



## Department of Health

**KATHY HOCHUL**  
Governor

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

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

December 13, 2023

Dear Health Clinic Administrator:

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

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

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

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

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

Nancy Grano  
CMS Native American Contact

Michele Hamel  
NYSDOH American Indian Health Program

**SUMMARY**  
**SPA #23-0094**

Effective November 1, 2023, this State Plan Amendment proposes to authorize payment for Evidence-Based Practices (EBPs) provided to children/youth referred and eligible for Children and Family Treatment and Support Services (CFTSS) by agencies designated in Other Licensed Practitioner (OLP) and/or Community Psychiatric Supports and Treatment (CPST) by the New York State designation process that have completed the EBP training and certification process. The State has identified Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT) as reimbursable EBPs under CFTSS.

DRAFT

**SPA 23-0094**

**Attachment A**

**Annotated page(s):**

**Attachment 3.1-A Supplement:** Page 3b-20

**Attachment 3.1-B Supplement:** Page 3b-20

DRAFT





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

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

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York. Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency’s rates were set as of January 1, 2019, for Other Licensed Practitioner.

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

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

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

Effective 11/01/23, new rates were created to implement Evidenced Based Practices reimbursement, including: Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT).

**All Other Licensed Practitioner rates are published on the Department of Health website:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/child-family\\_rate\\_summary.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf)**

TN           #23-0094          

Approval Date   

Supersedes TN           #23-0090          

Effective Date           November 1, 2023

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

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

**Rehabilitative Services (EPSDT only)**

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York. Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019, for Community Psychiatric Support and Treatment, and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date. Provider agency's rates were set as of July 1, 2019, for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020, for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

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

Effective 4/01/21 through 9/30/22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

Effective 10/01/22 the 25% rate increase has been permanently extended.

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

Effective 11/01/23, Evidenced Based Practices are added to the fee schedule including: Family Functional Therapy (FFT).

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

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

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**New York  
2(xv)(1)**

**1905(a)(6) Medical Care, or any Other Type of Remedial Care  
1905(a)(4)(B) and 1905(r) EPSDT**

6.d(i). **Other Licensed Practitioners (EPSDT only)**. A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, ~~designations~~, authorization, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

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

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

- 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 describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

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New York  
2(xv)(1a)

**1905(a)(6) Medical Care, or any Other Type of Remedial Care**  
**1905(a)(4)(B) and 1905(r) EPSDT**  
**Other Licensed Practitioners (EPSDT only) (Continued)**

**Evidence-Based Practices**

The following evidence-based practices are provided under Other Licensed Practitioners (EPSDT only):

- Parent-Child Interaction Therapy (PCIT)
- Functional Family Therapy (FFT)

**Parent-Child Interaction Therapy (PCIT)**

**Description:** Parent-Child Interaction Therapy (PCIT) is an evidence-based practice targeted to children ages 2.5 to 7 years with disruptive behaviors. Both parent/caregiver and child participate in treatment sessions to promote positive relationships. PCIT involves Child-Directed Interaction (CDI) focusing on enhancing the relationship and Parent-Directed Interactions (PDI) improving child compliance. Therapists talk to parent/caregiver during the parent/caregiver and child sessions via an electronic communications system or the use of two-way mirrors in a clinic setting.

**Practitioner Qualifications:** The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide PCIT under the scope of their professional license if they provide proof of certification using the PCIT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide PCIT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for PCIT under Other Licensed Practitioners (EPDST only) and required to maintain PCIT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering PCIT must be affiliated with an agency authorized by the State.

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice targeted to youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

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New York  
2(xv)(1a)(i)

1905(a)(6) Medical Care, or any Other Type of Remedial Care

1905(a)(4)(B) and 1905(r) EPSDT

Other Licensed Practitioners (EPSDT only) (Continued)

Functional Family Therapy (FFT) (continued)

**Practitioner Qualifications:** The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide FFT under the scope of their professional license if they provide proof of certification using the FFT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide FFT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under Other Licensed Practitioners (EPDST) and maintain FFT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

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New York  
3b-20

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

**13d. Rehabilitative Services: EPSDT only (Continued)**

**Program Name: Community Psychiatric Support and Treatment (CPST)**

**Description:** Community Psychiatric Support and Treatment (CPST) services are goal directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child’s treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician’s Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

**Practitioner qualifications:** CPST may be provided by an individual who has at least a bachelor’s degree level with a minimum of two years of applicable experience in children’s mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

**Practitioners with a bachelor’s degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.**

**Practitioners with a master’s degree level in social work, psychology, or in related human services plus one year of applicable experience may perform any of the activities under CPST listed above without any exclusions. If providing an Evidence Based Practice being delivered and designated by the State, an individual must have a qualified degree level as determined by the State in social work, psychology, or in a related human services field plus applicable experience may perform any of the activities under CPST listed above without any exclusions.**

**The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.**

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New York  
3b-21(a)

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

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

**Evidence-based Practices**

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

- Functional Family Therapy (FFT)

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice for youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

**Practitioner Qualifications:** Staff must have a qualifying degree level in social work, psychology, or in related human services field, plus applicable experience. Any child-serving agency that seeks to provide FFT must be certified as providing and maintaining FFT in fidelity with the model by the FFT developers and authorized by the New York State EBP Review Team.

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

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New York  
3b-22

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

**13d. Rehabilitative Services: EPSDT only (Continued)**

**Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):**

**Individual Counseling/Therapy (Intensive Interventions):**

**Description:** Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

**Individual Counseling/Therapy (Crisis Avoidance):**

**Description:** Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

**Individual Counseling/Therapy (Rehabilitative Supports):**

**Description:** Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

**Practitioner qualifications:**

Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field ~~OR At least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State~~ OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

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3b-23

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

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

**Individual, family and Group Counseling/Therapy (Rehabilitative Supports) (Continued):  
Practitioner Qualifications (Continued):**

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Family and Group Counseling/Therapy (Rehabilitative psychoeducation):**

**Description:** Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

**Practitioner qualifications:** Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field ~~OR at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State~~ OR a master's degree level in social work, psychology, or in related human services field. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Family and Group Counseling/Therapy (Rehabilitative supports in the community):**

**Description:** Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

**Practitioner qualifications:** Rehabilitative supports in the community may be provided by an individual with ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

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New York  
3b-24

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

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

**Crisis Intervention (Intermediate term crisis management):**

**Description:** Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

**Practitioner qualifications:** Intermediate term crisis management may be provided by an individual who has ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State~~ OR a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Rehabilitative Services: EPSDT only**

**Program Name: Psychosocial Rehabilitation**

**Description:** Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

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New York  
2(xv)(1)

1905(a)(6) Medical Care, or any Other Type of Remedial Care  
1905(a)(4)(B) and 1905(r) EPSDT

6.d(i). **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, ~~designations~~, authorization, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

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

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

- 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 describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

TN #23-0094

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New York  
2(xv)(1a)

**1905(a)(6) Medical Care, or any Other Type of Remedial Care**  
**1905(a)(4)(B) and 1905(r) EPSDT**  
**Other Licensed Practitioners (EPSDT only) (Continued)**

**Evidence-Based Practices**

The following evidence-based practices are provided under Other Licensed Practitioners (EPSDT only):

- Parent-Child Interaction Therapy (PCIT)
- Functional Family Therapy (FFT)

**Parent-Child Interaction Therapy (PCIT)**

**Description:** Parent-Child Interaction Therapy (PCIT) is an evidence-based practice targeted to children ages 2.5 to 7 years with disruptive behaviors. Both parent/caregiver and child participate in treatment sessions to promote positive relationships. PCIT involves Child-Directed Interaction (CDI) focusing on enhancing the relationship and Parent-Directed Interactions (PDI) improving child compliance. Therapists talk to parent/caregiver during the parent/caregiver and child sessions via an electronic communications system or the use of two-way mirrors in a clinic setting.

**Practitioner Qualifications:** The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide PCIT under the scope of their professional license if they provide proof of certification using the PCIT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide PCIT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for PCIT under Other Licensed Practitioners (EPSDT only) and required to maintain PCIT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering PCIT must be affiliated with an agency authorized by the State.

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice targeted to youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

TN #23-0094

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

Supersedes TN NEW

Effective Date November 1, 2023

New York  
2(xv)(1a)(i)

1905(a)(6) Medical Care, or any Other Type of Remedial Care  
1905(a)(4)(B) and 1905(r) EPSDT  
Other Licensed Practitioners (EPSDT only) (Continued)

Functional Family Therapy (FFT) (continued)

**Practitioner Qualifications:** The following non-physician licensed behavioral health practitioners (NP-LBHPs) may provide FFT under the scope of their professional license if they provide proof of certification using the FFT services program endorsed by the DOH or its designee and are otherwise enrolled in Medicaid:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

Licensed Master Social Workers (LMSW) may provide FFT under supervision or direction of a LCSW, Licensed Psychologist, or Psychiatrist.

**Provider Agencies Qualifications:** A CFTSS designated agency must be authorized by the New York State EBP Review Team for FFT under Other Licensed Practitioners (EPDST) and maintain FFT in fidelity with the model to qualify for enhanced Medicaid reimbursement. Practitioners delivering FFT must be affiliated with an agency authorized by the State to provide the intervention.

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Supersedes TN NEW

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

Effective Date November 1, 2023

New York  
3b-20

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

13d. Rehabilitative Services: EPSDT only (Continued)

**Program Name: Community Psychiatric Support and Treatment (CPST)**

**Description:** Community Psychiatric Support and Treatment (CPST) services are goal directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions approved by New York State. CPST is a face-to-face intervention with the child, family/caregiver or other collateral supports. This service is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Counselor, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the child lives, works, attends school, engages in services (e.g. provider office sites) and/or socializes. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child (ren) even if the individual is living outside of the home. CPST face-to-face interventions may include other collateral supports beyond the individual or family/caregiver, as necessary.

**Practitioner qualifications:** CPST may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners may include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.

Practitioners with a bachelor's degree may only perform the following activities under CPST: Family and Group Counseling/Therapy (Rehabilitative psychoeducation), Service Planning (Strengths-based treatment planning), or the Rehabilitative Supports portion of Individual and Group Counseling/Therapy.

Practitioners with a master's degree level in social work, psychology, or in related human services plus one year of applicable experience may perform any of the activities under CPST listed above without any exclusions. If providing an Evidence Based Practice being delivered and designated by the State, an individual must have a qualified degree level as determined by the State in social work, psychology, or in a related human services field plus applicable experience may perform any of the activities under CPST listed above without any exclusions.

The interventions and skill building identified by the CPST practitioner and family may be implemented by the child and family with the assistance of a peer (under Peer Supports Services), Psychosocial Rehabilitation practitioner (under Psychosocial Rehabilitation Services) or the CPST practitioner, if necessary.

TN #23-0094

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

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New York  
3b-21(a)

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

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

**Evidence-based Practices**

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

- Functional Family Therapy (FFT)

**Functional Family Therapy (FFT)**

**Description:** Functional Family Therapy (FFT) is an evidenced-based practice for youth ages 11 to 18 years with behavioral and emotional disorders. It is a short-term, relational program that achieves changes by improving family interactions and developing family members skills that are directly linked to risk factors and issues. FFT consists of five phases, and each phase has its own assessment, focus, intervention goals, strategies, and techniques.

**Practitioner Qualifications:** Staff must have a qualifying degree level in social work, psychology, or in related human services field, plus applicable experience. Any child-serving agency that seeks to provide FFT must be certified as providing and maintaining FFT in fidelity with the model by the FFT developers and authorized by the New York State EBP Review Team.

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

TN #23-0094

Supersedes TN NEW

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

Effective Date November 1, 2023

**New York  
3b-22**

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

**13d. Rehabilitative Services: EPSDT only (Continued)**

**Program Name: Community Psychiatric Support and Treatment (CPST) (Continued):**

**Individual Counseling/Therapy (Intensive Interventions):**

**Description:** Intensive Interventions - Provide individual supportive treatment and counseling; solution-focused interventions consistent with cognitive behavior therapy and psycho-educational therapy; harm reduction; emotional, cognitive and behavioral management; and problem behavior analysis with the child and family/caregiver, with the goal of assisting the child with social, interpersonal, self-care, daily functioning, and independent living skills to restore stability, to support functional gains and to adapt to community living. This includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other evidence based psychotherapeutic interventions with prior authorization from NYS that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation.

**Individual Counseling/Therapy (Crisis Avoidance):**

**Description:** Crisis Avoidance - Assist the child and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location, including assisting the child and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing a crisis management plan; assessing the step-by-step plan before a crisis occurs; developing strategies to take medication regularly; and seeking other supports to restore stability and functioning.

**Individual Counseling/Therapy (Rehabilitative Supports):**

**Description:** Rehabilitative Supports - Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the individual's daily functioning. Counseling helps restore life safety skills such as ability to access emergency services, basic safety practices and evacuation, physical and behavioral health care (maintenance, scheduling physicians appointments) recognizing when to contact a physician, self-administration of medication for physical and mental health or substance use disorder conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses. Group face-to-face counseling may occur in rehabilitative supports.

**Practitioner qualifications:**

Rehabilitative Supports components of Individual Counseling/Therapy may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field ~~OR At least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State~~ OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**TN #23-0094** \_\_\_\_\_

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

**Supersedes TN #20-0018** \_\_\_\_\_

**Effective Date** November 1, 2023 \_\_\_\_\_

New York  
3b-23

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

13d. Rehabilitative Services: EPSDT only (Continued)

Community Psychiatric Support and Treatment (CPST) (Continued):  
CPST Components (Continued):

**Individual, family and Group Counseling/Therapy (Rehabilitative Supports) (Continued):  
Practitioner Qualifications (Continued):**

Intensive Interventions and Crisis avoidance may only be performed by practitioners who have ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Family and Group Counseling/Therapy (Rehabilitative psychoeducation):**

**Description:** Rehabilitative psychoeducation - Assist the child and family members, caregivers or other collateral supports to identify appropriate strategies or treatment options for the child's behavioral health needs, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances, substance use or associated behavioral health stressors that interfere with the child's life.

**Practitioner qualifications:** Rehabilitative psychoeducation may be provided by an individual who has at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice, or in a related human services field ~~OR at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a master's degree level in social work, psychology, or in related human services field. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Family and Group Counseling/Therapy (Rehabilitative supports in the community):**

**Description:** Rehabilitative supports in the community - Provide restoration, rehabilitation, and support to the child and family members, caregivers or other collateral supports to develop skills necessary to meet the child's goals and to sustain the identified community goals.

