in collaboration with the individual's family or other collaterals, as appropriate and approved by the individual and a licensed clinician, resulting in the development of treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of Outpatient Mental Health Services.

**Practitioners:** Treatment Planning services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

- **Counseling/Therapy** – Individual and group counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual's capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services. Collateral contact is permitted as needed to address the therapeutic goals of the beneficiary.

**Practitioners:** Counseling/Therapy Services are provided by Professional Staff and Paraprofessional staff under the supervision of Professional staff.

- **Medication Treatment** – Medication Treatment is a therapeutic and rehabilitative service to treat the symptoms of an individual's mental illness and/or substance use disorder, including the following components which may be provided by the following professionals:

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- Prescribing medications, monitoring the effects of medications, evaluating target symptom response to medications, and ordering and reviewing diagnostic studies, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, or Physician's assistant;
  - Preparing, administering and monitoring the injection of intramuscular medications, provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric Nurse Practitioner, Physician's assistant, Registered professional nurse or Licensed practical nurse; and
  - Medication skills training and psychoeducation on medication use and effects, provided by Professional staff.
- **Psychiatric Consultation** – Psychiatric Consultation services are diagnostic and therapeutic services including face-to-face evaluation and therapeutic treatment of a beneficiary who is not currently enrolled in the practitioner's program when the service is provided, and such consultation is required for purposes of diagnosis, integration of treatment and continuity of care. Consultation services may be provided through telehealth technology.

**Practitioners:** Psychiatric Consultation services are provided by a Physician, Psychiatrist, Nurse practitioner, Psychiatric nurse practitioner, or Physician's assistant.

- **Testing Services, including developmental and psychological testing -** Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes. Psychological Testing Services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.

**Practitioners:** Developmental Testing Services are provided by Professional staff. Psychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

- **Health Monitoring** - Health Monitoring is a diagnostic and therapeutic service involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use. For children these indicators include, but are not limited to, BMI, activity/exercise level, substance use, and smoking status.

**Practitioners:** Health Monitoring services are provided by a Psychiatrist, Physician, Nurse practitioner, Psychiatric nurse practitioner, Physician's assistant, Registered nurse or Licensed practical nurse.

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- **Screening, Brief Intervention and Referral to Treatment (SBIRT) services** – SBIRT are evidence-based assessment, counseling, and referral services which provide: (i) screening to identify individuals exhibiting or who are at risk of substance use-related problems; (ii) early intervention, including counseling and skills training services to modify risky consumption patterns and behaviors; and (iii) referral to appropriate services for individuals who need more extensive, specialized treatment to address such substance consumption patterns and behaviors.

**Practitioners:** SBIRT services are provided by Professional staff and Paraprofessional staff under the supervision of Professional staff.

- **Care Coordination** - Care coordination services include face-to-face or telephonic consultation with other practitioners or resources within the provider agency or in the community to coordinate and strategize best practices to address the individual's needs, conduct service planning and provide referral and linkage to medically necessary Medicaid physical and/or behavioral health services or other necessary social support services to avoid more restrictive levels of treatment.

**Practitioners:** Care coordination services are provided by Professional staff or Paraprofessional under the supervision of professional staff.

- **Peer/Family Peer Recovery Support Services** – Services provide structured, scheduled rehabilitative counseling, role modeling, and other supportive activities in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals and/or family members actively participate in decision-making and services operation. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan developed under the supervision of a competent mental health professional. Services for adults include: psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections to reduce symptomology and restore functionality. Services for children/youth include family peer support services as set forth in item 13d of the Supplement to the Attachment 3.1-A (or B) of the Plan.

**Practitioners:** Services for adults are provided by Certified Peer Specialists under supervision as described in this section. Services for children/youth are provided by Credentialed Family Peer Advocates and Credentialed Youth Peer Advocates under supervision as described in this section.

- **Crisis Intervention Services, including crisis response, crisis planning, and crisis stabilization services** – Crisis intervention services are provided to address and remediate acute distress and rehabilitate individuals who are experiencing or who are at risk of experiencing acute mental health crises and to avoid the need for emergency or inpatient psychiatric hospital services, as follows:

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- Crisis response services: Include interventions to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.
- Crisis planning services: Include rehabilitative skills training services to assist individuals to effectively avoid or respond to mental health crises by identifying triggers that risk their remaining in the community or that result in functional impairments. Services assist the individual and/or family members, or other collaterals as necessary for the benefit of the beneficiary, with identifying a potential psychiatric or personal crisis, developing a crisis management or safety plan, and/or as appropriate, seeking other supports to restore stability and functioning.
- Crisis Stabilization Services: Stabilization services are transitional, rehabilitative, and supportive services that include symptom management and skills training to stabilize an individual after a crisis response in order to reduce the need for urgent care services or a higher level of care.

**Practitioners:** Crisis intervention services are provided by Professional staff and Paraprofessional staff under supervision as provided in this section.

- **Psychosocial Rehabilitation Services** – Psychosocial Rehabilitation Services are designed to assist individuals restore their highest possible functional level and may include other collateral supports beyond the individual or family/caregiver, as necessary, to address the therapeutic goals of the beneficiary. Services include:
  - Psychoeducation and rehabilitative counseling to assist individuals to identify meaningful life role goals and barriers to their realization through a person-centered exploration of the individual's desired goals and objectives, experiences, supports, and motivation to achieve recovery;
  - Essential skill restoration and rehabilitative skill-building to assist individuals to regain the skills necessary for living successfully in the community and attain specific life role goals; and
  - Recovery planning services designed to engage and assist individuals in managing their illness and reduce the risk of hospitalization or relapse, loss of housing, or involvement with the criminal justice system due to lost functionality or uncontrolled symptomology.

**Practitioners:** Psychosocial Rehabilitation Services are provided by Professional staff and Paraprofessionals under supervision of Professional staff.

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**Rehabilitative Services: Outpatient Behavioral Health Services Provided by Certified Community Behavioral Health Centers**

Effective September 14, 2019, the New York State Office of Mental Health establishes provider-specific, cost-based rates for Outpatient Behavioral Health Services provided by Certified Community Behavioral Health Centers (CCBHC). All rates are subject to approval by the New York State Division of the Budget. The approved rates for CCBHCs are available at the following State website:

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

Plan services provided by CCBHCs and reimbursed pursuant to this methodology are as follows:

- : Outpatient Addiction Rehabilitative Services and Outpatient Mental Health Services described in Section 13d of the Supplement to Attachments 3.1-A and B of the Plan
- : Targeted Case Management Services for Target Groups D, D1, D2 and H described in Supplement 1 to Attachment 3.1-A

Rates for such services provided by CCBHCs are consistent with the prospective payment system methodology required pursuant to Section 223 of the Protecting Access to Medicare Act of 2014, which established the CCBHC demonstration program and mandated use of the prospective payment system (PPS).

Provider-specific rates will be a fixed, daily amount for all services provided on any given day by a CCBHC directly or through a formal relationship with a Designated Collaborating Organization (DCO). A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to provide CCBHC services. Payment for services provided by a DCO are included within the scope of the CCBHC's PPS rate, and DCO visits will be treated as CCBHC visits for purposes of the PPS rate.

Rates will be calculated based upon cost and visit data supplied annually by each CCBHC on the CMS/OMB- approved CCBHC Cost Report (OMB # 0398-1148/CNS – 10398(#43)), updated to the applicable rate year utilizing the Medicare Economic Index (MEI). Services and costs related to services provided by DCOs will be included in the rate computation. The PPS rate will be calculated in accordance with the following formula:

(Total annual allowable CCBHC costs \* MEI) / Total number of CCBHC annual daily visits

Allowable costs are those necessary to support the provision of CCBHC services and comply with 45 CFR § 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR § 413: Principles of Reasonable Cost Reimbursement, as well as Medicare principles of reasonable cost reimbursement contained in the Medicare Provider Reimbursement Manual. Reimbursement for dispensed medication will be covered under the Medicaid pharmacy benefit and will not be included in allowable CCBHC costs.