**Practitioner qualifications:** Rehabilitative supports in the community may be provided by an individual with ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

TN #23-0094

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

Supersedes TN #20-0018

Effective Date November 1, 2023



New York  
3b-24

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

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

**Crisis Intervention (Intermediate term crisis management):**

**Description:** Intermediate term crisis management - Provide intermediate-term crisis management to the child and family following a crisis (beyond 72 hour period) as stated in the crisis management plan. The purpose of this activity is to stabilize the child/youth in the home and natural environment. Goal setting is focused upon the issues identified from crisis intervention, emergency room crisis and other referral. The service is intended to be stability focused and for existing clients of CPST services or for children needing longer term crisis managements services.

**Practitioner qualifications:** Intermediate term crisis management may be provided by an individual who has ~~at least a bachelor's degree level, certified in an Evidence Based Practice consistent with the CPST component being delivered, and designated by the State OR~~ a bachelor's degree and three years of applicable experience in a related human services field OR a master's degree level in social work, psychology, or in related human services field plus one year of applicable experience. If providing an Evidence Based Practice consistent with the CPST component being delivered and authorized by the State, an individual must have a qualified degree level in social work, psychology, or in related human services field plus applicable experience.

**Rehabilitative Services: EPSDT only  
Program Name: Psychosocial Rehabilitation**

**Description:** Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional intervention. PSR can occur in a variety of settings including community locations where the child/youth lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth individualized treatment plan. PSR is an individual or group face-to-face intervention and may include collateral contact. PSR is recommended by any of the following licensed practitioners of the healing arts operating within the scope of their practice under State license: Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner.

TN #23-0094

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

Supersedes TN #20-0018

Effective Date November 1, 2023

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for November 2023 will be conducted on November 15 and November 16 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

*For further information, contact:* Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. One, Albany, NY 12239, (518) 473-6598

## PUBLIC NOTICE

Deferred Compensation Board

Pursuant to the provisions of 9 NYCRR, Section 9003.2, authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Wednesday, October 25, 2023, is soliciting proposals from Public Accounting Firms to conduct audits of the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

*A copy of the request for proposals may be obtained from:* Tara Anderson, Procurement Coordinator, at: [tara.anderson@nysdcp.com](mailto:tara.anderson@nysdcp.com) (518) 473-6619 or on the Board's website: [www.deferredcompboard.ny.gov](http://www.deferredcompboard.ny.gov). All proposals must be received no later than 5:00 p.m. EST on Wednesday, December 6, 2023.

## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 18 NYCRR 505.38. The following changes are proposed:

### Non-Institutional Services

Effective on or after November 1, 2023, the Medicaid State Plan will be amended to authorize payment for Evidence-Based Practices (EBPs) provided to children/youth referred and eligible for Children and Family Treatment and Support Services by agencies designated by the New York State designation process that have completed the EBP training and certification process.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2023-2024 is \$115,569.00.

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, New York 12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

Department of State  
F-2023-0723

Date of Issuance – October 25, 2023

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

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

In F-2023-0723, Verizon New York, Inc. is proposing to install an underground fiber optic line using Horizontal Directional Drill (HDD). Verizon intends to utilize HDD to install replacement underground communications cable/fiber under the Harlem River between East 120th Street in Manhattan and Randall's Island Park on Randall's Island.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/10/f-2023-0723.pdf> or at <https://dos.ny.gov/public-notices>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice or November 9, 2023.

*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](mailto:CR@dos.ny.gov)

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

## PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0450 Matter of Michael D. Crockett, 3 Pine Knoll Drive, Rochester, NY 14624, for a variance concerning safety requirements, including fire separation distance. Involved is an accessory structure located at Three Pine Knoll Drive, Town of Chili, County of Monroe, State of New York.

2023-0457 Matter of Cambrian Apartments, LLC, 2130 Brookview Road, Castleton on Hudson, NY, 12033, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1057-1059 Gillespie Street, City of Schenectady, County of Schenectady, State of New York.

2023-0476 Matter of RF Investment, LLC, 15 Wicks Path, Com-mack, NY, 11725, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1104 Union Street, City of Schenectady, County of Schenectady, State of New York.

2023-0514 Matter of T.Y. Lin International, Engineering & Architecture, P.C., 255 East Avenue, Rochester, NY, 14604, for a variance concerning safety requirements, including fire apparatus access roads. Involved is a residential development known as the Villas at Brandon Woods, located at Wood Trace and Etna Trails, Town of Sweden, County of Monroe, State of New York.

2023-0518 Matter of KMK Global Enterprises, LLC, P.O. Box 1126, Clifton Park, NY, 12065, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 617 Bluff Avenue, City of Schenectady, County of Schenectady, State of New York.

2023-0519 Matter of 1023 Park Ave, LLC, 21 Pinecrest Drive, Niskayuna, NY, 12309, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1023 Park Ave, City of Schenectady, County of Schenectady, State of New York.

2023-0522 Matter of Gurcharan Singh, 2117 Hamburg Street, Schenectady, NY, 12304, for a variance concerning safety requirements, including fire rated cellar ceilings and inside cellar stairs. Involved is an existing multiple family dwelling located at 1100 Union Street, City of Schenectady, County of Schenectady, State of New York.

## PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0515 In the matter of David Giglio of Paulsie Properties LLC, 13 Hopper Street, Utica, NY, for a variance concerning life safety issues for required cellar ceiling fire proofing under Chapter 61-B of the Consolidated Laws of New York, the Multiple Residence Law located at 514 Jefferson Avenue, City of Utica, County of Onieda, State of New York.

## PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0523 Matter of Margarete Souza, 280 Bay Drive, Mas-sapequa, NY 11758, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 144 Park Avenue; Village of Lindenhurst, NY County of Suffolk, State of New York.

2023-0528 Matter of Precision Home Inspection of America, Leon Jaworowski, Six Glover Circle, Lynbrook, NY 11565, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 41 Cedar Road; Village of Malverne, NY County of Nassau, State of New York.

## PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0529 in the Matter of Diamond Properties, LLC, Jay Black,

**SUMMARY**  
**SPA #23-0096**

This State Plan Amendment proposes to facilitate expansion of the voluntary service provider, and to more accurately reflect provider costs and to ensure the continuation of services.

DRAFT



New York  
2

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

(d) **Rate appeals** - A provider will appeal for an adjustment to its rate that would result in an annual increase of \$5,000 or more in the provider’s allowable costs and that is needed because of bed vacancies. A bed vacancy appeal will be requested when the occupancy rate of the specialty hospital is less than 100 percent. The appeal request must be made within one year of the close of the rate period in which the bed vacancies occurred or within six months of the notification to the provider of the rate amount, whichever is later. OPWDD will only grant the appeal if the provider has demonstrated that the vacancies were unavoidable. No amount granted on appeal will result in Medicaid payments exceeding the provider’s specialty hospital costs of providing Medicaid services for the rate period.

2. Rates for Specialty Hospitals for services delivered on and after October 1, 2023, will be determined in accordance with the following described methodology.

(a) "Specialty Hospital" as used in this Part of this Attachment is the program and site for which OPWDD has issued an operating certificate to operate as a specialty hospital for persons with developmental disabilities. "Provider" as used in this Part of this Attachment is the corporation or other organization operating a specialty hospital.

(b) **Unit of Service** - The unit of service will be a day.

(c) **Component of Rates**

i. **Capital Component of Rates**

1) Capital rate for periods on and after October 1, 2023, for capital assets approved by OPWDD on Prior Property Approvals (PPA). OPWDD regulations under 14 NYCRR Subpart 635-6 establish standards and criteria that describes the Capital acquisition and lease of real property assets which require approval by OPWDD.

a) Reimbursement rates will include actual straight-line depreciation, interest expense, financing expenses, and lease cost established using generally accepted accounting principles, comply with CMS Publication – 15 (Medicare cost and cost allocation principles) and establish useful lives using the American Hospital Association (AHA) Estimated Useful Lives of Depreciable Hospital Assets Revised 2008 Edition.

b) OPWDD will never approve lease or acquisition costs in excess of the lower of fair market value (as determined by an independent appraisal) or the provider’s actual cost. However, OPWDD may limit the approved costs to a lower amount based on a review of the reasonableness of the transaction and price and a comparison of costs to those of similar facilities with the same characteristics. For example, if a provider purchases or leases a property in an area in which real estate costs are considerably higher than those in the surrounding areas, and an equally suitable property in the surrounding area was available to the provider for purchase or lease at a lower cost, OPWDD may limit the allowable costs to those of properties in the surrounding area.

TN #23-0096

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

Supersedes TN #18-0012

Effective Date October 1, 2023

**New York**  
**2(a)**

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

- c) In no case will the total capital reimbursement associated with the capital asset exceed the total acquisition, renovation and financing cost associated with a capital asset.
  - d) The State will identify each asset, by provider, and provide a schedule of these assets identifying: total actual cost, reimbursable cost and useful life, determined by the prior property approval, total financing cost, allowable depreciation and allowable interest for the remaining useful life as determined by the prior approval, and the allowable reimbursement for each year of the remaining useful lives.
  - e) Notification to Providers. Each provider will receive supporting documentation detailing all real property to be included in the capital component of the provider's reimbursement rate.
- 2) The rate will include applicable annual interest, depreciation and/or amortization of the approved appraised costs of an acquisition, or fair market value of a lease, and property associated with Specialty Hospital facilities, the useful life will be 25 years. Such costs will be included in the rate upon or after submission and approval of the Final Expenditure Report and completion of the property cost verification.

DOH will verify and reconcile the costs submitted on a PPA by requiring the provider to submit to the State supporting documentation of actual costs. Actual costs will be verified by the State reviewing the supporting documentation of such costs. A provider submitting such actual costs will certify that the reimbursement requested reflects allowable capital costs and that such costs were actually expended by such provider. Under no circumstances will the amount included in the rate under this subparagraph exceed the amount authorized in the approval process. Capital costs will be amortized over a 25-year period for acquisition of properties or the life of the lease for leased sites. Capital improvements will be depreciated over the life of the asset, or the revised useful life of the asset as a result of the capital improvements, whichever is greater. The amortization of interest will not exceed the life of the loan taken. Amortization or depreciation will begin upon certification by the provider of such costs. Start-up costs will be amortized over a one-year period beginning with certification of the site.

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

Supersedes TN #NEW

Effective Date October 1, 2023

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

3) DOH will semi-annually update Capital reimbursement for all providers in January and July. Also, DOH will update capital to include all new and approved PPAs twice a year. The update may require the Department to annualize the PPA, which could include more than 12 months of costs in the first year.

ii. **Operating Component of Rate** will be as Follows:

<u>Rate period</u>	<u>Rate</u>
<u>On and After 10/01/2023</u>	<u>\$943.09</u>

iii. The Capital Component and Operating Components will be combined to determine the final payment rate.

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

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

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

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

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

### PUBLIC NOTICE

#### Department of Health

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

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

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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  
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Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY  
12210, spa\_inquiries@health.ny.gov

### PUBLIC NOTICE

#### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

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

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

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

### PUBLIC NOTICE

#### Department of Health

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

**SUMMARY**  
**SPA #23-0097**

This State Plan Amendment proposes to make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including updates to align to the recent OPWDD Comprehensive Waiver Amendment.

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Annotated Pages

23-0097

Attachment 4.19-D Part II Page: 23

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~~(12) Transition to New Methodology~~

~~i. The reimbursement methodology described in this Attachment will be phased in over a three-year period, with a year for purposes of the transition period meaning a 12-month period from July 1st to the following June 30th, and with full implementation in the beginning of the fourth year. During this transition period, the base operating rate will transition to the target rate as determined by the reimbursement methodology described in this Attachment, according to the phase-in schedule outlined below. The base operating rate will remain fixed and the target rate, as determined by the reimbursement methodology in this Attachment, will be updated to reflect rebasing of cost data, trend factors and/or other appropriate adjustments.~~

Transition Year	Phase-in Percentage	
	Base Operating Rate	New Methodology
<del>Year 1 (July 1, 2014 – June 30, 2015)</del>	<del>75%</del>	<del>25%</del>
<del>Year 2 (July 1, 2015 – June 30, 2016)</del>	<del>50%</del>	<del>50%</del>
<del>Year 3 (July 1, 2016 – June 30, 2017)</del>	<del>25%</del>	<del>75%</del>
<del>Year 4 (July 1, 2017 – June 30, 2018)</del>	<del>0%</del>	<del>100%</del>

~~ii. Providers will have the opportunity to apply for additional funding in order to help individuals maintain access to services during the current financial transformation, as well as assist providers in achieving the larger transformation agenda of deinstitutionalization. In order for a provider to receive additional funding the following criteria must be met:~~

~~(a) Provider must submit a completed application to OPWDD.~~

~~(b) Provider must be in a fiscal deficit.~~

~~(c) Provider must be in compliance with CFR submission requirements.~~

~~iii. DOH and OPWDD will utilize the January 1, 2013 through December 31, 2013 CFR for non-New York City providers and the July 1, 2013 through June 30, 2014 CFR for New York City providers to determine the provider's three-year deficit for rate periods July 1, 2014 through June 30, 2015; July 1, 2015 through June 30, 2016; and July 1, 2016 through June 30, 2017.~~

~~iv. Providers will be reimbursed 60% of the total deficit over three years beginning with the period July 1, 2014 through June 30, 2015.~~

**Appendix I  
2023 Title XIX State Plan  
Fourth Quarter Amendment  
Amended SPA Pages**

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New York

1905(a)(15) ICF/IID

Rates for ICF/IID services delivered by Non-Government and Voluntary ICFs/IID on and after July 1, 2014, will be determined in accordance with this section.

(1) Definitions (applicable to this section):

**Active Treatment (AT)** – Habilitation services provided for residents of an ICF/IID who are under the age of 21, in all areas of life and at any location. The ICF/IID can arrange for and reimburse other providers (schools or otherwise) to carry out some of the AT called for in the facility's plan of care for an individual. The purpose of AT provided during normal school hours must be habilitation, not educational.

**Allowable Agency Administration** – For Non-State Government and Voluntary Providers, from the CFR for the base year, divide the Agency Administration Allocation (from CFR1 Line 65) by the Total Operating Costs (from CFR1 Line 64) to determine the agency administration percentage. Effective on or after October 1, 2020, a screen on allowable agency administration costs of 15 percent will be applied to the product of the agency administration percentage multiplied by Total Operating Costs, and the result is the amount permitted for Agency Administration and used within the methodology.