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**Rehabilitative Services: Outpatient Behavioral Health Services Provided by Certified Community Behavioral Health Centers (continued)**

Units of Service – A unit of service for services provided by CCBHCs will be a daily visit. The daily visit will consist of all services provided to the consumer on a single day whether provided by the CCBHC or a DCO and will be limited to one (1) daily CCBHC visit per beneficiary per day. A CCBHC or DCO must provide at least one service to the beneficiary to qualify for reimbursement. Contact with collaterals alone will not qualify for reimbursement unless an additional service as described herein is also provided to the beneficiary that day.

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

Supersedes TN # NEW

Effective Date \_\_\_\_\_

# 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 Agriculture and Markets

Pursuant to Agriculture and Markets Law § 284-a, Notice is hereby given that the Department of Agriculture and Markets has designated the "Southern Tier Craft Beverage Trail" to be described as:

"Beginning at the intersection of NY 369 and the Exit 3 WB off-ramp from NY 7 in the town of Port Crane and continuing north on NY 369 for 5.8 miles, continuing west on NY 79 for 2.6 miles to the intersection with NY 12, continuing north on NY 12 for 1.9 miles to the intersection with County Route 1 (Cloverdale Rd.), continuing northwest on County Route 1 for 1.3 miles, continuing northwest on County Route 140 (Cloverdale Rd.) for 3.1 miles to the intersection with County Route 133 (South St.), continuing south on County Route 133 for 0.3 miles to the intersection with NY 79, continuing west on NY 79 for 18.4 miles through the village of Whitney Point to the intersection with NY 38 in the hamlet of Richford, continuing south on NY 38 for 17.9 miles to the intersection with NY 96, continuing south on NY 96 for 2.2 miles to the intersection with NY 434 in the village of Owego, continuing east on NY 434 for 7.3 miles to the intersection with NY 962J in the hamlet of Apalachin, continuing north on NY 962J for 0.4 miles to the intersection with NY 17C, continuing east on NY 17C for 13.2 miles through the village of Endicott, hamlet of Endwell, and village of Johnson City to the intersection with US 11 (Court St.) in the city of Binghamton, continuing south on US 11 for 0.2 miles to end at the junction with Washington St."

For further information, please contact: Anne St. Cyr, Agricultural Development, Department of Agriculture and Markets, 10B Airline Dr., Albany, NY 12235, (518) 485-9974, (518) 457-2716 (Fax)

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX

(Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

#### Non-Institutional

Effective on or after July 1, 2019, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$1.9 million.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), and the Department of Health (DOH) hereby gives public notice of the following:

OMH, OASAS, and DOH 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 July 1, 2019, existing providers participating in the Certified Community Behavioral Health Clinic (CCBHC) demonstration will continue delivering and being reimbursed for comprehensive behavioral health services beyond the Federal demonstration period.

CCBHCs provide a comprehensive range of ambulatory mental health and substance use disorder services to individuals throughout New York State, including:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Outpatient mental health and substance use services with ancillary withdrawal
- Screening, assessment and diagnosis including risk management
- Primary care screening and monitoring
- Case management
- Psychiatric rehabilitation services
- Peer support, counseling services, and family support services
- Services for members of the armed services and veterans

This amendment will allow New York State to maintain the CCBHC program model by ensuring all services in the program model are covered benefits in the State Plan. To facilitate this, the State proposes to amend the Title XIX State Plan to allow for coverage of outpatient rehabilitative mental health services delivered to individuals in a site-based clinic, home or community setting as appropriate to their individual needs.

This Amendment will also seek approval of a reimbursement methodology that allows the CCBHC providers to utilize a Prospective Payment System (PPS), which is a provider specific cost-based service rate developed in accordance with Federal standards contained in the Protecting Access to Medicare Act of 2014 (H.R. 4302) for reimbursement for a range of identified state plan services. The Office of Mental Health and the Office of Alcoholism and Substance Abuse Services will submit a 1915(b)(4) Waiver simultaneous with the state plan submission to allow for Selective Contracting with the existing 13 CCBHCs.

CCBHC providers are listed below by region:

Central New York: Helio Health (Syracuse Brick House, Inc.) – Onondaga County

Finger Lakes: University of Rochester, Strong Memorial Hospital – Monroe County

Long Island: Central Nassau Guidance & Counseling Services – Nassau County

Mid-Hudson: Achieve (Bikur Cholim Inc.) – Rockland County

North Country: Citizens Advocates Inc, North Star Behavioral Health Services – Franklin County

NYC: New Horizon Counseling Center – Queens County

Samaritan Daytop Village – Bronx County

Services for the UnderServed, Inc (S:US) – Kings County

Promesa – Bronx County

VIP Community Services – Bronx County

Western New York:

Best Self (Lake Shore Behavioral Health, Inc.) – Erie County

Spectrum Human Services – Erie County

Endeavor (Mid-Erie Mental Health Services, Inc.) – Erie County

There is no additional estimated annual change to gross Medicaid expenditures as a result of the clarifying proposed amendments.

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

**PUBLIC NOTICE**

Department of Health

The New York State Department of Health (DOH) is submitting requests to the Federal Centers for Medicare and Medicaid Services (CMS) to amend the 1915(c) Children's Waiver (#NY.4125.R05.03) Home and Community Based Services (HCBS) coverage as follows:

Effective July 1, 2019

- All Children's 1915(c) waiver participants will be required to receive at least one HCBS service per month.
- Family Peer Support Services will be removed from the waiver. The service is available as a State Plan service SPA-19-003, which has already been approved by CMS effective July 1, 2019.
- Language in performance measures will be modified to clarify that Care Managers will meet regularly with waiver participants in a manner and frequency that is consistent with the participant's Health Home acuity level.

Effective October 1, 2019

Language will be incorporated to reference the Medicaid Managed Care delivery system throughout the application and concurrent operation with the 1115 waiver amendment already submitted to CMS and expected to be approved no later than July 1, 2019.

Effective January 1, 2020

- Youth Peer Supports and Crisis Intervention will be removed from the Children's waiver and be made available as a State Plan service.

*For further information and to review and comment, please contact:*  
Department of Health, Office of Health Insurance Programs, 99 Washington Ave., One Commerce Plaza, Suite 720, Albany, NY 12210, [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

**PUBLIC NOTICE**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted State Fiscal Year 2019/20 Budget statutory provisions included in Public Health Law § 2826.

Non-Institutional Services:

Effective on and after July 1, 2019, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for



**SUMMARY**  
**SPA #19-0048**

This State Plan Amendment proposes to reflect the recalculated weights, with component updates, to become effective July 1, 2019. The requirement to reweight using updated Medicaid claims data is being revised from no less frequently than every seven years to no less frequently than every eight years.

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

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

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

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

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

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

**If Stand Alone, Do Not Pay Procedures; updated 01/01/19:**

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

**Modifiers; updated as of 07/01/18:**

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

**Never Pay APGs; updated as of 01/01/19:**

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

**Never Pay Procedures; updated as of [07/01/18] 07/01/19:**

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

**No-Blend APGs; updated as of 04/01/10:**

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

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

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

**No Capital Add-on APGs; updated as of 10/1/12 and 01/01/13:**

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

**TN** \_\_\_\_\_ **#19-0048** \_\_\_\_\_

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

**Supersedes TN** \_\_\_\_\_ **#19-0010** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**New York  
2(k)**

**Reimbursement Methodology – Freestanding Clinics**

- I. The criteria for using a procedure-based weight or the relative weight in the methodology is as follows: If a procedure-based weight is available for a particular procedure code, then the procedure-based weight is used. If a procedure-based weight is not available for a particular procedure code, then the relative weight (i.e., "APG weight") is used.
  