**Allowable Operating Costs** – All necessary and proper costs which are appropriate and helpful in developing and maintaining the operation of ICFs/IID. Necessary and proper costs are costs which are common and accepted occurrences in the field of ICFs/IID. These costs will be determined in accordance with the cost principles described in the Medicare Provider Reimbursement Manual (HIM-15). This will include allowable program administration, direct care, support, clinical, fringe benefits, and indirect personal service/non-personal service. Effective on or after October 1, 2023, allowable operating costs may exclude workforce bonus payments authorized by state law and/or otherwise approved by the federal government including, but not limited to, supplemental payments to address critical workforce shortages stemming from the COVID-19 emergency.

**Allowable Capital Costs** – Are all necessary and proper capital costs that are appropriate and helpful in developing and maintaining the provision of ICF/IID services to beneficiaries determined in accordance with the cost principles described in the Medicare Provider Reimbursement Manual (HIM-15) except as further defined below. This will include, where appropriate, allowable lease/rental and ancillary costs; amortization of leasehold improvements and depreciation of real property; financing expenditures associated with the purchase of real property and related expenditures, and leasehold improvements.

Capital costs of depreciation, and lease/rental of equipment and vehicles (annual lease, depreciation, and interest) will be included in the operating components of the provider's rate.

**Base Year Consolidated Fiscal Report (CFR)** – For Non-Government and Voluntary Providers, the CFR from which the initial target rate will be calculated. Such period will be January 1, 2011, through December 31, 2011, for providers reporting on a calendar year basis and July 1, 2010, through June 30, 2011, for providers reporting on a fiscal year basis. For subsequent periods, the base year CFR will mean the CFR used to update the methodology.

~~**Base Operating Rate** – Reimbursement amount calculated by dividing annual reimbursement by applicable annual units of service, both in effect on June 30, 2014.~~

**Budget Neutrality Adjustment** – Factor applied to the end of the methodology to ensure the total annual target reimbursement operating ~~just the proposed amount so that it~~ is equivalent to the total annual operating base reimbursement ~~amount of dollars~~. The factors can be found on: [https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/)

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**1905(a)(15) ICF/IID**

**(2) Rates for Providers of ICF/IID Services**

- i. There will be one provider-wide rate for each provider (with some components to be paid separately, as set forth in paragraph (4)) except that rate for ICF/IID services provided to individuals identified as special populations by OPWDD. Adjustments may be made to the rate resulting from any final audit findings or reviews.
- ii. Rates will be computed based on a full 12-month base year CFR, adjusted in accordance with the methodology as delineated in this section. The rate will include operating cost components and capital cost components. Such base year may be updated in accordance with subsequent rate section, paragraph ~~p~~(8).

**iii. Components of Rates for ICF/IID Services**

- (a) **Operating Component** - The operating component will be calculated using allowable costs identified in the consolidated fiscal reports. The operating component will be inclusive of the following components:

1. **Regional average direct care wage** - The quotient of base year salaried direct care dollars for each provider in a DOH region, totaled for all such providers in such region, for all residential habilitation-supervised individualized residential alternative (IRA); residential habilitation-supportive IRA; day habilitation services; and ICF/IID, divided by base year salaried direct care hours for each provider in a DOH region, totaled for all such providers in such region, for all residential habilitation-supervised IRA; residential habilitation-supportive IRA; day habilitation services; and ICF/IID services.
2. **Regional average employee-related component** - The sum of the annual change in vacation leave accruals and total fringe benefits for the base year for each provider of a DOH region, totaled for all such providers in such region, with the sum to be divided by base year salaried direct care dollars for each provider of a DOH region, totaled for all such providers in such region, and then multiplied by the applicable regional average direct care wage.
3. **Regional average program support component** - The sum of transportation related-participant; staff travel; participant incidentals; expensed adaptive equipment; sub-contract raw materials; participant wages-non-contract; participant wages-contract; participant fringe benefits; staff development; supplies and materials-non-household; other-OTPS; lease/rental vehicle; depreciation-vehicle; interest-vehicle; other-equipment; other than to/from transportation allocation; salaried support dollars (excluding housekeeping and maintenance staff); and salaried program administration dollars for the base year for each provider of a DOH region, totaled by all such providers in such region. Such sum is divided by the total base year salaried direct care dollars for all providers in a DOH region and multiplied by the applicable regional average direct care wage.

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1905(a)(15) ICF/IID

26. **Statewide budget neutrality adjustment factor for operating dollars** - ~~The quotient of the operating portion of all provider rates in accordance with the State Plan in effect on June 30, 2014, divided by the provider operating revenue for all providers.~~ Factor applied to the end of the methodology to ensure the total annual target reimbursement is equivalent to the total annual base reimbursement.
27. **Total provider operating revenue – adjusted** - The product of the provider operating revenue and the statewide budget neutrality adjustment factor for operating dollars.
28. **Final daily operating rate** – This rate is determined by dividing the total provider operating revenue – adjusted by the applicable provider rate sheet capacity for the initial period and such quotient to be further divided by 365.
29. **Occupancy Adjustment.**
- ~~(i) For the initial rate period of July 1, 2014 through June 30, 2015; Providers will be paid 75% of the operating component for up to an annual total of 90 days per bed for days when there is a vacancy.~~
- (i) For the rate periods beginning July 1, 2015, providers will receive an occupancy adjustment to the operating component of their rate for vacancy days. The occupancy adjustment percentage is calculated by dividing the sum of the agency's rate period medical leave days, service days, ~~and the~~ therapy days, and days indicated on a submitted non-billable day survey by 100% of the agency's certified capacity. The certified capacity is calculated taking into account capacity changes throughout the year, multiplied by 100% of the year's days. This adjustment will begin on July 1, 2015 and be recalculated on an annual basis based on the most recent 12 months' experience.
- (ii) For the period beginning October 1, 2020, or after, the occupancy will no longer be calculated and applied to the provider's rate. The occupancy adjustment will be zero percent.
- (3) **Alternative Operating Component.** For providers that did not submit a cost report or submitted a cost report that was incomplete for the base year, the final daily operating rate will be a regional daily operating rate. This rate will be the sum of:
- i. The result of the appropriate regional average direct care hourly rate and the applicable regional average direct care hours, which is the quotient of base year salaried and contracted direct care hours for each provider of a DOH region, totaled for all providers in such region, divided by the rate sheet capacities, pro-rated for partial year sites for the base year for each provider of a DOH region, totaled for all providers in such region; and
- ii. The result of the applicable regional average clinical hourly wage and the applicable regional average clinical hours, which is the quotient of base year salaried and contracted clinical hours for each provider of a DOH region, totaled for all providers in

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**1905(a)(15) ICF/IID**

report (CMS-64) following the two-year period. Once the final cost reconciliation has been received by the Department of Health, the rate will be retroactively adjusted to include reconciled costs.

DOH will verify and reconcile the costs submitted on a PPA by requiring the provider to submit to the State supporting documentation of actual costs. Actual costs will be verified by the State reviewing the supporting documentation of such costs. A provider submitting such actual costs will certify that the reimbursement requested reflects allowable capital costs and that such costs were actually expended by such provider. Under no circumstances will the amount included in the rate under this subparagraph exceed the amount authorized in the approval process. Capital costs will be amortized over a 25 year period for acquisition of properties or the life of the lease for leased sites. Capital improvements will be depreciated over the life of the asset, or the revised useful life of the asset as a result of the capital improvements, whichever is greater. The amortization of interest will not exceed the life of the loan taken. Amortization or depreciation will begin upon certification by the provider of such costs. Start-up costs will be amortized over a one year period beginning with certification of the site. If new providers actual costs are not submitted to the State within two years from the date of site certification, the amount of capital costs included in the rate will be zero for each period in which actual costs are not submitted. The Department will retroactively adjust capital reimbursement based on the actual cost verification process as described.

- iv. DOH will semi-annually update Capital reimbursement for all providers in January and July ~~twice a year, January for providers filing a CFR on a calendar year and July for providers filing a CFR on a fiscal year cycle~~. Also, DOH will update capital to include all new and approved PPA's twice a year. The ~~second~~ update may require the Department to annualize the PPA, which could include more than 12 months of costs in the first year.

v. **CFR Reporting for Capital Assets**

- (a) Expenses relating to Equipment are reported in two sections of CFR-1. Expensed equipment is included under the Other Than Personal Services (OTPS) section of CFR-1 and is included in the operating portion of the rate reimbursement (Lines 27 & 28). Depreciable equipment expenses are included under the Equipment section of CFR-1 and all items in this section are included in the operating portion of the rate reimbursement (Lines 42-47).
- (b) Capital expenses related to real property are included under the Property section of the CFR-1 (Lines 49-62). With the exception of Insurance-Property or Casualty, which is reported on CFR-1, Line 55, Lines 49-62 are not included in the rates. Alternatively, providers are reimbursed for Capital in accordance with the capital schedule (iii as identified above) and the Insurance-Property or Casualty reported on CFR-1, Line 55.

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**1905(a)(15) ICF/IID**

- (c) All expenses reported on CFR-1 are to be reported in accordance with Appendix X – Adjustments to Reported Costs, dated January 1, 2014, which details expenses that are considered to be non-allowable. CFR instructions for reporting depreciation and amortization are included in Appendix O of the January 1, 2014 CFR Manual, which can be found at:

[http://www.oms.nysed.gov/rsu/Manuals\\_Forms/Manuals/CFRManual/home.html](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/home.html)

~~(d) **Capital Schedule.** Beginning with the cost reporting periods ending December 31, 2014 (calendar year filers), and July 31, 2015 (fiscal year filers), any provider required to file a CFR will submit to OPWDD, as part of the annual cost report, a Capital Schedule.~~

~~This schedule will specifically identify the differences, by capital reimbursement item, between the amounts reported on the certified cost report, and the reimbursable items, including depreciation, interest and lease cost from the schedule of approved reimbursable costs.~~

~~The provider's independent auditor will apply procedures to verify the accuracy and completeness of the capital schedule.~~

- (6) **Tax Assessment.** The provider assessment on ICF/IID services rendered to Medicaid recipients will be considered an allowable cost and reimbursed through residential Medicaid service rates of payment. The amount of 5.5% assessment uniformly imposed on all ICF/IDD residential services of all such providers will be included in the rate.
- (7) **Total Per Diem.** This will be the sum of products of paragraphs (2)(iii)(a)(28), (2)(iii)(a)(29), (4), (5) and (6) of this Section.
- (8) **Computation of Subsequent Rate Period-** Beginning one year after the initial period, the methodology will rebase the costs used in the methodology described in paragraph (2) of this Section using the 1/1 – 12/31 and 7/1 – 6/30 CFR one and one half, and two years prior to the rate period, respectively. Thereafter, the Department will rebase within ~~five~~four years of the previous rebase utilizing the base year CFR. For years in which the Department of Health does not update the base year, the Department will update property as described in paragraph (5) of this Section.

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**1905(a)(15) ICF/IID**

- iii. For cost reporting periods beginning July 1, 2015, and thereafter, providers are required to file an annual Consolidated Fiscal Report (CFR) to the State by June 1st for providers reporting on the January 1st through December 31st period or December 1st for providers reporting on the July 1st through June 30th period. If the completed CFR is not submitted by either June 1st for providers reporting on the January 1st through December 31st period or December 1st for providers reporting on the July 1st through June 30th period, a 2 percent penalty on the provider's OPWDD Medicaid reimbursement will be imposed effective on the due date of the CFR. However, OPWDD will not impose such a penalty if it determines that there were unforeseeable circumstances beyond the provider's control (such as a natural disaster, or other circumstance as determined by the OPWDD commissioner) that prevented the provider from filing the cost report by the due date.

~~If a provider fails to file a complete and compliant CFR by the first day of the second month following the imposition of the 2 percent penalty, the State must provide timely notice to the delinquent provider that Federal Financial Participation (FFP) will end on the first day of the eighth month following the imposition of the 2 percent penalty; and the State will not claim FFP for any Waiver service provided by the provider with a date of service after the first day of the eighth month.~~

**(11) Trend Factors and Increases to Compensation**

**i. Trend Factors**

- ~~a. The trend factor used will be the applicable years from the Medical Care Services Index for the period April to April of each year from [www.BLS.gov/cpi](http://www.BLS.gov/cpi); Table 1 Consumer Price Index for All Urban Consumers (CPI-U); U.S. city average, by expenditure category and commodity and service group.~~
- ~~b. Generally, actual index values will be used for all intervening years between the base period and the rate period. However, because the index value for the last year immediately preceding the current rate period will not be available when the current rate is calculated, an average of the previous five years actual known indexes will be calculated and used as a proxy for that one year.~~

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**1905(a)(15) ICF/IID**

e. Minimum Wage Adjustment – Effective January 1, 2024, and every January 1 thereafter until the minimum wage reaches the state statutorily described per hour wage as shown below, a minimum wage add-on will be developed and applied to all ICF/IID rates.

<u>Minimum Wage Region</u>	<u>1-Jan-24</u>	<u>1-Jan-25</u>	<u>1-Jan-26</u>
<u>New York City</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Nassau, Suffolk &amp; Westchester</u>	<u>\$16.00</u>	<u>\$16.50</u>	<u>\$17.00</u>
<u>Remainder of State</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.00</u>

The minimum wage adjustment will be developed and implemented as follows:

1. Minimum wage costs will mean the additional costs incurred beginning January 1, 2024, and thereafter, as a result of New York State statutory increases to minimum wage.
  2. The annual facility specific minimum wage add-on for 2024 and subsequent years will be developed and calculated based on the facilities consolidated fiscal report (CFR) wage data for the applicable base year. Once the costs are included in the CFR utilized in a base year, such reimbursement will be excluded from the add-on.
- f. These rates may be adjusted to incorporate funding to reflect Cost of Living Adjustments (COLA), compensation increases, or any other adjustments authorized pursuant to NYS law.

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**1905(a)(15) ICF/IID**

**(123) Rate Corrections**

- i. Arithmetic or calculation errors will be adjusted accordingly in instances that would result in an annual change of \$5,000 or more in a provider's annual reimbursement for ICFs/IID.
- ii. In order to request a rate correction in accordance with paragraph i. of this section, the provider must send to the Department of Health its request by certified mail, return receipt requested, or via email within ninety days of the provider receiving the rate computation or within 90 days of the first day of the rate period in question, whichever is later.

**(134) Specialized Populations Funding**

- i. Notwithstanding any other provisions of this Attachment, rates for individuals identified by OPWDD as qualifying for specialized populations funding will be as follows:
- ii. For individuals initially identified as qualifying for specialized populations funding, a fee schedule can be found using the link below:

[https://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/2014rates.htm](https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2014rates.htm)

- iii. The tax assessment as described in paragraph (6) will be applied to these rates.

**(145) Changes in Ownership and Control**

- i. The following will be effective beginning August 1, 2017. Where a non-state governmental provider or voluntary provider ceases to operate an ICF/IID due to:
  - (a) a limitation, suspension, revocation or surrender of that provider's operating certificate;
  - (b) bankruptcy or other financial or operational distress; or
  - (c) dissolution of the provider under State Law;

and there arises an emergency situation of a loss of services to individuals, OPWDD will transfer operation of the affected provider's ICF/IID services to another non-governmental provider or voluntary provider at a temporarily enhanced reimbursement rate as described below.

In those emergency situations, the voluntary provider assuming the transferred services will be reimbursed at a rate which is the higher of the two providers' rates (hereafter "higher of rate"). The higher of rate will be in effect until a full year's costs of providing services to the individual(s) impacted by the transfer of services is reflected in the assuming provider's base year CFR. If the assuming provider does not currently operate an ICF/IID but qualifies for the higher of rate, the rate will be the higher of the affected provider's rate or the regional average rate for the ICF/IID services.

- ii. In situations where a non-state governmental provider or voluntary provider ceases to operate an ICF/IID due to circumstances other than those specified in paragraphs (145)(i)(a), (145)(i)(b), (145)(i)(c) or there is no emergency situation of a loss of services to individuals, any provider assuming the operation of those services will not be eligible for a temporarily enhanced reimbursement rate. The assuming provider will use their rate as calculated for all of the individuals for which they are taking over services. If the assuming provider does not currently operate an ICF/IID, the assuming provider will receive the affected provider's rate for the ICF/IID services.

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**PUBLIC NOTICE**

**Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Social Services Law, Section 363-a and Public Health Law, Section 201(1)(v). The following changes are proposed:

**Long Term Care Services**

Effective on or after October 1, 2023, the Department of Health will make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including but not limited to amending the language pertaining to rebasing, budget neutrality, trends, and other changes to align to the recent updates within the OPWDD Comprehensive Waiver Amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$2.5 million.

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

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

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

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

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

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

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

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

**PUBLIC NOTICE**

**Department of Health**

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust Medicaid rates of payment by 1.86% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The existing quality improvement initiative program will be expanded to include hospital-based MHOTRS providers and the quality program will be enhanced

to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$10 million.

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

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

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

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

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

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

**PUBLIC NOTICE**

**Department of Health**

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for the following services: Assertive Community Treatment, Partial Hospitalization, Mental Health Outpatient Treatment and Rehabilitative Services, Day Treatment Services for Children, Continuing Day Treatment, Personalized Recovery Oriented Services, and Comprehensive Psychiatric Emergency Program (CPEP) Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$81,000.

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

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

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

**SUMMARY**  
**SPA #23-0098**

This State Plan Amendment proposes to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services. Additionally, the proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

DRAFT

**Annotated Pages**

**23-0098**

**Attachment 3.1-A Supplement:** Pages 3b-4, 3b-6, 3b-8, 3b-9, 3b-10, 3b-12, 3b-12.1

**Attachment 3.1-B Supplement:** Pages 3b-4, 3b-6, 3b-8, 3b-9, 3b-10, 3b-12, 3b-12.1

**Attachment 4.19-B:** Page 3L-2

DRAFT



New York  
3b-4

~~13d.—Rehabilitative Services~~

~~Personalized Recovery Oriented Services (PROS)—continued~~

~~Practitioner qualifications:~~

~~A PROS must employ a minimum of one full-time LPHA. LPHAs include:~~

- ~~Nurse Practitioner;~~
- ~~Physician;~~
- ~~Physician Assistant;~~
- ~~Psychiatric Nurse Practitioner;~~
- ~~Psychiatrist;~~
- ~~Psychologist;~~
- ~~Registered Professional Nurse;~~
- ~~Licensed Mental Health Counselor;~~
- ~~Licensed Clinical Social Worker (LCSW);~~
- ~~Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;~~
- ~~Licensed Creative Arts Therapist;~~
- ~~Licensed Marriage and Family Therapist; and~~
- ~~Licensed Psychoanalyst.~~

~~Each licensed PROS must have a minimum of 40% full-time equivalents of Professional Staff, including:~~

- ~~**Creative Arts Therapist**—an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;~~
- ~~**Credentialed Alcoholism and Substance Abuse Counselor**—an individual who is currently credentialed by the New York State Office of Alcoholism and Substance Abuse Services in accordance with Part 853 of Title 14 of the NYCRR;~~
- ~~**Marriage and Family Therapist**—an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;~~
- ~~**Mental Health Counselor**—an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;~~
- ~~**Nurse Practitioner**—an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;~~
- ~~**Nurse Practitioner in Psychiatry**—an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;~~

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Approval Date   

Effective Date     October 1, 2023



New York  
3b-8

~~13d. Rehabilitative Services  
PROS—continued~~

~~□ Cognitive Remediation~~

~~A counseling service designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.~~

~~**Practitioners:** Professional Staff who have had training approved by the Office of Mental Health.~~

~~□ Community Living Exploration~~

~~A psychosocial rehabilitation service designed to help an individual understand the demands of specific community life roles, in order to make decisions regarding participation and to overcome barriers to participate and perform in desired roles. This service also includes motivating individuals to explore and increase their knowledge of opportunities available in the community.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~□ Crisis Intervention~~

~~A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.~~

~~**Practitioners:** Professional Staff.~~

~~□ Engagement in Recovery~~

~~A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~□ Individualized Recovery Planning~~

~~A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

New York  
3b-9

~~13d.—Rehabilitative Services~~

~~PROS—continued~~

~~☐—Skill-Building for Self-help~~

~~A psychosocial rehabilitation service designed to help individuals restore the skills necessary to identify and participate in or take advantage of appropriate self-help resources or mutual aid groups.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~☐—Pre-admission screening~~

~~A service including engaging, interviewing and evaluating an individual to determine whether the individual is appropriate for the program and identifying and addressing any unique circumstances and functional limitations which may impact the individual's ability and desire to receive PROS services.~~

~~—**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~☐—Structured Skill Development and Support~~

~~A psychosocial rehabilitation service designed to assist individuals to regain the skills necessary for performing normative life roles associated with group membership, work, education, parenting, or living environments by modeling and practicing skills in actual community settings off-site or community environments replicated at the program site and through the use of structured activities.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

~~☐—Wellness Self-management~~

~~Psychosocial rehabilitation services designed to develop or improve personal coping strategies, prevent relapse, and promote recovery. Services may be provided to recipients and/or collaterals for the benefit of the recipient, and may include, but are not limited to coping skills training, disability education, dual disorder education, medication education and self-management, problem-solving skills training, and relapse prevention planning.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

New York  
3b-10

~~13d.—Rehabilitative Services~~

~~PROS—continued~~

~~Clinical Treatment~~

~~If an individual attending a PROS that does not include Clinical Treatment services requires those services, the individual may receive Clinical Treatment services at an OMH licensed clinic or an independent practitioner. If the individual is not receiving Clinical Treatment services directly within the PROS, the PROS documents that the services provided by the OMH licensed clinic are integrated with those provided by the PROS.~~

~~Clinical Treatment Services are designed to stabilize, ameliorate and control the disabling symptoms of mental illness. In order to be licensed to offer Clinical Treatment services within a PROS, the PROS staffing plan must meet minimum clinical treatment staffing requirements as described under the PROS practitioner requirements, the PROS staffing must include sufficient qualified staff to deliver clinical treatment services and additional space to perform services is required.~~

~~Clinical Treatment services include:~~

~~Clinical Counseling and Therapy~~

~~A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.~~

~~**Practitioners:** Licensed Practitioners of the Healing Arts, as defined in this section and Professional Staff under the supervision of a Licensed Practitioner of the Healing Arts, as defined in this section.~~

~~Health Assessment~~

~~A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.~~

~~**Practitioners:** Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse.~~

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

Effective Date       October 1, 2023



New York  
3b-12.1

~~13d. Rehabilitative Services~~  
~~PROS—continued~~

~~**Family Psychoeducation/ Intensive Family Support**~~

~~A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.~~

~~**Ongoing Rehabilitation and Support**~~

~~Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace, develop strategies for resolving workplace issues, and maintain other functional skills necessary to sustain competitive employment. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings. ORS does not include educational, vocational or job training services.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

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Approval Date                                     

Supersedes TN     #16-0041    

Effective Date   October 1, 2023











~~13d. Rehabilitative Services~~  
~~PROS—continued~~

~~☐ Clinical Treatment~~

~~If an individual attending a PROS that does not include Clinical Treatment services requires those services, the individual may receive Clinical Treatment services at an OMH licensed clinic or an independent practitioner. If the individual is not receiving Clinical Treatment services directly within the PROS, the PROS documents that the services provided by the OMH licensed clinic are integrated with those provided by the PROS.~~

~~Clinical Treatment Services are designed to stabilize, ameliorate and control the disabling symptoms of mental illness. In order to be licensed to offer Clinical Treatment services within a PROS, the PROS staffing plan must meet minimum clinical treatment staffing requirements as described under the PROS practitioner requirements, the PROS staffing must include sufficient qualified staff to deliver clinical treatment services and additional space to perform services is required.~~

~~Clinical Treatment services include:~~

~~☐ Clinical Counseling and Therapy~~

~~A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.~~

~~**Practitioners:** Licensed Practitioners of the Healing Arts, as defined in this section and Professional Staff under the supervision of a Licensed Practitioner of the Healing Arts, as defined in this section.~~

~~☐ Health Assessment~~

~~A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral.~~

~~**Practitioners:** Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse.~~

TN #23-0098  
Supersedes TN #16-0041

Approval Date \_\_\_\_\_  
Effective Date October 1, 2023



New York  
3b-12.1

~~13d.—Rehabilitative Services  
PROS—continued~~

~~☐ **Family Psychoeducation/ Intensive Family Support**~~

~~A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.~~

~~☐ **Ongoing Rehabilitation and Support**~~

~~Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace, develop strategies for resolving workplace issues, and maintain other functional skills necessary to sustain competitive employment. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings. ORS does not include educational, vocational or job training services.~~

~~**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.~~

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New York  
3L-2

**~~TYPE OF SERVICE~~**

**~~Personalized Recovery Oriented Services (PROS)~~**

~~PROS provider agencies will be reimbursed for Community Rehabilitation and Support (GRS), Intensive Rehabilitation (IR) and Ongoing Rehabilitation and Support (ORS) services. A PROS provider agency that has obtained approval from the Office of Mental Health to provide Clinical Treatment Services will be reimbursed for Clinical Treatment Services provided to individuals enrolled in PROS. PROS are provided by provider agencies licensed by the Office of Mental Health. Individual practitioners are not eligible for reimbursement. Only properly documented services provided to eligible individuals who are either enrolled in PROS or in pre-admission status, or to collaterals of an individual enrolled in PROS, will be reimbursed.~~

~~Rates of payment for PROS services shall be the same for governmental and non-governmental providers.~~

**~~Monthly Base Rate:~~**

~~PROS will be reimbursed a tiered regional monthly case payment based on units of service provided to the individual and his/her collaterals. One unit is equal to one hour. Units are accumulated in intervals of 15 minutes.~~

~~Daily services provided during the calendar month determine the monthly base rate tier as follows:~~

- ~~• Tier 1: 2-12 units;~~
- ~~• Tier 2: 13-27 units;~~
- ~~• Tier 3: 28-43 units;~~
- ~~• Tier 4: 44-60 units; and~~
- ~~• Tier 5: 61 or more units per month.~~

~~A minimum of two units must be provided during a calendar month for PROS monthly base rate reimbursement. Units are determined by a combination of the number of PROS service components delivered to an individual or collateral during the course of a day and the duration of participation in structured or supervised activities. Participation is measured in 15-minute increments. Increments of less than 15 minutes are rounded down to the nearest quarter hour to determine the program participation for the day.~~

~~A minimum of one PROS service component must be delivered to an individual or collateral per day in order to accumulate units. If one PROS service component is delivered, a maximum of two units may be accumulated in a day. If two PROS service components are delivered, a maximum of four units may be accumulated in a day. If three or more PROS service components are delivered, a maximum of five units may be accumulated in a day. The number of PROS units per individual per day cannot exceed five.~~

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New York  
3b-4

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

13d. Rehabilitative Services  
Personalized Recovery Oriented Services (PROS) - continued

Practitioner qualifications:

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Licensed Occupational Therapist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Professional Staff in PROS include:

- Certified Psychiatric Rehabilitation Practitioner** – an individual who is currently certified as a Psychiatric Rehabilitation Practitioner by the Psychiatric Rehabilitation Association;
- Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Addiction Services and Supports in accordance with Part 853 of Title 14 of the NYCRR;
- Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

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New York  
3b-4.1

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

13d. Rehabilitative Services

Personalized Recovery Oriented Services (PROS) - continued

Professional Staff in PROS include (continued)

- Mental Health Counselor - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;
- Nurse Practitioner - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;
- Nurse Practitioner in Psychiatry - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;

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Effective Date October 1, 2023

**New York  
3b-6**

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

**13d. Rehabilitative Services**

**PROS – continued**

- Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts; and
  
- Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

**Minimum Qualifications for Paraprofessional Staff**

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff include: Peer Specialists include Certified Peer Specialists and Credentialed Youth Peer Advocates who are qualified by personal experience and are certified or provisionally certified, as defined below, and supervised by competent mental health professionals, including Professional Staff, as defined above or by Certified Peer Specialists and Credentialed Youth Peer Advocates with at least three years of direct experience providing peer support services. Licensed Practical Nurses (LPN) who are currently licensed or permitted as a licensed practical nurse by the New York State Education Department and are supervised by a registered professional nurse, licensed physician, or physician assistant; and

- Other individuals who will have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field, and are supervised by any Professional Staff, as defined above.

Qualifications for Certified Peer Specialists:

1. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one’s mental health recovery journey; and
  
2. Possess a valid certification or provisionally certification as a Certified Peer Specialist from an OMH-approved Certified Peer Specialist certification program.

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

**13d. Rehabilitative Services**

**PROS – continued**

**Complex Care Management**

Complex care management services are time-limited, medically necessary interventions to restore functioning and address the symptoms of mental illness. This includes skill building to help the individual to identify solutions to problems that threaten recovery and care coordination services to help the individual to connect with medical or remedial services.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

**Crisis Intervention**

A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

**Engagement in Recovery**

A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

**Individualized Recovery Planning**

A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.

**Practitioners:** Professional Staff under the supervision of an LPHA or Paraprofessional Staff under the supervision of an LPHA.