- II. The initial calculation of the APG relative weights were developed using line level charges from 2005 New York Medicaid hospital claims converted to cost using the ratio of cost to charges methodology. The line level costs were brought up to the APG level to determine the average cost of each APG.
  - a. The APG relative weights will be updated no less frequently than every [seven] eight years based on hospital claims data. These APG and weights are set as of September 1, 2009, and are effective for specified services on and after that date. A link to the list of APGs and their relative weights is available in the APG Reimbursement Methodology – Freestanding Clinics section.
  - b. The APG relative weights shall be re-weighted prospectively. The initial reweighting will be based on Medicaid claims data for hospitals from the December 1, 2008 through September 30, 2009 period. Subsequent reweightings will be based on Medicaid hospital claims data from the most recent twelve-month period and will be based on complete and accurate line level procedure and charge data and ratio of cost to charge data.
  - c. The Department shall correct material errors of any given APG relative weight. Such corrections shall make use of benchmarking data consisting of payment information from other payers (including Medicare) reimbursing comparable services. Corrections to material errors in individual APG relative weights shall be made on a prospective basis.
  
- III. The case mix index is an expression of the average paid APG weight for a given peer group after consolidation, packaging, and discounting. Case mix indices shall be calculated by running applicable freestanding D&TC and ambulatory surgery center claims data through the latest version of the APG software to determine the average final APG weight of the visits. Outlier claims or claim lines may be excluded from this calculation to assure overall accuracy of the final case mix index. Recalculations of case mix indices for periods prior to January 1, 2010, will be based on freestanding D&TC and ambulatory surgery center Medicaid data for 2007. Such revisions for the period commencing January 1, 2010, will be based on such data from the January 1, 2009 through November 15, 2009 period. Subsequent recalculations will be based on freestanding D&TC and ambulatory surgery center Medicaid claims data from the most recent twelve month period.

**TN**     #19-0048     **Approval Date** \_\_\_\_\_  
**Supersedes TN**   #18-0055   **Effective Date** \_\_\_\_\_

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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1-800-221-9311  
or visit our web site at:  
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Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

## PUBLIC NOTICE

Department of Agriculture and Markets

Pursuant to Agriculture and Markets Law § 284-a, Notice is hereby given that the Department of Agriculture and Markets has designated the "Southern Tier Craft Beverage Trail" to be described as:

"Beginning at the intersection of NY 369 and the Exit 3 WB off-ramp from NY 7 in the town of Port Crane and continuing north on NY 369 for 5.8 miles, continuing west on NY 79 for 2.6 miles to the intersection with NY 12, continuing north on NY 12 for 1.9 miles to the intersection with County Route 1 (Cloverdale Rd.), continuing northwest on County Route 1 for 1.3 miles, continuing northwest on County Route 140 (Cloverdale Rd.) for 3.1 miles to the intersection with County Route 133 (South St.), continuing south on County Route 133 for 0.3 miles to the intersection with NY 79, continuing west on NY 79 for 18.4 miles through the village of Whitney Point to the intersection with NY 38 in the hamlet of Richford, continuing south on NY 38 for 17.9 miles to the intersection with NY 96, continuing south on NY 96 for 2.2 miles to the intersection with NY 434 in the village of Owego, continuing east on NY 434 for 7.3 miles to the intersection with NY 962J in the hamlet of Apalachin, continuing north on NY 962J for 0.4 miles to the intersection with NY 17C, continuing east on NY 17C for 13.2 miles through the village of Endicott, hamlet of Endwell, and village of Johnson City to the intersection with US 11 (Court St.) in the city of Binghamton, continuing south on US 11 for 0.2 miles to end at the junction with Washington St."

For further information, please contact: Anne St. Cyr, Agricultural Development, Department of Agriculture and Markets, 10B Airline Dr., Albany, NY 12235, (518) 485-9974, (518) 457-2716 (Fax)

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX

(Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

### Non-Institutional

Effective on or after July 1, 2019, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$1.9 million.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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Bronx, New York 10457

Richmond County, Richmond Center  
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Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

## PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), and the Department of Health (DOH) hereby gives public notice of the following:

OMH, OASAS, and DOH 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 July 1, 2019, existing providers participating in the Certified Community Behavioral Health Clinic (CCBHC) demonstration will continue delivering and being reimbursed for comprehensive behavioral health services beyond the Federal demonstration period.

CCBHCs provide a comprehensive range of ambulatory mental health and substance use disorder services to individuals throughout New York State, including:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Outpatient mental health and substance use services with ancillary withdrawal
- Screening, assessment and diagnosis including risk management
- Primary care screening and monitoring
- Case management
- Psychiatric rehabilitation services
- Peer support, counseling services, and family support services
- Services for members of the armed services and veterans

This amendment will allow New York State to maintain the CCBHC program model by ensuring all services in the program model are covered benefits in the State Plan. To facilitate this, the State proposes to amend the Title XIX State Plan to allow for coverage of outpatient rehabilitative mental health services delivered to individuals in a site-based clinic, home or community setting as appropriate to their individual needs.

This Amendment will also seek approval of a reimbursement methodology that allows the CCBHC providers to utilize a Prospective Payment System (PPS), which is a provider specific cost-based service rate developed in accordance with Federal standards contained in the Protecting Access to Medicare Act of 2014 (H.R. 4302) for reimbursement for a range of identified state plan services. The Office of Mental Health and the Office of Alcoholism and Substance Abuse Services will submit a 1915(b)(4) Waiver simultaneous with the state plan submission to allow for Selective Contracting with the existing 13 CCBHCs.

CCBHC providers are listed below by region:

Central New York: Helio Health (Syracuse Brick House, Inc.) – Onondaga County

Finger Lakes: University of Rochester, Strong Memorial Hospital – Monroe County

Long Island: Central Nassau Guidance & Counseling Services – Nassau County

Mid-Hudson: Achieve (Bikur Cholim Inc.) – Rockland County

North Country: Citizens Advocates Inc, North Star Behavioral Health Services – Franklin County

NYC: New Horizon Counseling Center – Queens County

Samaritan Daytop Village – Bronx County

Services for the UnderServed, Inc (S:US) – Kings County

Promesa – Bronx County

VIP Community Services – Bronx County

Western New York:

Best Self (Lake Shore Behavioral Health, Inc.) – Erie County

Spectrum Human Services – Erie County

Endeavor (Mid-Erie Mental Health Services, Inc.) – Erie County

There is no additional estimated annual change to gross Medicaid expenditures as a result of the clarifying proposed amendments.

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

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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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

## PUBLIC NOTICE

## Department of Health

The New York State Department of Health (DOH) is submitting requests to the Federal Centers for Medicare and Medicaid Services (CMS) to amend the 1915(c) Children's Waiver (#NY.4125.R05.03) Home and Community Based Services (HCBS) coverage as follows:

Effective July 1, 2019

- All Children's 1915(c) waiver participants will be required to receive at least one HCBS service per month.

- Family Peer Support Services will be removed from the waiver. The service is available as a State Plan service SPA-19-003, which has already been approved by CMS effective July 1, 2019.

- Language in performance measures will be modified to clarify that Care Managers will meet regularly with waiver participants in a manner and frequency that is consistent with the participant's Health Home acuity level.

Effective October 1, 2019

Language will be incorporated to reference the Medicaid Managed Care delivery system throughout the application and concurrent operation with the 1115 waiver amendment already submitted to CMS and expected to be approved no later than July 1, 2019.

Effective January 1, 2020

- Youth Peer Supports and Crisis Intervention will be removed from the Children's waiver and be made available as a State Plan service.

*For further information and to review and comment, please contact:*  
Department of Health, Office of Health Insurance Programs, 99 Washington Ave., One Commerce Plaza, Suite 720, Albany, NY 12210, [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

## PUBLIC NOTICE

## Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted State Fiscal Year 2019/20 Budget statutory provisions included in Public Health Law § 2826.

Non-Institutional Services:

Effective on and after July 1, 2019, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for

**SUMMARY**  
**SPA #19-0049**

This State Plan Amendment proposes to revise the Ambulatory Patient Group (APG) methodology for hospital-based clinic and ambulatory surgery services, including emergency room services, to reflect the recalculated weights with component updates to become effective July 1, 2019. The reweighting requirement using updated Medicaid claims data is being revised from no less frequently than every seven years to no less frequently than every eight years.

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**New York  
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**Reimbursement Methodology – Hospital Outpatient**

- I. The criteria for using a procedure-based weight or the relative weight in the methodology is as follows: If a procedure-based weight is available for a particular procedure code, then the procedure-based weight is used. If a procedure-based weight is not available for a particular procedure code, then the relative weight (i.e., “APG weight”) is used.
- II. The initial calculation of the APG relative weights were developed using line level charges from 2005 New York Medicaid claims converted to cost using the ratio of cost to charges methodology. The line level costs were brought up to the APG level to determine the average cost of each APG.
- a. The APG relative weights will be updated no less frequently than every [seven] eight years. These APG and weights are set as of December 1, 2008, and are effective for specified services on and after that date. A link to the list of APGs and their relative weights is available in the APG Reimbursement Methodology – Reimbursement Components section.
  - b. The APG relative weights will be reweighted prospectively. The initial reweighting will be based on Medicaid claims data from the December 1, 2008 through September 30, 2009 period. Subsequent reweighting’s will be based on Medicaid claims data from the most recent twelve-month period and will be based on complete and accurate line level procedure and charge data and ratio of cost to charge data.
  - c. The Department will correct material errors of any given APG relative weight. Such corrections will make use of benchmarking data consisting of payment information from other payers (including Medicare) reimbursing comparable services. Corrections to material errors in individual APG relative weights will be made on a prospective basis.
- III. Case mix index is an expression of the average paid APG weight for a given peer group after consolidation, packaging, and discounting. Case mix indices will be calculated by running applicable claims data through the latest version of the APG software to determine the average final APG weight of the visits. Outlier claims or claim lines may be excluded from this calculation to assure overall accuracy of the final case mix. The initial calculation of case mix indices for periods prior to January 1, 2010, will be based on Medicaid data from the December 1, 2008, through April 30, 2009 period. The January 1, 2010, calculation of case-mix indices will be based on Medicaid data for the period December 1, 2008, through September 30, 2009. Subsequent calculations will be based on Medicaid claims data from the most recent twelve-month period.

**TN**           #19-0049                                **Approval Date** \_\_\_\_\_

**Supersedes TN**   #18-0056                                **Effective Date** \_\_\_\_\_

# 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 Agriculture and Markets

Pursuant to Agriculture and Markets Law § 284-a, Notice is hereby given that the Department of Agriculture and Markets has designated the "Southern Tier Craft Beverage Trail" to be described as:

"Beginning at the intersection of NY 369 and the Exit 3 WB off-ramp from NY 7 in the town of Port Crane and continuing north on NY 369 for 5.8 miles, continuing west on NY 79 for 2.6 miles to the intersection with NY 12, continuing north on NY 12 for 1.9 miles to the intersection with County Route 1 (Cloverdale Rd.), continuing northwest on County Route 1 for 1.3 miles, continuing northwest on County Route 140 (Cloverdale Rd.) for 3.1 miles to the intersection with County Route 133 (South St.), continuing south on County Route 133 for 0.3 miles to the intersection with NY 79, continuing west on NY 79 for 18.4 miles through the village of Whitney Point to the intersection with NY 38 in the hamlet of Richford, continuing south on NY 38 for 17.9 miles to the intersection with NY 96, continuing south on NY 96 for 2.2 miles to the intersection with NY 434 in the village of Owego, continuing east on NY 434 for 7.3 miles to the intersection with NY 962J in the hamlet of Apalachin, continuing north on NY 962J for 0.4 miles to the intersection with NY 17C, continuing east on NY 17C for 13.2 miles through the village of Endicott, hamlet of Endwell, and village of Johnson City to the intersection with US 11 (Court St.) in the city of Binghamton, continuing south on US 11 for 0.2 miles to end at the junction with Washington St."

For further information, please contact: Anne St. Cyr, Agricultural Development, Department of Agriculture and Markets, 10B Airline Dr., Albany, NY 12235, (518) 485-9974, (518) 457-2716 (Fax)

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX

(Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

### Non-Institutional

Effective on or after July 1, 2019, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$1.9 million.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

## PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), and the Department of Health (DOH) hereby gives public notice of the following:

OMH, OASAS, and DOH 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 July 1, 2019, existing providers participating in the Certified Community Behavioral Health Clinic (CCBHC) demonstration will continue delivering and being reimbursed for comprehensive behavioral health services beyond the Federal demonstration period.

CCBHCs provide a comprehensive range of ambulatory mental health and substance use disorder services to individuals throughout New York State, including:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Outpatient mental health and substance use services with ancillary withdrawal
- Screening, assessment and diagnosis including risk management
- Primary care screening and monitoring
- Case management
- Psychiatric rehabilitation services
- Peer support, counseling services, and family support services
- Services for members of the armed services and veterans

This amendment will allow New York State to maintain the CCBHC program model by ensuring all services in the program model are covered benefits in the State Plan. To facilitate this, the State proposes to amend the Title XIX State Plan to allow for coverage of outpatient rehabilitative mental health services delivered to individuals in a site-based clinic, home or community setting as appropriate to their individual needs.

This Amendment will also seek approval of a reimbursement methodology that allows the CCBHC providers to utilize a Prospective Payment System (PPS), which is a provider specific cost-based service rate developed in accordance with Federal standards contained in the Protecting Access to Medicare Act of 2014 (H.R. 4302) for reimbursement for a range of identified state plan services. The Office of Mental Health and the Office of Alcoholism and Substance Abuse Services will submit a 1915(b)(4) Waiver simultaneous with the state plan submission to allow for Selective Contracting with the existing 13 CCBHCs.

CCBHC providers are listed below by region:

Central New York: Helio Health (Syracuse Brick House, Inc.) – Onondaga County

Finger Lakes: University of Rochester, Strong Memorial Hospital – Monroe County

Long Island: Central Nassau Guidance & Counseling Services – Nassau County

Mid-Hudson: Achieve (Bikur Cholim Inc.) – Rockland County

North Country: Citizens Advocates Inc, North Star Behavioral Health Services – Franklin County

NYC: New Horizon Counseling Center – Queens County

Samaritan Daytop Village – Bronx County

Services for the UnderServed, Inc (S:US) – Kings County

Promesa – Bronx County

VIP Community Services – Bronx County

Western New York:

Best Self (Lake Shore Behavioral Health, Inc.) – Erie County

Spectrum Human Services – Erie County

Endeavor (Mid-Erie Mental Health Services, Inc.) – Erie County

There is no additional estimated annual change to gross Medicaid expenditures as a result of the clarifying proposed amendments.

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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

## PUBLIC NOTICE

## Department of Health

The New York State Department of Health (DOH) is submitting requests to the Federal Centers for Medicare and Medicaid Services (CMS) to amend the 1915(c) Children's Waiver (#NY.4125.R05.03) Home and Community Based Services (HCBS) coverage as follows:

Effective July 1, 2019

- All Children's 1915(c) waiver participants will be required to receive at least one HCBS service per month.

- Family Peer Support Services will be removed from the waiver. The service is available as a State Plan service SPA-19-003, which has already been approved by CMS effective July 1, 2019.

- Language in performance measures will be modified to clarify that Care Managers will meet regularly with waiver participants in a manner and frequency that is consistent with the participant's Health Home acuity level.

Effective October 1, 2019

Language will be incorporated to reference the Medicaid Managed Care delivery system throughout the application and concurrent operation with the 1115 waiver amendment already submitted to CMS and expected to be approved no later than July 1, 2019.

Effective January 1, 2020

- Youth Peer Supports and Crisis Intervention will be removed from the Children's waiver and be made available as a State Plan service.

*For further information and to review and comment, please contact:*  
Department of Health, Office of Health Insurance Programs, 99 Washington Ave., One Commerce Plaza, Suite 720, Albany, NY 12210, [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

## PUBLIC NOTICE

## Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted State Fiscal Year 2019/20 Budget statutory provisions included in Public Health Law § 2826.