New York  
3b-10

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

**13d. Rehabilitative Services**

**PROS – continued**

**Clinical Treatment**

Clinical Treatment Services are designed to help individuals achieve and maintain 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. Clinical Treatment services may only be offered by PROS programs licensed by the Office of Mental Health to provide such services.

Clinical Treatment services include:

**Clinical Counseling and Therapy**

A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

**Practitioners:** Professional staff (excluding Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors) and Paraprofessional staff where appropriate under state scope of practice laws, under the supervision of Professional staff, except Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors.

**Health Assessment**

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral. This includes continued measurement of specific health indicators associated with increased risk of medical illness and early death, including but not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use.

**Practitioners:** Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse. Licensed Practical Nurses may also provide health assessment within their scope of practice under New York State law and under the supervision of a registered professional nurse, licensed physician, or physician assistant.



New York  
3b-12

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

13d. Rehabilitative Services

PROS – continued

Service Components:

Cognitive Remediation

A counseling service designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.

Practitioners: Professional Staff or Paraprofessional staff under the supervision of Professional Staff, who have received training approved by the Office of Mental Health.

Intensive Rehabilitation Goal Acquisition

A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one-on-one and outside of normally scheduled group programming.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

Intensive Relapse Prevention

A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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New York  
3b-12.1

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

13d. Rehabilitative Services  
PROS – continued

Service Components (continued)

**Integrated Treatment for Dual Disorders**  
A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

**Family Psychoeducation/ Intensive Family Support**  
A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.

**Ongoing Rehabilitation and Support**  
Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace or in an educational program, develop strategies for resolving workplace issues and school or training program issues, and maintain other functional skills necessary to sustain competitive employment or to complete an educational program. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings or participating in integrated educational programs. ORS does not include tutoring, educational, vocational or job training services.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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

**13d. Rehabilitative Services  
 Personalized Recovery Oriented Services**

Personalized Recovery Oriented Services (PROS) programs provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support services to individuals for whom such services have been recommended by a licensed practitioner of the healing arts (LPHA). PROS providers may, at their option and with approval from the Office of Mental Health, also provide Clinical Treatment Services to individuals enrolled in PROS for whom such services are determined to be necessary and appropriate by a ~~physician or psychiatric nurse practitioner;~~ licensed practitioner of the healing arts (LPHA).

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Effective Date     October 1, 2023

New York  
3b-3

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

**13d. Rehabilitative Services**

**Personalized Recovery Oriented Services - continued**

PROS provider agencies are licensed by the New York State Office of Mental Health to offer a comprehensive menu of services, customized for each individual through the development of an Individualized Recovery Plan.

~~PROS services are delivered in accordance with documented Individualized Recovery Plans which, at a minimum, must include a description of the individual's strengths, resources, including collaterals, and mental health-related barriers that interfere with functioning; a statement of the individual's recovery goals and program participation objectives; an individualized course of action to be taken, including the specific services to be provided, the expected frequency of service delivery, the expected duration of the course of service delivery, and the anticipated outcome; criteria to determine when goals and objectives have been met; a relapse prevention plan; and a description and goals of any linkage and coordination activities with other service providers.~~

~~For individuals receiving Intensive Rehabilitation, Ongoing Rehabilitation and Support or Clinical Treatment Services, the Individualized Recovery Plan shall identify the reasons why these services are needed, in addition to Community Rehabilitation and Support services, to achieve the individual's recovery goals.~~

PROS services provided to collaterals are provided solely for the benefit of Medicaid beneficiaries.

Individualized Recovery Plans must be approved by a Professional Staff member licensed practitioner of the healing arts as well as the individual recipient. ~~For individuals receiving Clinical Treatment Services, either a physician or a psychiatric nurse practitioner shall approve the Individualized Recovery Plan.~~

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New York  
3b-4

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

**13d. Rehabilitative Services**

**Personalized Recovery Oriented Services (PROS) - continued**

**Practitioner qualifications:**

A PROS must employ a minimum of one full-time LPHA. LPHAs include:

- Nurse Practitioner;
- Physician;
- Physician Assistant;
- Psychiatric Nurse Practitioner;
- Psychiatrist;
- Psychologist;
- Licensed Occupational Therapist;
- Registered Professional Nurse;
- Licensed Mental Health Counselor;
- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker, under the supervision of a LCSW, licensed psychologist, or psychiatrist employed by the agency;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist; and
- Licensed Psychoanalyst.

Professional Staff in PROS include:

- Certified Psychiatric Rehabilitation Practitioner** – an individual who is currently certified as a Psychiatric Rehabilitation Practitioner by the Psychiatric Rehabilitation Association;
- Creative Arts Therapist** - an individual who is currently licensed or permitted as a creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;
- Credentialed Alcoholism and Substance Abuse Counselor** - an individual who is currently credentialed by the New York State Office of Addiction Services and Supports in accordance with Part 853 of Title 14 of the NYCRR;
- Marriage and Family Therapist** - an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

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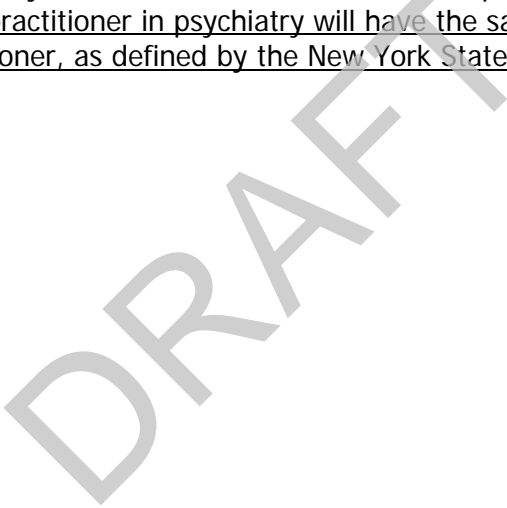
New York  
3b-4.1

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

**13d. Rehabilitative Services**  
**Personalized Recovery Oriented Services (PROS) - continued**

Professional Staff in PROS include (continued)

- Mental Health Counselor** - an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;
- Nurse Practitioner** - an individual who is currently certified or permitted to practice as a nurse practitioner by the New York State Education Department;
- Nurse Practitioner in Psychiatry** - an individual who is currently certified as a nurse practitioner in psychiatry by the New York State Education Department. For purposes of this Attachment, nurse practitioner in psychiatry will have the same meaning as psychiatric nurse practitioner, as defined by the New York State Education Department;



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

**13d. Rehabilitative Services**

**PROS – continued**

- Social Worker** - an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department. LMSWs must be supervised by a LCSW, licensed psychologist, or psychiatrist employed by the agency. Social workers who do not meet this criteria may not be considered licensed practitioners of the healing arts; and
  
- Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification.

**Minimum Qualifications for Paraprofessional Staff**

Paraprofessional Staff are PROS staff members who are not professional staff, as specified above. Paraprofessional Staff must possess a combination of educational and professional and/or personal experience in a mental health or human services setting. Paraprofessional Staff include:  
Peer Specialists include Certified Peer Specialists and Credentialed Youth Peer Advocates who are qualified by personal experience and are certified or provisionally certified, as defined below, and supervised by competent mental health professionals, including Professional Staff, as defined above or by Certified Peer Specialists and Credentialed Youth Peer Advocates with at least three years of direct experience providing peer support services.  
Licensed Practical Nurses (LPN) who are currently licensed or permitted as a licensed practical nurse by the New York State Education Department and are supervised by a registered professional nurse, licensed physician, or physician assistant; and

- Other individuals who will have attained at least 18 years of age, possess at least a High School diploma or GED, and demonstrate six (6) months professional and/or personal experience in a mental health or human services field, and are supervised by any Professional Staff, as defined above.

Qualifications for Certified Peer Specialists:

1. Identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey; and
  
2. Possess a valid certification or provisionally certification as a Certified Peer Specialist from an OMH-approved Certified Peer Specialist certification program.

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New York  
3b-6.1

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

13d. Rehabilitative Services  
PROS – continued

Qualifications for Credentialed Youth Peer Advocates:

- 1. Demonstrate lived experience as a person with mental health and/or co-occurring behavioral health 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; and
- 2. Possess a valid credential or provisional credential as a Youth Peer Advocate from an OMH-approved Youth Peer Advocate credentialing program.

Paraprofessional Staff Training

PROS programs will ensure Paraprofessional Staff demonstrate competency in rehabilitation practices and PROS service components through formal and informal training practices, including job-shadowing of Professional Staff and experienced Paraprofessional Staff, as appropriate, based on the educational background and professional experience of the Paraprofessional Staff member.

Required Supervisory Arrangements for Peer Specialists and Paraprofessional Staff

Initial service recommendations and Individualized Recovery Plans must be developed and documented under the supervision of an LPHA. Supervision for paraprofessional staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally through regular organizational and recovery planning meetings. Professional Staff must also be available at all times to address any issues related to quality of care in the provision of any PROS service components. Additionally, PROS Programs must demonstrate a formal plan for the provision of appropriate supervision of group-delivered services as a condition of program licensure.



New York  
3b-8

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

13d. Rehabilitative Services  
PROS – continued

- Complex Care Management**  
Complex care management services are time-limited, medically necessary interventions to restore functioning and address the symptoms of mental illness. This includes skill building to help the individual to identify solutions to problems that threaten recovery and care coordination services to help the individual to connect with medical or remedial services.
- Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.
- Crisis Intervention**  
A service designed to safely and respectfully de-escalate situations of acute distress or agitation which require immediate attention.
- Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.
- Engagement in Recovery**  
A psychosocial rehabilitation service designed to motivate and support individuals receiving PROS to continue to participate in the rehabilitation and recovery process. This includes: fostering therapeutic relationships supportive of the individual's recovery, evaluating recovery goals, readiness, and overall satisfaction of life roles and the individual recovery plan.
- Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.
- Individualized Recovery Planning**  
A continuous, dynamic process that engages each person as an active partner in developing, reviewing and modifying a care plan that supports his or her progress towards recovery. The individualized recovery planning process also includes working with the individual in the development of a relapse prevention plan and advance directive, where appropriate.
- Practitioners:** Professional Staff under the supervision of an LPHA or Paraprofessional Staff under the supervision of an LPHA.

New York  
3b-9

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

**13d. Rehabilitative Services**

**PROS – continued**

**Peer Support**

Peer Support includes psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Peer Support services promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result oriented goals contained in an Individualized Recovery Plan.

**Practitioners:** Certified or provisionally Certified Peer Specialists and Credentialed or provisionally Credentialed Youth Peer Advocates under the supervision of competent mental health professionals.

**Pre-admission screening**

A service including engaging, interviewing and evaluating an individual to determine whether the individual is appropriate for the program and identifying and addressing any unique circumstances and functional limitations which may impact the individual's ability and desire to receive PROS services.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

**Psychosocial Rehabilitation**

A psychosocial rehabilitation, skills training, and psychoeducation service designed to assist the individual overcome mental health barriers that may have interfered with their ability to function independently and perform normative adult roles in settings where they live, work, learn, and socialize. Rehabilitation counseling, skill building, and psychoeducational interventions are used to support the attainment of person-centered recovery goals and valued life roles and restore the individual's functional level to the fullest possible and promote independence and full community participation.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

New York  
3b-10

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

**13d. Rehabilitative Services**

**PROS – continued**

**Clinical Treatment**

Clinical Treatment Services are designed to help individuals achieve and maintain 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. Clinical Treatment services may only be offered by PROS programs licensed by the Office of Mental Health to provide such services.

Clinical Treatment services include:

**Clinical Counseling and Therapy**

A service designed to provide goal-oriented verbal counseling or therapy, including individual, group and family counseling or therapy, for the purpose of addressing the emotional, cognitive and behavioral symptoms of a mental health disorder or for engaging, motivating and stabilizing persons with a co-occurring mental health and substance abuse (including alcohol) disorder, and the related effects on role functioning.

**Practitioners:** Professional staff (excluding Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors) and Paraprofessional staff where appropriate under state scope of practice laws, under the supervision of Professional staff, except Certified Psychiatric Rehabilitation Practitioners, Pastoral Counselors, Therapeutic Recreation Specialists, and Rehabilitation Counselors.

**Health Assessment**

A service designed to gather data concerning an individual's medical history and any current signs and symptoms, and assess such data to determine his or her physical health status and need for referral. This includes continued measurement of specific health indicators associated with increased risk of medical illness and early death, including but not limited to, blood pressure, body mass index (BMI), substance use, and tobacco use.

**Practitioners:** Nurse practitioner, nurse practitioner in psychiatry, physician, physician's assistant, psychiatrist or registered professional nurse. Licensed Practical Nurses may also provide health assessment within their scope of practice under New York State law and under the supervision of a registered professional nurse, licensed physician, or physician assistant.

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New York  
3b-11

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

**13d. Rehabilitative Services**

**PROS – continued**

**Medication Management**

A service designed to prescribe or administer medication to treat the primary symptoms of an individual's psychiatric condition. This service is intended to include medication trials which are adequate in dose and duration, as well as assessments of the appropriateness of the individual's existing medication regimen through record reviews, ongoing monitoring, and consultation with the PROS participant and/or collateral. Medication management may include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks and possible side effects of a proposed course of medication. The Medication itself is reimbursable under separate State Plan authority.

**Practitioners:** Psychiatrist ~~and~~ or psychiatric nurse practitioner. Registered professional nurses, and licensed practical nurses under the supervision of an registered professional nurse, licensed physician, or physician assistant, may also administer medication.

**Psychiatric Assessment**

A service designed to gather data concerning an individual's psychiatric history and current mental health symptoms, assess such data for determination of the individual's current mental health status, and identify the need for clinical treatment services.

**Practitioners:** Psychiatrist or psychiatric nurse practitioner.

**Symptom Monitoring**

A service designed to identify the ongoing effects of an individual's course of care. This service involves the continuous process of monitoring a recipient's symptoms of mental illness, as identified in his or her individualized recovery plan, and his or her response to treatment, within the context of other support and rehabilitation services.

**Practitioners:** Licensed Practitioners of the Healing Arts, as defined in this section and Professional or Paraprofessional Staff under the supervision of a Licensed Practitioners of the Healing Arts, as defined in this section.

**Intensive Rehabilitation (IR)**

Intensive Rehabilitation services include the following ~~four~~-five psychosocial rehabilitation and counseling services which are designed to be delivered with greater frequency, in smaller group sizes or by specifically qualified staff. Individuals may require IR when they experience episodes of acute loss of functioning increasing their risk of hospitalization, loss of housing or involvement in the criminal justice system or heightened urgency and motivation to work towards a specific rehabilitation goal over a short period of time.

New York  
3b-12

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

**13d. Rehabilitative Services**

**PROS – continued**

**Service Components:**

**Cognitive Remediation**

A counseling service designed to improve and restore an individual's functioning by restoring the cognitive skill that is the target of the remediation task. Cognitive remediation is an optional PROS service, subject to prior review and written approval of the Office of Mental Health.

**Practitioners:** Professional Staff or Paraprofessional staff under the supervision of Professional Staff, who have received training approved by the Office of Mental Health.

**Intensive Rehabilitation Goal Acquisition**

A psychosocial rehabilitation service designed to assist an individual expressing heightened urgency and motivation to restore functionality and achieve a personally meaningful life role goal. This service may be delivered one-on-one and outside of normally scheduled group programming.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

**Intensive Relapse Prevention**

A rehabilitation counseling service designed to address an exacerbation of acute symptoms or manage existing symptoms that have not been responsive to the current service formulation. This service may also include the execution of a series of predetermined steps identified in the relapse prevention plan. Individuals who are experiencing an exacerbation of symptoms that is interfering with their recovery process and that is not responding to the current plan of care are assisted in implementing their relapse prevention plan or in using other methods to either minimize their symptoms or permit the individual to continue to work towards their recovery notwithstanding their symptomatology.

**Practitioners:** Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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New York  
3b-12.1

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

13d. Rehabilitative Services

PROS – continued

Service Components (continued)

Integrated Treatment for Dual Disorders

A rehabilitation counseling service based on evidence-based practices that include motivational, cognitive-behavioral and harm reduction techniques designed to restore functionality and promote recovery for persons with both mental health and substance use disorders. This specialty service is integrated as the focus is to overcome barriers/impairments caused by both mental health and substance use disorders.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed a core set of "Focused Integrated Treatment" (FIT) training modules.

Family Psychoeducation/ Intensive Family Support

A psychosocial education service designed to provide information, clinical guidance and support to collateral(s) of individuals receiving PROS as well as the individual when desired and appropriate, for the purpose of assisting and enhancing the capacity of a collateral to reduce an individual's symptomatology, restore functioning, and facilitate an individual's overall recovery.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff, who have completed OMH approved training.

Ongoing Rehabilitation and Support

Ongoing Rehabilitation and Support (ORS) services are psychosocial rehabilitation services including rehabilitation counseling, social, coping, and basic living skills training services designed to assist an individual manage the disabling symptoms of mental illness in the workplace or in an educational program, develop strategies for resolving workplace issues and school or training program issues, and maintain other functional skills necessary to sustain competitive employment or to complete an educational program. These services are customized to the individual and necessary to help the individual achieve a rehabilitation goal defined in his or her individualized recovery plan. ORS is provided to individuals who are working in integrated employment settings or participating in integrated educational programs. ORS does not include tutoring, educational, vocational or job training services.

Practitioners: Professional Staff or Paraprofessional Staff under the supervision of Professional Staff.

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New York  
3L-2**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services****TYPE OF SERVICE****Personalized Recovery Oriented Services (PROS)**

PROS provider agencies will be reimbursed for Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR) and Ongoing Rehabilitation and Support (ORS) services. A PROS provider agency that has obtained approval from the Office of Mental Health to provide Clinical Treatment Services will be reimbursed for Clinical Treatment Services provided to individuals enrolled in PROS. PROS are provided by provider agencies licensed by the Office of Mental Health. Individual practitioners are not eligible for reimbursement. Only properly documented services provided to eligible individuals who are either enrolled in PROS or in pre-admission status, or to collaterals of an individual enrolled in PROS, will be reimbursed.

Rates of payment for PROS services will be the same for governmental and non-governmental providers.

**Monthly Base Rate:**

PROS will be reimbursed a tiered regional monthly case payment based on units of service provided to the individual and their collaterals.

Effective July 1, 2024, one unit is defined as 15 continuous minutes of service provided to an individual or collateral, or 30 continuous minutes of service provided in a group setting. A maximum of five units may be accumulated per calendar day. A minimum of four units of CRS services must be provided during a calendar month for PROS monthly base rate reimbursement. For purposes of calculating the monthly base rate only, service units provided offsite (in a location in the community) for the same duration will be counted as 2 units instead of one. The total number of service units accumulated during the month will determine the monthly base rate, published in the PROS fee schedule on the OMH website available at:

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

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**New York  
3L-3**

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

~~Services provided to an individual must be at least 15 continuous minutes in duration. Services provided in a group format must be at least 30 continuous minutes in duration.~~

**Capital Reimbursement:**

For a PROS provider that is operated by a hospital licensed pursuant to Article 28 of the Public Health Law, there is an allowance added to the monthly base rate for the cost of capital, which is determined by the application of the principles of cost-finding for the Medicare program. The capital payment is a monthly add-on and is determined by dividing all allowable capital costs of the provider's PROS, after deducting any exclusions, by the annual number of service months for all enrollees of the PROS. Both factors are extracted from the Institutional Cost Report (ICR) submitted annually by hospitals to the New York State Department of Health. The capital payment is updated on a two year rate cycle. The Commissioner of the New York State Office of Mental Health may impose a cap on the revenues generated from the capital add-on.

**Clinical Treatment:**

PROS providers that offer Clinical Treatment receive additional reimbursement for providing Clinical Treatment Services to individuals enrolled in PROS. Reimbursement will be a regional monthly add-on payment. In order to receive reimbursement, the provider must be eligible for the monthly base rate and a minimum of one Clinical Treatment service must be provided during the month. Additionally, individuals ~~enrolled~~ receiving the Medication Management service in PROS Clinical Treatment must have, at a minimum, one face-to-face contact with a psychiatrist or psychiatric nurse practitioner every three months or more frequently as clinically appropriate.

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New York  
3L-4**1905(a)(13) Rehabilitative Services****Intensive Rehabilitation (IR):**

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider will not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

**Ongoing Rehabilitation and Support (ORS):**

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only. The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Effective July 1, 2024, reimbursement requires a minimum of four 15 minute service units per month, which must occur on a minimum of two separate days. At least one service per month must be with the individual only.

**Pre-admission Screening Services:**

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month ~~but no reimbursement is permitted to Clinical Treatment, IR or ORS.~~

Reimbursement for pre-admission screening services is limited to two consecutive months.

**PROS Rates of Payment:** Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is adjusted as of ~~April~~ July 1, 2023~~24~~, however the statutory minimum wage increase will be effective October 1, 2023, and such rate is effective for services provided on or after that date. All rates are published on the OMH website at:

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

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**PUBLIC NOTICE**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Social Services Law, Section 363-a and Public Health Law, Section 201(1)(v). The following changes are proposed:

**Long Term Care Services**

Effective on or after October 1, 2023, the Department of Health will make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including but not limited to amending the language pertaining to rebasing, budget neutrality, trends, and other changes to align to the recent updates within the OPWDD Comprehensive Waiver Amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$2.5 million.

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

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

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

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

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

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

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

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

**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust Medicaid rates of payment by 1.86% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The existing quality improvement initiative program will be expanded to include hospital-based MHOTRS providers and the quality program will be enhanced

to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$10 million.

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

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

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

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

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

**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for the following services: Assertive Community Treatment, Partial Hospitalization, Mental Health Outpatient Treatment and Rehabilitative Services, Day Treatment Services for Children, Continuing Day Treatment, Personalized Recovery Oriented Services, and Comprehensive Psychiatric Emergency Program (CPEP) Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$81,000.

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

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

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

## PUBLIC NOTICE

### Department of Health

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

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

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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.

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

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

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## PUBLIC NOTICE

### Department of Health

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

**SUMMARY**  
**SPA #23-0099**

This State Plan Amendment proposes to continue the provisions of a zero-trend factor in the Medicaid reimbursement rates for Medicaid residential health care facilities caring for a non-pediatric population.

DRAFT

**New York  
51(a)(2)**

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

- (k) For rates of payment effective for nursing home services provided on and after January 1, 2009 through March 31, 2009, the otherwise final trend factor attributable to the 2008 calendar year period will be adjusted such that any increase to the average trend factor for the period April 1, 2008 through December 31, 2008 will be reduced, on an annualized basis, by 1.3% and no retroactive adjustment to such 2008 trend factor will be made for the period April 1, 2008 through December 31, 2008. Effective on and after April 1, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be zero.
- (l) For rates of payment effective for nursing home services provided on and after January 1, 2009, through March 31, 2009, a trend factor equal to the otherwise applicable trend factor attributable to the period January 1, 2009, through December 31, 2009, as calculated in accordance with paragraph (f) of this section, less 1% will be applied. Effective on and after April 1, 2009, the otherwise applicable trend factor attributable to the 2009 calendar year period will be zero.
- (m) For rates of payment effective for nursing home services provided for the period January 1, 2010, through March 31, 2010, the otherwise applicable trend factor attributable to the 2010 calendar year period will be zero.
- (n) For rates of payment effective for inpatient services provided by residential health care facilities on or after April 1, 2010, except for residential health care facilities that provide extensive nursing, medical, psychological, and counseling support services to children, the otherwise applicable trend factors attributable to:
- i. the 2010 through 2012 calendar year periods will be no greater than zero.
  - ii. the 2013 and 2014 calendar year periods will be no greater than zero.
  - iii. the 2015 calendar year period will be no greater than zero for rates effective for the period January 1, 2015, through March 31, 2015, and April 23, 2015, through December 31, 2015.
  - iv. the 2016 calendar year period will be no greater than zero.
  - v. the 2017 calendar year period will be no greater than zero for rates effective for the period January 1, 2017, through March 31, 2017, and April 1, 2017 through December 31, 2019.
  - vi. the 2019 - 2021 calendar year periods will be no greater than zero for rates effective for the period April 1, 2019, through March 31, 2021.
  - vii. the 2021 - 2023~~5~~ calendar year periods will be no greater than zero for rates effective for the period April 1, 2021, through March 31, 2023~~5~~.

Effective July 1, 1994, payment rates for the 1994 rate setting cycle will be calculated using the proxy data described in this section that is available through the third quarter of 1993. Proxy data, which becomes available subsequent to the third quarter of 1993, will not be considered in setting or adjusting 1994 payment rates.

TN #23-0099

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

Supersedes TN #21-0039

Effective Date October 1, 2023



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

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**PUBLIC NOTICE**  
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Non-Institutional services to comply with Subdivisions 1 and 2 of section 3614-f of Public Health Law. The following changes are proposed:

**Non-Institutional Services**

Effective October 1, 2023, the \$1.00 increase in minimum wage for a home care aide shall be delayed from October 1, 2023 until January 1, 2024.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$10 million).

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

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**PUBLIC NOTICE**  
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Chapter 57 of the laws of 2023, Part B, Section 32. The following changes are proposed:

**Long Term Care Services**

Effective on or after October 1, 2023, and thereafter, no greater than zero trend factors, pursuant to Chapter 57 of the laws of 2023, will be applied to rates of payment for inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care or units of such facilities providing services primarily to children under 21 years of age).

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

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

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**SUMMARY**  
**SPA #23-0100**

This State Plan Amendment proposes to provide flexibility in team size for the Assertive Community Treatment (ACT) program, and establish rates effective October 1, 2023, as well as implement youth ACT team specific rate increases. This will enable programs to better serve Medicaid beneficiaries with serious mental illness.

DRAFT



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

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

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

**Non-Institutional Services**

The following is a clarification to the September 27, 2023, noticed provision to the New York Medicaid State Plan for rehabilitation services provided by Assertive Community Treatment (ACT) programs to include rates for larger ACT teams and rate increases for rural and youth ACT teams to enable programs to better serve Medicaid beneficiaries with serious mental illness.

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

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

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

**PUBLIC NOTICE**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Social Services Law, Section 363-a and Public Health Law, Section 201(1)(v). The following changes are proposed:

**Long Term Care Services**

Effective on or after October 1, 2023, the Department of Health will make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including but not limited to amending the language pertaining to rebasing, budget neutrality, trends, and other changes to align to the recent updates within the OPWDD Comprehensive Waiver Amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$2.5 million.

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

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**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust Medicaid rates of payment by 1.86% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The existing quality improvement initiative program will be expanded to include hospital-based MHOTRS providers and the quality program will be enhanced

to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$10 million.

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

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**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for the following services: Assertive Community Treatment, Partial Hospitalization, Mental Health Outpatient Treatment and Rehabilitative Services, Day Treatment Services for Children, Continuing Day Treatment, Personalized Recovery Oriented Services, and Comprehensive Psychiatric Emergency Program (CPEP) Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$81,000.

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

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## PUBLIC NOTICE

### Department of Health

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

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

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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.

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

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

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## PUBLIC NOTICE

### Department of Health

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

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for October 2023 will be conducted on October 11 and October 12 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

*For further information, contact:* Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Building 1, Albany, NY 12239 (518) 473-6598

## PUBLIC NOTICE

Department of Health

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

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

### Non-Institutional Services

Effective on or after October 1, 2023, the Department of Health will amend the New York Medicaid State Plan for rehabilitation services provided by Assertive Community Treatment (ACT) programs to include rates for larger ACT teams and implement youth ACT team specific rate increases to enable programs to better serve Medicaid beneficiaries with serious mental illness.

The estimated full annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$16.4 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.

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## PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law Section 365-a (2)(II), as added by section 1 of Part R of Chapter 57 of the Laws of 2023. The following changes are proposed:

### Non-Institutional Services

Effective on or after October 1, 2023, NYS Medicaid will begin covering the Chronic Disease Self-Management Program (CDSMP) for Arthritis. CDSMP is an interactive workshop for adults that focuses on disease management skills including decision making, problem-solving, and action planning. Its purpose is to increase confidence, physical and psychological well-being, knowledge to manage chronic conditions, and the motivation to manage challenges associated with chronic diseases including arthritis. CDSMP has been shown to improve disease management skills, mental well-being, quality of life, and patient-physician relationships, in addition to reducing healthcare expenditures.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$1.4 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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*For further information and to review and comment, please contact:*  
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Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY  
12210, [spa\\_inquiries@health.ny.gov](mailto:spa_inquiries@health.ny.gov)

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Non-Institutional services to comply with Subdivisions 1 and 2 of section 3614-f of Public Health Law. The following changes are proposed:

#### Non-Institutional Services

Effective October 1, 2023, the \$1.00 increase in minimum wage for a home care aide shall be delayed from October 1, 2023 until January 1, 2024.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$10 million).

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

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Chapter 57 of the laws of 2023, Part B, Section 32. The following changes are proposed:

#### Long Term Care Services

Effective on or after October 1, 2023, and thereafter, no greater than zero trend factors, pursuant to Chapter 57 of the laws of 2023, will be applied to rates of payment for inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care or units of such facilities providing services primarily to children under 21 years of age).