Non-Institutional Services:

Effective on and after July 1, 2019, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for

**SUMMARY**  
**SPA #19-0050**

This State Plan Amendment proposes to modify the listing of hospitals previously approved to receive temporary rate adjustments to promote efficiency, economy, and quality of care. The additional providers for which approval is being requested are Bassett Hospital of Schoharie County-Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, Medina Memorial Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, and Soldiers and Sailors Memorial Hospital of Yates, Co.

DRAFT

**SPA 19-0050**

**Attachment A**

**Replacement Pages: 1(q)(ii), 1(q)(iii), 1(q)(iv), 1(q)(iv)(1)**

DRAFT

**New York  
1(q)(ii)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Carthage Area Hospital	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
Catskill Regional Medical Center – Hermann Division	\$275,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 - 03/31/2016
	\$327,500	04/01/2016 - 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
Clifton-Fine Hospital	\$350,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 - 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
Community Memorial Hospital	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
Cuba Memorial Hospital	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 - 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019

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TN   #19-0050  

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

Supersedes TN   #17-0061  

Effective Date \_\_\_\_\_

**New York  
1(q)(iii)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs)  
(continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Delaware Valley Hospital	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
Elizabethtown Community Hospital	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
Ellenville Regional Hospital	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
Gouverneur Hospital, Inc.	\$300,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
Lewis County General Hospital	\$370,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019

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**New York  
1(q)(iv)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Little Falls Hospital	\$342,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
Margaretville Memorial Hospital	\$128,600	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$520,000	10/01/2015 – 03/31/2016
	\$520,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
Medina Memorial Hospital	\$480,000	10/01/2015 – 03/31/2016
	\$480,000	04/01/2016 – 03/31/2017
	\$432,000	08/01/2017 – 03/31/2018
	\$432,000	04/01/2018 – 03/31/2019
Moses Ludington Hospital	\$359,800	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019
O'Connor Hospital	\$363,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019

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Effective Date \_\_\_\_\_

**New York  
1(q)(iv)(1)**

**[Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs)  
(continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
River Hospital	\$482,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
Schuyler Hospital	\$453,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$384,000	10/01/2015 – 03/31/2016
	\$384,000	04/01/2016 – 03/31/2017
	\$462,500	08/01/2017 – 03/31/2018
	\$462,500	04/01/2018 – 03/31/2019
Soldiers & Sailors Memorial Hospital	\$220,000	02/01/2014 – 03/31/2014
	\$325,000	11/01/2014 – 03/31/2015
	\$390,000	10/01/2015 – 03/31/2016
	\$390,000	04/01/2016 – 03/31/2017
	\$372,500	08/01/2017 – 03/31/2018
	\$372,500	04/01/2018 – 03/31/2019

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**New York  
1(q)(ii)**

**Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	<u>\$372,500</u>	<u>07/01/2019 – 3/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Carthage Area Hospital</u>	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 - 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Catskill Regional Medical Center – Hermann Division</u>	<u>\$275,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$310,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$310,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$310,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$310,000</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Clifton-Fine Hospital</u>	<u>\$350,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Community Memorial Hospital</u>	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$384,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$384,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>

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Effective Date \_\_\_\_\_

**New York  
1(q)(iii)**

**Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Cuba Memorial Hospital</u>	\$315,000	02/01/2014 – 03/31/2014
	\$445,000	11/01/2014 – 03/31/2015
	\$550,000	10/01/2015 – 03/31/2016
	\$550,000	04/01/2016 – 03/31/2017
	\$532,500	08/01/2017 – 03/31/2018
	\$532,500	04/01/2018 – 03/31/2019
	\$532,500	07/01/2019 – 03/31/2020
	\$532,500	04/01/2020 – 03/31/2021
<u>Delaware Valley Hospital</u>	\$246,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
<u>Elizabethtown Community Hospital</u>	\$410,000	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021
<u>Ellenville Regional Hospital</u>	\$384,800	02/01/2014 – 03/31/2014
	\$240,000	11/01/2014 – 03/31/2015
	\$327,500	10/01/2015 – 03/31/2016
	\$327,500	04/01/2016 – 03/31/2017
	\$310,000	08/01/2017 – 03/31/2018
	\$310,000	04/01/2018 – 03/31/2019
	\$310,000	07/01/2019 – 03/31/2020
	\$310,000	04/01/2020 – 03/31/2021

TN #19-0050

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

Supersedes TN #17-0061

Effective Date \_\_\_\_\_

**New York  
1(q)(iv)**

**Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Gouverneur Hospital, Inc.</u>	<u>\$300,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Lewis County General Hospital</u>	<u>\$370,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Little Falls Hospital</u>	<u>\$342,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$240,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$327,500</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$327,500</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Margaretville Memorial Hospital</u>	<u>\$128,600</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$520,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$520,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$532,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$532,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$532,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$532,500</u>	<u>04/01/2020 – 03/31/2021</u>

TN   #19-0050  

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

Supersedes TN   #17-0061  

Effective Date \_\_\_\_\_

**New York  
1(q)(iv)(1)**

**Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
<u>Medina Memorial Hospital</u>	\$480,000	<u>10/01/2015 – 03/31/2016</u>
	\$480,000	<u>04/01/2016 – 03/31/2017</u>
	\$432,000	<u>08/01/2017 – 03/31/2018</u>
	\$432,000	<u>04/01/2018 – 03/31/2019</u>
	\$432,000	<u>07/01/2019 – 03/31/2020</u>
	\$432,000	<u>04/01/2020 – 03/31/2021</u>
<u>Moses Ludington Hospital</u>	\$359,800	<u>02/01/2014 – 03/31/2014</u>
	\$325,000	<u>11/01/2014 – 03/31/2015</u>
	\$390,000	<u>10/01/2015 – 03/31/2016</u>
	\$390,000	<u>04/01/2016 – 03/31/2017</u>
	\$372,500	<u>08/01/2017 – 03/31/2018</u>
	\$372,500	<u>04/01/2018 – 03/31/2019</u>
<u>O'Connor Hospital</u>	\$363,800	<u>02/01/2014 – 03/31/2014</u>
	\$240,000	<u>11/01/2014 – 03/31/2015</u>
	\$327,500	<u>10/01/2015 – 03/31/2016</u>
	\$327,500	<u>04/01/2016 – 03/31/2017</u>
	\$310,000	<u>08/01/2017 – 03/31/2018</u>
	\$310,000	<u>04/01/2018 – 03/31/2019</u>
	\$310,000	<u>07/01/2019 – 03/31/2020</u>
	\$310,000	<u>04/01/2020 – 03/31/2021</u>
<u>River Hospital</u>	\$482,000	<u>02/01/2014 – 03/31/2014</u>
	\$445,000	<u>11/01/2014 – 03/31/2015</u>
	\$550,000	<u>10/01/2015 – 03/31/2016</u>
	\$550,000	<u>04/01/2016 – 03/31/2017</u>
	\$532,500	<u>08/01/2017 – 03/31/2018</u>
	\$532,500	<u>04/01/2018 – 03/31/2019</u>
	\$532,500	<u>07/01/2019 – 03/31/2020</u>
	\$532,500	<u>04/01/2020 – 03/31/2021</u>
<u>Schuyler Hospital</u>	\$453,000	<u>02/01/2014 – 03/31/2014</u>
	\$240,000	<u>11/01/2014 – 03/31/2015</u>
	\$384,000	<u>10/01/2015 – 03/31/2016</u>
	\$384,000	<u>04/01/2016 – 03/31/2017</u>
	\$462,500	<u>08/01/2017 – 03/31/2018</u>
	\$462,500	<u>04/01/2018 – 03/31/2019</u>
	\$462,500	<u>07/01/2019 – 03/31/2020</u>
	\$462,500	<u>04/01/2020 – 03/31/2021</u>

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**New York  
1(q)(iv)(2)**

**Hospital-Based Outpatient Services – Critical Access Hospitals (CAHs) (continued):**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Soldiers &amp; Sailors Memorial Hospital</u>	<u>\$220,000</u>	<u>02/01/2014 – 03/31/2014</u>
	<u>\$325,000</u>	<u>11/01/2014 – 03/31/2015</u>
	<u>\$390,000</u>	<u>10/01/2015 – 03/31/2016</u>
	<u>\$390,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$372,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$372,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$372,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$372,500</u>	<u>04/01/2020 – 03/31/2021</u>

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TN #19-0050

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

Supersedes TN NEW

Effective Date \_\_\_\_\_

## Non-Institutional Services

Effective on or after July 1, 2019, existing providers participating in the Certified Community Behavioral Health Clinic (CCBHC) demonstration will continue delivering and being reimbursed for comprehensive behavioral health services beyond the Federal demonstration period.

CCBHCs provide a comprehensive range of ambulatory mental health and substance use disorder services to individuals throughout New York State, including:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Outpatient mental health and substance use services with ancillary withdrawal
- Screening, assessment and diagnosis including risk management
- Primary care screening and monitoring
- Case management
- Psychiatric rehabilitation services
- Peer support, counseling services, and family support services
- Services for members of the armed services and veterans

This amendment will allow New York State to maintain the CCBHC program model by ensuring all services in the program model are covered benefits in the State Plan. To facilitate this, the State proposes to amend the Title XIX State Plan to allow for coverage of outpatient rehabilitative mental health services delivered to individuals in a site-based clinic, home or community setting as appropriate to their individual needs.

This Amendment will also seek approval of a reimbursement methodology that allows the CCBHC providers to utilize a Prospective Payment System (PPS), which is a provider specific cost-based service rate developed in accordance with Federal standards contained in the Protecting Access to Medicare Act of 2014 (H.R. 4302) for reimbursement for a range of identified state plan services. The Office of Mental Health and the Office of Alcoholism and Substance Abuse Services will submit a 1915(b)(4) Waiver simultaneous with the state plan submission to allow for Selective Contracting with the existing 13 CCBHCs.

CCBHC providers are listed below by region:

Central New York: Helio Health (Syracuse Brick House, Inc.) – Onondaga County

Finger Lakes: University of Rochester, Strong Memorial Hospital – Monroe County

Long Island: Central Nassau Guidance & Counseling Services – Nassau County

Mid-Hudson: Achieve (Bikur Cholim Inc.) – Rockland County

North Country: Citizens Advocates Inc, North Star Behavioral Health Services – Franklin County

NYC: New Horizon Counseling Center – Queens County

Samaritan Daytop Village – Bronx County

Services for the UnderServed, Inc (S:US) – Kings County

Promesa – Bronx County

VIP Community Services – Bronx County

Western New York:

Best Self (Lake Shore Behavioral Health, Inc.) – Erie County

Spectrum Human Services – Erie County

Endeavor (Mid-Erie Mental Health Services, Inc.) – Erie County

There is no additional estimated annual change to gross Medicaid expenditures as a result of the clarifying proposed amendments.

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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), [spa\\_inquiries@health.state.ny.us](mailto:spa_inquiries@health.state.ny.us)

## PUBLIC NOTICE

## Department of Health

The New York State Department of Health (DOH) is submitting requests to the Federal Centers for Medicare and Medicaid Services (CMS) to amend the 1915(c) Children's Waiver (#NY.4125.R05.03) Home and Community Based Services (HCBS) coverage as follows:

Effective July 1, 2019

- All Children's 1915(c) waiver participants will be required to receive at least one HCBS service per month.

- Family Peer Support Services will be removed from the waiver. The service is available as a State Plan service SPA-19-003, which has already been approved by CMS effective July 1, 2019.

- Language in performance measures will be modified to clarify that Care Managers will meet regularly with waiver participants in a manner and frequency that is consistent with the participant's Health Home acuity level.

Effective October 1, 2019

Language will be incorporated to reference the Medicaid Managed Care delivery system throughout the application and concurrent operation with the 1115 waiver amendment already submitted to CMS and expected to be approved no later than July 1, 2019.

Effective January 1, 2020

- Youth Peer Supports and Crisis Intervention will be removed from the Children's waiver and be made available as a State Plan service.

*For further information and to review and comment, please contact:*  
Department of Health, Office of Health Insurance Programs, 99 Washington Ave., One Commerce Plaza, Suite 720, Albany, NY 12210, [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

## PUBLIC NOTICE

## Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted State Fiscal Year 2019/20 Budget statutory provisions included in Public Health Law § 2826.

**Non-Institutional Services:**

Effective on and after July 1, 2019, this notice provides for a temporary rate adjustment with an aggregate payment totaling no less than \$7.5 million annually for Critical Access Hospitals (CAHs), for



the periods July 1, 2019 through March 31, 2020 and April 1, 2020 through March 31, 2021. These payments will be made to the following: Bassett Hospital of Schoharie County- Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1460, 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 temporary rate adjustments to providers that are undergoing a closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of the New York Public Health Law.

Non-Institutional Services:

Effective on and after July 1, 2019, this notice provides for a temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,000,000 annually, for Essential Community Providers (ECPs) for the periods July 1, 2019 through March 31, 2020 and April 1, 2020 through March 31, 2021. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga

Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, TLC Health Network, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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:

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

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

*For further information and to review and comment, please contact:*  
Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1460, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

**PUBLIC NOTICE**

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is requesting information from qualified service providers with a specialization in providing proxy voting services to provide a full range of proxy analysis and reporting requirements. The purpose of this Request for Information ("RFI") is to conduct a preliminary evaluation of potential vendors. The RFI will be available beginning on Wednesday, May 29, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Tuesday, July 2, 2019. To obtain a copy of the RFI, please visit the Plan's web site at [www1.nyc.gov/site/olr/about/about-rfp.page](http://www1.nyc.gov/site/olr/about/about-rfp.page) and download and review the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, responses from certified minority-owned and/or women-owned businesses or respon-

**SUMMARY**  
**SPA #19-0051**

This State Plan Amendment proposes to modify the listing of hospitals previously approved to receive temporary rate adjustments to promote efficiency, economy, and quality of care. The additional adjustments for providers for which approval is being requested are listed below:

A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County- Cobleskill Reg, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital, Catskill Regional Medical Center-Hermann Div, Cayuga Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, TLC Health Network, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, St. Mary's Healthcare.

**SPA 19-0051**

**Attachment A**

**Replacement Pages: 1(q)(v), 1(q)(vi), 1(q)(vii), 1(q)(viii), 1(q)(ix), 1(q)(x),  
1(q)(xi), 1(q)(xii)**

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**New York  
1(q)(v)**

[c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

**Essential Community Providers:**

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
A.O. Fox Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
Adirondack Medical Center	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
	\$78,500	08/01/2017 – 03/31/2018
	\$78,500	04/01/2018 - 03/31/2019
Alice Hyde Hospital Association	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 - 03/31/2017
	\$208,000	08/01/2017 - 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
Auburn Community Hospital	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
	\$78,500	08/01/2017 – 03/31/2018
	\$78,500	04/01/2018 – 03/31/2019
Bassett Hospital	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
Brooks Memorial Hospital	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$303,500	08/01/2017 – 03/31/2018
	\$303,500	04/01/2018 - 03/31/2019
Canton-Potsdam Hospital	\$65,000	03/01/2016 – 03/31/2016
	\$65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019

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**New York  
1(q)(vi)**

**[Essential Community Providers (cont'd)]**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Carthage Area Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
Catskill Regional Hospital Medical Center	\$255,000	03/01/2016 - 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
Catskill Regional Medical Center – Hermann Division	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
Cayuga Medical Center-Ithaca	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
Champlain Valley Physicians Hospital	\$75,000	03/01/2016 - 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
Chenango Memorial Hospital	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
Claxton Hepburn Medical Center	\$85,000	03/01/2016 – 03/31/2016
	\$85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019