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

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

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**SUMMARY**  
**SPA #23-0101**

This State Plan Amendment proposes to increase the Quality Improvement (QI) enhancement for MHOTRS providers by 1.86%. Hospital-based MHOTRS providers will also be eligible for the QI enhancement. Additionally, this State Plan Amendment proposes to adjust the APG peer group base rates for the statutory minimum wage increase.

DRAFT

New York  
1(e)(5)1905(a)(13) Rehabilitative ServicesDually Licensed Article 28 & Article 31 Hospital-Based Mental Health Outpatient Treatment and Rehabilitative Services ~~APG-Base-Rate-Table~~

<del>Peer-Group</del>	<del>Region</del>	<del>Rate-Start Date</del>	<del>Base-Rate as-of 10/01/10</del>
<del>Mental-Health-Clinic</del>	<del>Downstate</del>	<del>10/1/10</del>	<del>\$181.16</del>
<del>Mental-Health-Clinic</del>	<del>Upstate</del>	<del>10/1/10</del>	<del>\$139.25</del>

Quality Improvement Supplement – Effective October 1, 2023, Hospital-based ~~clinics~~ mental health outpatient treatment and rehabilitative services are ~~not~~ eligible for the Quality Improvement Supplement.

Hospital-based mental health outpatient treatment and rehabilitative services ~~clinic-Medicaid blend~~ rates can be found on the Office of Mental Health website at:

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

TN #23-0101

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

Supersedes TN #10-0017

Effective Date October 1, 2023

New York  
2(s.3)

1905(a)(9) Clinic Services

**VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.**

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

**VIII. Quality Improvement (QI) Program**

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

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

**IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH outpatient mental health services providers. The agency’s fee schedule rate was set as of ~~July 1, 2021~~ October 1, 2023, and is effective for services provided on or after that date. All rates are published on the State’s website at: [https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

TN #23-0101

Approval Date

Supersedes TN #21-0044

Effective Date October 1, 2023

New York  
8a

**1905(a)(13) Rehabilitative Services****Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services - Reimbursement Methodology continued**

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

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

**II. Quality Improvement (QI) Program**

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

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

**III. Minimum Wage Increases**

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

**IV. Reimbursement Rates:** Effective for dates of service on or after ~~April~~ October 1, 2023, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including base rates for providers participating in the OMH Quality Improvement program. In addition, APG peer group base rates are adjusted, effective October 1, 2023, for the statutory minimum wage increase. Also, effective April 1, 2023, APG peer group base rates for services provided in OMH-approved school-based satellites will be increased by 25 percent. Base rates are published on the State's website at:

[https://omh.ny.gov/omhweb/medicaid\\_reimbursement/excel/apg-peer-group-base-rate.xlsx](https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx)

TN #23-0101

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

Supersedes TN #23-0068

Effective Date October 1, 2023

**PUBLIC NOTICE**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Social Services Law, Section 363-a and Public Health Law, Section 201(1)(v). The following changes are proposed:

**Long Term Care Services**

Effective on or after October 1, 2023, the Department of Health will make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including but not limited to amending the language pertaining to rebasing, budget neutrality, trends, and other changes to align to the recent updates within the OPWDD Comprehensive Waiver Amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$2.5 million.

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

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**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust Medicaid rates of payment by 1.86% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The existing quality improvement initiative program will be expanded to include hospital-based MHOTRS providers and the quality program will be enhanced

to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$10 million.

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

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**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for the following services: Assertive Community Treatment, Partial Hospitalization, Mental Health Outpatient Treatment and Rehabilitative Services, Day Treatment Services for Children, Continuing Day Treatment, Personalized Recovery Oriented Services, and Comprehensive Psychiatric Emergency Program (CPEP) Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$81,000.

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

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12210, spa\_inquiries@health.ny.gov

## PUBLIC NOTICE

### Department of Health

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

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

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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.

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

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

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## PUBLIC NOTICE

### Department of Health

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

**SUMMARY**  
**SPA #23-0102**

This State Plan Amendment proposes to increase the rates for Collaborative Care services provided by Article 28 hospital outpatient departments and freestanding clinics and physicians and nurse practitioners designated by the Office of Mental Health to provide Collaborative Care services.

DRAFT



**SPA 23-0102**  
**Attachment A**  
**Annotated Pages**

**Annotated Page:**

**Attachment 4.19-B:** Page 2(y)

DRAFT



New York  
2(a)(iv)(1)

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

**Collaborative Care Services: Freestanding Clinics**

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to ~~12~~ 24 months of Collaborative Care Services, which are not required to be consecutive. ~~With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.~~ After six months without a service, the 24-month service limit will reset.

TN     #23-0102    

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

Supersedes TN     #14-0027    

Effective Date   October 1, 2023

New York  
2(a)(iv)(1)

1905(a)(9) Clinic Services

**Collaborative Care Services: Freestanding Clinics**

Effective January 1, 2015, Freestanding Clinics licensed pursuant to Article 28 of the Public Health Law will provide Collaborative Care Services for purposes of providing integrated physical and mental health care to patients diagnosed with mental illness. Freestanding Clinics must obtain prior approval from the New York State Department of Health and the New York State Office of Mental Health to furnish Collaborative Care Services. Collaborative Care Services include screening, diagnostic, preventative and therapeutic services to treat the symptoms of mental illness.

Collaborative Care Services include a minimum of one clinical contact between the Collaborative Care Manager and the patient per month, and the completion of the screening tool for the patient's specific mental illness diagnosis specified by the New York State Office of Mental Health. The clinical contact with the Collaborative Care Manager may be by phone or in person. Collaborative Care Services also include a minimum of at least one face-to-face contact between a licensed provider and the patient once every three months.

A patient is limited to ~~12~~ 24 months of Collaborative Care Services, which are not required to be consecutive. ~~With the prior approval of the New York State Office of Mental Health, a patient may receive an additional 12 months of Collaborative Care Services, which are not required to be consecutive.~~ After six months without a service, the 24-month service limit will reset.

TN       #23-0102      

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

Supersedes TN       #14-0027      

Effective Date   October 1, 2023

New York  
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1905(a)(5) Physicians' Services

1905(a)(6) Medical care furnished by licensed practitioners within scope of practice (Nurse Practitioner Services)

**Collaborative Care Services: Reimbursement for Physicians' and Nurse Practitioners' Services**

Effective January 1, 2015 for physicians and April 1, 2021 for nurse practitioners, reimbursement will be provided for Collaborative Care Services provided to patients diagnosed with depression pursuant to the methodology for Collaborative Care Services for Freestanding Clinics outlined in Attachment 4.19-B, ~~except reimbursement for Physicians' and Nurse Practitioners' Services do not include a retainage withholding or payment.~~ Effective October 1, 2023, ~~Reimbursement will be a monthly case rate of \$172.97~~<sup>\$112.50</sup> per month for each patient enrolled in Collaborative Care Services. ~~Reimbursement will be provided for a maximum of 12 months. With the approval of the New York State Office of Mental Health, reimbursement will be provided for an additional 12 months at a rate of \$75.00 per month.~~ Physicians and Nurse Practitioners must provide the minimum amount of services to enrollees as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Effective January 1, 2018 for physicians and April 1, 2021 for Nurse Practitioners, reimbursement will be provided for Collaborative Care Services provided to patients with other mental illness diagnoses pursuant to the methodology described in this paragraph.

TN #23-0102

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

Supersedes TN #21-0012

Effective Date October 1, 2023



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## PUBLIC NOTICE

### Department of Health

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

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

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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.

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## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

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

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1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will update rates paid to both clinics licensed under the Article 28 of the Public Health Law and private practitioners that have been designated by the Office of Mental Health to provide collaborative care services. The rates for Article 28 clinics will be simplified to eliminate certain supplemental payments (i.e., retainer payment), eliminating the need for an additional claim submission. The resulting rate will then be trended from the inception of the program to CY 2023 using the Medicare Economic Index, a net 14% increase. Private practitioner rates, will also be increased to be equivalent to the Article 28 rates.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$739,000. The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$1.5 million.

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

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

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

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

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

**PUBLIC NOTICE**

Department of State  
F-2023-0565

Date of Issuance – September 27, 2023

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-2023-0565, Pouya Toobian, is proposing to install a 200-ft long by 4-ft wide, straight timber pier on fixed piles. Additionally, a singular 4-pile 12.5' x 16' boat lift will be installed at the offshore end

of the pier along its western side. The proposal would be located at 27 Harbour Road, Village of Kings Point, Nassau County, on Manhasset Bay.

The stated purpose of the proposed action is to “Construct overwater structures to provide safe dockage and access for water dependent uses including recreational boating.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/09/f-2023-0565.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or October 27, 2023.

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

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



**SUMMARY**  
**SPA #23-0103**

This amendment proposes to revise the State Plan to authorize statutorily enacted minimum wage increases for the following services: Partial Hospitalization, Day Treatment Services for Children, Continuing Day Treatment and, Comprehensive Psychiatric Emergency Program (CPEP) Services.

DRAFT







New York  
3k(1a)

1905(a)(9) Clinic Services

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

The agency's fee schedule rate was set as of ~~April~~ October 1, 2023, and is effective for services provided on or after that date. All rates are published on the State's website at:

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

DRAFT

TN #23-0103

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

Supersedes TN #23-0068

Effective Date October 1, 2023



New York  
3k(4)

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

**Regional Day Treatment for Children Rates for Outpatient Hospital Services  
(Non-State Operated)**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of ~~July~~ October 1, 2023, and is effective for services provided on or after that date. All rates are published on the State's website at:

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

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed Mental Health Outpatient Treatment and Rehabilitative Services, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

DRAFT

TN #23-0103

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

Supersedes TN #23-0076

Effective Date October 1, 2023

**PUBLIC NOTICE**

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Social Services Law, Section 363-a and Public Health Law, Section 201(1)(v). The following changes are proposed:

**Long Term Care Services**

Effective on or after October 1, 2023, the Department of Health will make necessary updates to the Intermediate Care Facility (ICF/IDD) rate methodology including but not limited to amending the language pertaining to rebasing, budget neutrality, trends, and other changes to align to the recent updates within the OPWDD Comprehensive Waiver Amendment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$2.5 million.

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

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

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

**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust Medicaid rates of payment by 1.86% statewide for those Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) providers licensed by the Office of Mental Health who participate in the OMH Quality Improvement initiative. The existing quality improvement initiative program will be expanded to include hospital-based MHOTRS providers and the quality program will be enhanced

to support expansion of access to mental health services and improved patient outcomes.

The estimated net aggregate increase in gross fee-for-service Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$10 million.

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

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

**PUBLIC NOTICE**

Department of Health

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

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

**Non-Institutional Services**

Effective on or after October 1, 2023, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for the following services: Assertive Community Treatment, Partial Hospitalization, Mental Health Outpatient Treatment and Rehabilitative Services, Day Treatment Services for Children, Continuing Day Treatment, Personalized Recovery Oriented Services, and Comprehensive Psychiatric Emergency Program (CPEP) Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$81,000.

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

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Staten Island, New York 10301

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

## PUBLIC NOTICE

### Department of Health

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

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

#### Institutional Services

Effective on or after October 1, 2023, the Department of Health will make updates to the OPWDD Specialty Hospital rate methodology to facilitate expansion of the voluntary service provider network, and to more accurately reflect provider costs and to ensure the continuation of services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$19.4 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.

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Staten Island, New York 10301

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

## PUBLIC NOTICE

### Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2023, the New York State Department of Health proposes to amend the State Plan to modernize and simplify the Personalized Recovery Oriented Services (PROS) program to improve access to services and quality of care. The proposed amendment will amend PROS provider qualifications and service definitions and add new services.

The proposed amendment will also amend the reimbursement methodology for PROS to reduce the number of the base rate tiers from five to three and remove program participation time from the definition of service units.

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

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

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

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

## PUBLIC NOTICE

### Department of Health

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

**SUMMARY**  
**SPA #23-0104**

This State Plan Amendment proposes to delay the planned increase in salaries for home care workers from October 1, 2023 to January 1, 2024.

DRAFT



New York  
4(c)(1.2)

**1905(a)(7) Home Health Care Services**

**Minimum Wage Reconciliation** - After the end of each calendar year, the Department of Health will survey providers to obtain the following information for the purpose of reconciling annual minimum wage reimbursement. The state will release the reconciliation survey by the end of March and providers will have two weeks to complete the survey or request an extension if a provider determines it is unable to complete the survey within that time. Approval of extensions, and the time of the extension, is at the discretion of the state. If the reconciliation survey is not submitted within the two weeks or within the extension time frame, should one be granted, the provider's minimum wage add-on for the calendar year covered by the survey will be recouped.

- i. Total annual minimum wage funding paid to the provider (as determined from the minimum wage add-on to claims paid for services rendered in the prior calendar year) for the Medicaid share of the minimum wage law increase requirement. (This information will be supplied by the Department of Health.) Medicaid's share is the percentage of minimum wage costs that are attributable to Medicaid services based on the proportion of Medicaid services to a provider's total services.
- ii. Medicaid's share of the total amount the provider was obligated to pay to bring salaries up to the minimum wage for the calendar year. (This information will be completed by the provider.)
- iii. Minimum wage funds to be recouped or additional funds to be received by the provider. (This information will be completed by the provider.) This will be the difference between the amount paid to the provider for the Medicaid share of the minimum wage law increase requirement and the corresponding amount the provider determined it was actually obligated to pay.
- iv. The State agency will review providers' submissions for accuracy and reasonableness, following which it will process associated payments and recoups via retroactive per unit rate adjustments as quickly as practical thereafter.

The agency's Chief Executive Officer or Chief Financial Officer must sign an Attestation verifying the data that is supplied in the survey.

Effective October 1, 2022, the minimum wage for a home care aide will be increased by two dollars and applicable fringe, and effective ~~October 1, 2023~~ January 1, 2024, it will be increased by an additional dollar and applicable fringe for a total of three dollars and applicable fringe.

ALP per diem rates can be found on the Department of Health website at:

[http://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/alp/](http://www.health.ny.gov/facilities/long_term_care/reimbursement/alp/)

TN         #23-0104        

Approval Date   

Supersedes TN         #22-0075        

Effective Date         October 1, 2023



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

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

### **PUBLIC NOTICE**

#### **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Non-Institutional services to comply with Subdivisions 1 and 2 of section 3614-f of Public Health Law. The following changes are proposed:

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

Effective October 1, 2023, the \$1.00 increase in minimum wage for a home care aide shall be delayed from October 1, 2023 until January 1, 2024.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is (\$10 million).