**TN #19-0051**

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

**Supersedes TN #17-0062**

**Effective Date** \_\_\_\_\_

**New York  
1(q)(vii)**

**[Essential Community Providers (cont'd):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Clifton-Fine Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
Cobleskill Regional Hospital	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
Columbia Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
Community Memorial Hospital	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
Corning Hospital	\$65,000	03/01/2016 – 03/31/2016
	\$65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
Cortland Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
Cuba Memorial Hospital	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019

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Effective Date \_\_\_\_\_

**New York  
1(q)(viii)**

**[Essential Community Providers (cont'd):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Delaware Valley Hospital Inc.	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
Elizabethtown Community Hospital	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
Ellenville Regional Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
Gouvernor Hospital, Inc.	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$247,500	08/01/2017 – 03/31/2018
	\$247,500	04/01/2018 – 03/31/2019
Ira Davenport Memorial Hospital	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
Jones Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
Lewis County General Hospital	\$245,000	03/01/2016 - 03/31/2016
	\$610,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019

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**New York  
1(q)(ix)**

**[Essential Community Providers (cont'd):**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
Little Falls Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$1,185,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
Margaretville Memorial Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 - 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
Mary Imogene Bassett Hospital	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$104,000	08/01/2017 – 03/31/2018
	\$104,000	04/01/2018 – 03/31/2019
Massena Memorial Hospital	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$203,500	08/01/2017 – 03/31/2018
	\$203,500	04/01/2018 – 03/31/2019
Medina Memorial Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
Moses-Ludington Hospital	\$205,000	03/01/2016 – 03/31/2016
	\$205,000	04/01/2016 – 03/31/2017
	\$253,500	08/01/2017 – 03/31/2018
	\$253,500	04/01/2018 – 03/31/2019
Nathan Littauer Hospital	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 - 03/31/2018
	\$103,500	04/01/0018 – 03/31/2019

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[Essential Community Providers (cont'd):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Nicholas H Noyes Memorial Hospital	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 -03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
Northern Dutchess Hospital	\$65,000	03/01/2016 – 03/31/2016
	\$65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 - 03/31/2019
O'Connor Hospital	\$105,000	03/01/2016 - 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
Olean General Hospital-Main	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
Oneida Healthcare	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
Oswego Hospital	\$85,000	03/01/2016 – 03/31/2016
	\$85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
River Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019

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**[Essential Community Providers (cont'd):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
Samaritan Medical Center	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
Schuyler Hospital	\$150,000	03/01/2016 – 03/31/2016
	\$150,000	04/01/2016 – 03/31/2017
	\$240,000	08/01/2017 – 03/31/2018
	\$240,000	04/01/2018 – 03/31/2019
Soldiers and Sailors Memorial Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$495,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
St. James Mercy Hospital	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
St. Mary's Healthcare	\$105,000	03/01/2016 – 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
TLC Health Network	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
Tri Town Regional Hospital	\$ 65,000	03/01/2016 - 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019

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**[Essential Community Providers (cont'd):**

<b>Provider Name</b>	<b>Gross Medicaid Rate Adjustment</b>	<b>Rate Period Effective</b>
United Memorial Medical Center – North Street Division	\$75,000	03/01/2016 – 03/31/2016
	\$75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
Westfield Memorial Hospital	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
Wyoming County Community Hospital	\$130,000	03/01/2016 - 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
WCA Hospital	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$228,500	08/01/2017 – 03/31/2018
	\$228,500	04/01/2018 – 03/31/2019

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- c. Temporary rate adjustments have been approved for the following essential community providers in the amounts and for the effective periods listed:

**Essential Community Providers:**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>A.O. Fox Memorial Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Adirondack Medical Center</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 - 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
<u>Alice Hyde Hospital Association</u>	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 - 03/31/2017
	\$208,000	08/01/2017 - 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
<u>Auburn Community Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$ 78,500	08/01/2017 – 03/31/2018
	\$ 78,500	04/01/2018 – 03/31/2019
	\$ 78,500	07/01/2019 – 03/31/2020
	\$ 78,500	04/01/2020 – 03/31/2021
<u>Bassett Hospital of Schoharie County-Cobleskill Regional Hospital</u>	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Brooks Memorial Hospital</u>	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$303,500	08/01/2017 – 03/31/2018
	\$303,500	04/01/2018 - 03/31/2019
	\$303,500	07/01/2019 – 03/31/2020
	\$303,500	04/01/2020 – 03/31/2021

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**Essential Community Providers (cont'd)**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Canton Potsdam Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
<u>Carthage Area Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Catskill Regional Hospital Medical Center</u>	\$255,000	03/01/2016 - 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Catskill Regional Medical Center – Hermann Division</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Cayuga Medical Center-Ithaca</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021

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1(q)(vii)**

**Essential Community Providers (cont'd)**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
<u>Champlain Valley Physicians Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Chenango Memorial Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Claxton Hepburn Medical Center</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Clifton-Fine Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Cobleskill Regional Hospital</u>	\$ 75,000	03/01/2016 – 03/31/2016
	\$ 75,000	04/01/2016 – 03/31/2017
<u>Columbia Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021

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**Essential Community Providers (cont'd):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Community Memorial Hospital</u>	\$130,000	03/01/2016 – 03/31/2016
	\$130,000	04/01/2016 – 03/31/2017
	\$208,000	08/01/2017 – 03/31/2018
	\$208,000	04/01/2018 – 03/31/2019
	\$208,000	07/01/2019 – 03/31/2020
	\$208,000	04/01/2020 – 03/31/2021
<u>Corning Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 – 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
<u>Cortland Memorial Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Cuba Memorial Hospital</u>	\$245,000	03/01/2016 – 03/31/2016
	\$245,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Delaware Valley Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Elizabethtown Community Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021

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**Essential Community Providers (cont'd):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Ellenville Regional Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Gouvernor Hospital, Inc.</u>	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$247,500	08/01/2017 – 03/31/2018
	\$247,500	04/01/2018 – 03/31/2019
	\$247,500	07/01/2019 – 03/31/2020
	\$247,500	04/01/2020 – 03/31/2021
<u>Ira Davenport Memorial Hospital</u>	\$275,000	03/01/2016 - 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>Jones Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
<u>Lewis County General Hospital</u>	\$245,000	03/01/2016 - 03/31/2016
	\$610,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Little Falls Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$1,185,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 – 03/31/2021

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**Essential Community Providers (cont'd):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Margaretville Memorial Hospital</u>	<u>\$255,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$255,000</u>	<u>04/01/2016 - 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Mary Imogene Bassett Hospital</u>	<u>\$ 65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$104,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$104,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$104,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$104,000</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Massena Memorial Hospital</u>	<u>\$205,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$205,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$203,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$203,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$203,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$203,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Medina Memorial Hospital</u>	<u>\$ 85,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 85,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$136,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$136,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$136,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$136,000</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Moses-Ludington Hospital</u>	<u>\$205,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$205,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$253,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$253,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$253,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$253,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Nathan Littauer Hospital</u>	<u>\$ 75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$ 75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 - 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/0018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>

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**Essential Community Providers (cont'd):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>Nicholas H Noyes Memorial Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 -03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Northern Dutchess Hospital</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$ 58,500	08/01/2017 – 03/31/2018
	\$ 58,500	04/01/2018 - 03/31/2019
	\$ 58,500	07/01/2019 – 03/31/2020
	\$ 58,500	04/01/2020 – 03/31/2021
<u>O'Connor Hospital</u>	\$105,000	03/01/2016 - 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$128,500	08/01/2017 – 03/31/2018
	\$128,500	04/01/2018 – 03/31/2019
	\$128,500	07/01/2019 – 03/31/2020
	\$128,500	04/01/2020 – 03/31/2021
<u>Olean General Hospital-Main</u>	\$ 85,000	03/01/2016 - 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$103,500	08/01/2017 – 03/31/2018
	\$103,500	04/01/2018 – 03/31/2019
	\$103,500	07/01/2019 – 03/31/2020
	\$103,500	04/01/2020 – 03/31/2021
<u>Oneida Healthcare</u>	\$120,000	03/01/2016 – 03/31/2016
	\$120,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021
<u>Oswego Hospital</u>	\$ 85,000	03/01/2016 – 03/31/2016
	\$ 85,000	04/01/2016 – 03/31/2017
	\$136,000	08/01/2017 – 03/31/2018
	\$136,000	04/01/2018 – 03/31/2019
	\$136,000	07/01/2019 – 03/31/2020
	\$136,000	04/01/2020 - 03/31/2021

TN #19-0051 \_\_\_\_\_

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

Supersedes TN #17-0062 \_\_\_\_\_

Effective Date \_\_\_\_\_

**New York  
1(q)(xii)**

**Essential Community Providers (cont'd):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>River Hospital</u>	\$275,000	03/01/2016 – 03/31/2016
	\$275,000	04/01/2016 – 03/31/2017
	\$328,500	08/01/2017 – 03/31/2018
	\$328,500	04/01/2018 – 03/31/2019
	\$328,500	07/01/2019 – 03/31/2020
	\$328,500	04/01/2020 – 03/31/2021
<u>Samaritan Medical Center</u>	\$ 65,000	03/01/2016 – 03/31/2016
	\$ 65,000	04/01/2016 – 03/31/2017
	\$58,500	08/01/2017 – 03/31/2018
	\$58,500	04/01/2018 – 03/31/2019
	\$58,500	07/01/2019 – 03/31/2020
	\$58,500	04/01/2020 – 03/31/2021
<u>Schuyler Hospital</u>	\$150,000	03/01/2016 – 03/31/2016
	\$150,000	04/01/2016 – 03/31/2017
	\$240,000	08/01/2017 – 03/31/2018
	\$240,000	04/01/2018 – 03/31/2019
	\$240,000	07/01/2019 – 03/31/2020
	\$240,000	04/01/2020 – 03/31/2021
<u>Soldiers and Sailors Memorial Hospital</u>	\$120,000	03/01/2016 – 03/31/2016
	\$495,000	04/01/2016 – 03/31/2017
	\$192,000	08/01/2017 – 03/31/2018
	\$192,000	04/01/2018 – 03/31/2019
	\$192,000	07/01/2019 – 03/31/2020
	\$192,000	04/01/2020 – 03/31/2021
<u>St. James Mercy Hospital</u>	\$255,000	03/01/2016 – 03/31/2016
	\$255,000	04/01/2016 – 03/31/2017
	\$353,500	08/01/2017 – 03/31/2018
	\$353,500	04/01/2018 – 03/31/2019
	\$353,500	07/01/2019 – 03/31/2020
	\$353,500	04/01/2020 – 03/31/2021
<u>St. Mary's Healthcare</u>	\$105,000	03/01/2016 – 03/31/2016
	\$105,000	04/01/2016 – 03/31/2017
	\$153,500	08/01/2017 – 03/31/2018
	\$153,500	04/01/2018 – 03/31/2019
	\$153,500	07/01/2019 – 03/31/2020
	\$153,500	04/01/2020 – 03/31/2021

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**New York  
1(q)(xiii)**

**Essential Community Providers (cont'd):**

<u>Provider Name</u>	<u>Gross Medicaid Rate Adjustment</u>	<u>Rate Period Effective</u>
<u>TLC Health Network</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Tri Town Regional Hospital</u>	<u>\$65,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$65,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$58,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$58,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$58,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$58,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>United Memorial Medical Center – North Street Division</u>	<u>\$75,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$75,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$103,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$103,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$103,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$103,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Westfield Memorial Hospital</u>	<u>\$275,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$275,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$353,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$353,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$353,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$353,500</u>	<u>04/01/2020 – 03/31/2021</u>
<u>Wyoming County Community Hospital</u>	<u>\$130,000</u>	<u>03/01/2016 - 03/31/2016</u>
	<u>\$130,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$208,000</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$208,000</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$208,000</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$208,000</u>	<u>04/01/2020 – 03/31/2021</u>
<u>WCA Hospital</u>	<u>\$120,000</u>	<u>03/01/2016 – 03/31/2016</u>
	<u>\$120,000</u>	<u>04/01/2016 – 03/31/2017</u>
	<u>\$228,500</u>	<u>08/01/2017 – 03/31/2018</u>
	<u>\$228,500</u>	<u>04/01/2018 – 03/31/2019</u>
	<u>\$228,500</u>	<u>07/01/2019 – 03/31/2020</u>
	<u>\$228,500</u>	<u>04/01/2020 – 03/31/2021</u>

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the periods July 1, 2019 through March 31, 2020 and April 1, 2020 through March 31, 2021. These payments will be made to the following: Bassett Hospital of Schoharie County- Cobleskill Regional, Carthage Area Hospital, Catskill Regional Medical Center-Hermann, Clifton-Fine Hospital, Community Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Regional Hospital, Gouverneur Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Hospital, O'Connor Hospital, River Hospital, Schuyler Hospital, Soldiers and Sailors Memorial Hospital of Yates, as well as Medina Memorial Hospital.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave., One Commerce Plaza, Suite 1460, 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 temporary rate adjustments to providers that are undergoing a closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by § 2826 of the New York Public Health Law.

#### Non-Institutional Services:

Effective on and after July 1, 2019, this notice provides for a temporary rate adjustment with an aggregate payment amounts totaling no less than \$10,000,000 annually, for Essential Community Providers (ECPs) for the periods July 1, 2019 through March 31, 2020 and April 1, 2020 through March 31, 2021. These payments will be made to the following approved providers: A.O Fox Memorial Hospital, Adirondack Medical Center, Alice Hyde Hospital Association, Auburn Memorial Hospital, Bassett Hospital of Schoharie County-Cobleskill Regional, Brooks Memorial Hospital, Canton-Potsdam Hospital, Carthage Area Hospital, Catskill Regional Hospital – Sullivan, Catskill Regional Medical Center-Hermann Div, Cayuga

Medical Center-Ithaca, Champlain Valley Physicians HMC, Chenango Memorial Hospital, Claxton Hepburn Hospital, Clifton-Fine Hospital, Columbia Memorial Hospital, Community Memorial Hospital, Corning Hospital, Cortland Memorial Hospital, Cuba Memorial Hospital, Delaware Valley Hospital, Elizabethtown Community Hospital, Ellenville Community Hospital, Gouverneur Hospital, Ira Davenport Memorial Hospital, Jones Memorial Hospital, Lewis County General Hospital, Little Falls Hospital, Margaretville Memorial Hospital, Mary Imogene Bassett Hospital, Massena Memorial Hospital, Medina Memorial Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, Northern Dutchess Hospital, Noyes Memorial Hospital, O'Connor Hospital, Olean General Hospital – Main, Oneida City Hospital, Oswego Hospital, River Hospital, Samaritan Medical Center, Schuyler Hospital, Soldiers and Sailors Memorial Hospital, St. James Mercy Hospital, TLC Health Network, Tri Town Regional, Westfield Memorial Hospital, Wyoming County Community Hospital, WCA Hospital, United Memorial Medical Center, as well as St. Mary's Healthcare.

The public is invited to review and comment on this proposed State Plan Amendment. Copies 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)

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:

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250 Church Street  
New York, New York 10018

Queens County, Queens Center  
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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 1460, Albany, NY 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

### New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is requesting information from qualified service providers with a specialization in providing proxy voting services to provide a full range of proxy analysis and reporting requirements. The purpose of this Request for Information ("RFI") is to conduct a preliminary evaluation of potential vendors. The RFI will be available beginning on Wednesday, May 29, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Tuesday, July 2, 2019. To obtain a copy of the RFI, please visit the Plan's web site at [www1.nyc.gov/site/olr/about/about-rfp.page](http://www1.nyc.gov/site/olr/about/about-rfp.page) and download and review the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

Consistent with the policies expressed by the City, responses from certified minority-owned and/or women-owned businesses or respon-