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

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Staten Island, New York 10301

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

### **PUBLIC NOTICE**

#### **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Chapter 57 of the laws of 2023, Part B, Section 32. The following changes are proposed:

#### **Long Term Care Services**

Effective on or after October 1, 2023, and thereafter, no greater than zero trend factors, pursuant to Chapter 57 of the laws of 2023, will be applied to rates of payment for inpatient and adult day health care outpatient services provided by residential health care facilities pursuant to Article 28 of the Public Health Law (except for residential health care or units of such facilities providing services primarily to children under 21 years of age).

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

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

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

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

**SUMMARY**  
**SPA #24-0003**

This State Plan Amendment proposes to add coverage to Medicaid for preventive health services provided by doulas to pregnant and postpartum individuals. Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. A doula is an individual who supports pregnant and postpartum persons in an effort to improve health outcomes of the populations served.

DRAFT

New York  
2(c.1.10)

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

**Doula Services**

Effective on or after January 1, 2024, New York State Medicaid will provide coverage of doula services provided in accordance with 42 CFR section 440.130(c).

**Services:**

Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doula services may include the development of a birth plan and continuous labor support; patient-centered advocacy, and physical, emotional, and non-medical support; education, guidance, and health navigation; facilitating communication between the Medicaid member and medical providers; and providing connections to community-based resources and childbirth and parenting resources. Services will include perinatal visits and labor and delivery support.

Doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under State law.

**Provider Qualifications:**

Doulas must be at least age 18 years of age or older, have completed basic HIPAA training and Adult/Infant CPR certification, and meet defined training or work experience pathway requirements as defined by New York State.

The training requirements pathway will include a minimum of 24 hours of training in doula competencies, and doula support provided at a minimum of three births. The work experience pathway will include having provided doula support at a minimum of 30 births or 1000 hours of doula experience within the last 10 years, and testimonials of doula skills. All doulas will be required to revalidate as NYS Medicaid providers every five years and demonstrate completion of continuing education in doula competencies upon revalidation.

TN         #24-0003        

Approval Date   

Supersedes TN         NEW        

Effective Date         January 1, 2024



New York  
2(c.1.10)

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

**Doula Services**

Effective on or after January 1, 2024, New York State Medicaid will provide coverage of doula services provided in accordance with 42 CFR section 440.130(c).

**Services:**

Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doula services may include the development of a birth plan and continuous labor support; patient-centered advocacy, and physical, emotional, and non-medical support; education, guidance, and health navigation; facilitating communication between the Medicaid member and medical providers; and providing connections to community-based resources and childbirth and parenting resources. Services will include perinatal visits and labor and delivery support.

Doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under State law.

**Provider Qualifications:**

Doulas must be at least age 18 years of age or older, have completed basic HIPAA training and Adult/Infant CPR certification, and meet defined training or work experience pathway requirements as defined by New York State.

The training requirements pathway will include a minimum of 24 hours of training in doula competencies, and doula support provided at a minimum of three births. The work experience pathway will include having provided doula support at a minimum of 30 births or 1000 hours of doula experience within the last 10 years, and testimonials of doula skills. All doulas will be required to revalidate as NYS Medicaid providers every five years and demonstrate completion of continuing education in doula competencies upon revalidation.

TN #24-0003

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

Supersedes TN NEW

Effective Date January 1, 2024

New York  
19(b)

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

Doula Services

Effective January 1, 2024, the Medicaid rate for doula services will be in accordance with the qualified providers applicable fee schedule found online at:

[Doula\\_Fee\\_Schedule.xlsx \(live.com\)](#)

The fee schedule currently reflects the pilot fee schedule and will be updated to reflect changes for the statewide benefit.

DRAFT

TN #24-0003

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

Supersedes TN NEW

Effective Date January 1, 2024

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services authorized pursuant to Social Services Law section 365-a(2)(jj). The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2024, Medicaid will reimburse for doula services rendered to pregnant and postpartum members. Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doulas are not licensed medical or clinical providers, and they do not require supervision. Doula services must be recommended by a licensed practitioner. Doula services may include the development of a birth plan and continuous labor support; patient-centered advocacy, and physical, emotional and non-medical support; education, guidance, and health navigation; facilitating communication between the Medicaid member and medical providers; and providing connections to community-based resources and childbirth and parenting resources.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4.6 million and for state fiscal year 2024-2025 is \$17 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 non-institutional services in accordance with Chapter 53 of the Laws of 2022 and Subdivision 5 of section 365-m of the social services law. The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2024, OASAS will amend the base rates for Part 822 outpatient services reimbursed under the Ambulatory Patient Groups (APGs) such that each of the three services covered under Part 822 will share the same APG base rate within a region (upstate or downstate) and setting (hospital or freestanding); those three services being clinic (outpatient addiction rehab), outpatient rehab (outpatient addiction day rehab), and opioid treatment program.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$345 thousand.

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or January 12, 2024.

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

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

**PUBLIC NOTICE**

Department of State  
F-2023-0757

Date of Issuance – December 13, 2023

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-2023-0757, Novelis Corporation is proposing to construct a fire house and training center. The proposal includes ~20,610sf of single-story building and associated utilities and parking. Construction would include the clearing and grading forested land and permanent impacts to 0.69 acres of federally regulated freshwater wetland, with proposed compensatory mitigation through the purchase of in-lieu fee credits.

The stated purpose of the proposed action is, “to support infrastructure improvements, facility revitalization, and manufacturing expansion operations.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0757.pdf> or at <https://dos.ny.gov/public-notices>

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**PUBLIC NOTICE**

Department of State  
F-2023-0763

Date of Issuance – December 13, 2023

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-2023-0763, Glenna and Donald Ryan, proposes to install fixed a 4’ x 57’ pier with a 3’ x 14’ ramp and a 6’ x 20’ float in an L shape. The pier is to have water and electric available, and an optional landward ramp. The project is located at 760 Oak Avenue in the Town of Southold, Suffolk County, Goose Creek.

The stated purpose of the proposed action is “to access waterway for recreational use and personal enjoyment.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0763.pdf> or at <https://dos.ny.gov/public-notices>

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**PUBLIC NOTICE**

Department of State  
F-2023-0765

Date of Issuance – December 13, 2023

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In F-2023-0765, Clover House LLC - c/o Andrew Wetenhall, is proposing to construct a new 4’ x 100’ fixed pier extending from the face of the existing bulkhead, construct two mooring piles on the southern waterward end of the pier remove existing stairs which are extending off of the pier adjacent to the bulkhead and construct a 4’ x 22’ stairway leading to the sea-floor grade using 10” dia piles. The Proposed pier is elevated 4.25’ above the MHW line and constructed with open grate decking. The proposed project would be located at 29 Peconic Ave, on Little Peconic Bay, Town of Southampton, Suffolk County.

The stated purpose of the proposed action is to “Access to waterway and boat dockage”.

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0765.pdf> or at <https://dos.ny.gov/public-notices>

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

**SUMMARY**  
**SPA #24-0012**

This State Plan Amendment proposes to provide APG rate parity across all OASAS hospital-based outpatient settings (i.e., clinic, outpatient rehab, opioid treatment programs), such that all program types within a rate setting region (upstate or downstate) will share the same APG base rate.

DRAFT

**New York  
1(e)(6.1)**

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

**Dually Licensed Article 28 & Article 32 Outpatient Programs**

Effective January 1, 2024, the hospital-based Ambulatory Patient Group base rates are as follows:

<u>Service</u>	<u>Region</u>	<u>1/1/2024</u>
<u>Clinic</u>	<u>Upstate</u>	<u>\$ 197.45</u>
<u>Clinic</u>	<u>Downstate</u>	<u>\$ 231.02</u>
<u>Outpatient Rehab</u>	<u>Upstate</u>	<u>\$ 197.45</u>
<u>Outpatient Rehab</u>	<u>Downstate</u>	<u>\$ 231.02</u>
<u>Opioid Treatment Program (OTP)</u>	<u>Upstate</u>	<u>\$ 197.45</u>
<u>Opioid Treatment Program (OTP)</u>	<u>Downstate</u>	<u>\$ 231.02</u>

The rates in the table above are posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

TN #24-0012

Superseding TN #NEW

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

Effective Date January 1, 2024

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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

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

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

## PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services authorized pursuant to Social Services Law section 365-a(2)(jj). The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2024, Medicaid will reimburse for doula services rendered to pregnant and postpartum members. Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doulas are not licensed medical or clinical providers, and they do not require supervision. Doula services must be recommended by a licensed practitioner. Doula services may include the development of a birth plan and continuous labor support; patient-centered advocacy, and physical, emotional and non-medical support; education, guidance, and health navigation; facilitating communication between the Medicaid member and medical providers; and providing connections to community-based resources and childbirth and parenting resources.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is \$4.6 million and for state fiscal year 2024-2025 is \$17 million.

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

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New York, New York 10018

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

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services in accordance with Chapter 53 of the Laws of 2022 and Subdivision 5 of section 365-m of the social services law. The following changes are proposed:

### Non-Institutional Services

Effective on or after January 1, 2024, OASAS will amend the base rates for Part 822 outpatient services reimbursed under the Ambulatory Patient Groups (APGs) such that each of the three services covered under Part 822 will share the same APG base rate within a region (upstate or downstate) and setting (hospital or freestanding); those three services being clinic (outpatient addiction rehab), outpatient rehab (outpatient addiction day rehab), and opioid treatment program.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$345 thousand.

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

**PUBLIC NOTICE**

Department of State  
F-2023-0757

Date of Issuance – December 13, 2023

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-2023-0757, Novelis Corporation is proposing to construct a fire house and training center. The proposal includes ~20,610sf of single-story building and associated utilities and parking. Construction would include the clearing and grading forested land and permanent impacts to 0.69 acres of federally regulated freshwater wetland, with proposed compensatory mitigation through the purchase of in-lieu fee credits.

The stated purpose of the proposed action is, “to support infrastructure improvements, facility revitalization, and manufacturing expansion operations.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0757.pdf> or at <https://dos.ny.gov/public-notices>

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**PUBLIC NOTICE**

Department of State  
F-2023-0763

Date of Issuance – December 13, 2023

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.

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In F-2023-0763, Glenna and Donald Ryan, proposes to install fixed a 4’ x 57’ pier with a 3’ x 14’ ramp and a 6’ x 20’ float in an L shape. The pier is to have water and electric available, and an optional landward ramp. The project is located at 760 Oak Avenue in the Town of Southold, Suffolk County, Goose Creek.

The stated purpose of the proposed action is “to access waterway for recreational use and personal enjoyment.”

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**PUBLIC NOTICE**

Department of State  
F-2023-0765

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In F-2023-0765, Clover House LLC - c/o Andrew Wetenhall, is proposing to construct a new 4’ x 100’ fixed pier extending from the face of the existing bulkhead, construct two mooring piles on the southern waterward end of the pier remove existing stairs which are extending off of the pier adjacent to the bulkhead and construct a 4’ x 22’ stairway leading to the sea-floor grade using 10” dia piles. The Proposed pier is elevated 4.25’ above the MHW line and constructed with open grate decking. The proposed project would be located at 29 Peconic Ave, on Little Peconic Bay, Town of Southampton, Suffolk County.

The stated purpose of the proposed action is to “Access to waterway and boat dockage”.

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



**SUMMARY**  
**SPA #24-0013**

This State Plan Amendment proposes to provide APG rate parity across all OASAS freestanding outpatient settings (i.e., outpatient addiction rehab, day rehab, opioid treatment programs), such that all program types within a rate setting region (upstate or downstate) will share the same APG base rate.

DRAFT

**New York  
10(a.3.ii)**

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

**Reimbursement methodology (cont.)**

Effective January 1, 2024, the freestanding Ambulatory Patient Group base rates are as follows:

<u>Service</u>	<u>Region</u>	<u>1/1/2024</u>
<u>Addiction Rehab</u>	<u>Upstate</u>	<u>\$ 172.78</u>
<u>Addiction Rehab</u>	<u>Downstate</u>	<u>\$ 202.16</u>
<u>Addiction Day Rehab</u>	<u>Upstate</u>	<u>\$ 172.78</u>
<u>Addiction Day Rehab</u>	<u>Downstate</u>	<u>\$ 202.16</u>
<u>Opioid Treatment Program (OTP)</u>	<u>Upstate</u>	<u>\$ 172.78</u>
<u>Opioid Treatment Program (OTP)</u>	<u>Downstate</u>	<u>\$ 202.16</u>
<u>Offsite - Rehab and Day Rehab</u>	<u>Upstate</u>	<u>\$ 241.89</u>
<u>Offsite - Rehab and Day Rehab</u>	<u>Downstate</u>	<u>\$ 283.02</u>
<u>Offsite - OTP</u>	<u>Upstate</u>	<u>\$ 241.89</u>
<u>Offsite - OTP</u>	<u>Downstate</u>	<u>\$ 283.02</u>

The rates in the table above are posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

TN #24-0013

Superseding TN #NEW

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

Effective Date January 1, 2024

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

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## PUBLIC NOTICE Department of Health

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

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

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**PUBLIC NOTICE**

Department of State  
F-2023-0757

Date of Issuance – December 13, 2023

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-2023-0757, Novelis Corporation is proposing to construct a fire house and training center. The proposal includes ~20,610sf of single-story building and associated utilities and parking. Construction would include the clearing and grading forested land and permanent impacts to 0.69 acres of federally regulated freshwater wetland, with proposed compensatory mitigation through the purchase of in-lieu fee credits.

The stated purpose of the proposed action is, “to support infrastructure improvements, facility revitalization, and manufacturing expansion operations.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0757.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or January 12, 2024.

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

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

**PUBLIC NOTICE**

Department of State  
F-2023-0763

Date of Issuance – December 13, 2023

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-2023-0763, Glenna and Donald Ryan, proposes to install fixed a 4’ x 57’ pier with a 3’ x 14’ ramp and a 6’ x 20’ float in an L shape. The pier is to have water and electric available, and an optional landward ramp. The project is located at 760 Oak Avenue in the Town of Southold, Suffolk County, Goose Creek.

The stated purpose of the proposed action is “to access waterway for recreational use and personal enjoyment.”

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0763.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or January 12, 2024.

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

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

**PUBLIC NOTICE**

Department of State  
F-2023-0765

Date of Issuance – December 13, 2023

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-2023-0765, Clover House LLC - c/o Andrew Wetenhall, is proposing to construct a new 4’ x 100’ fixed pier extending from the face of the existing bulkhead, construct two mooring piles on the southern waterward end of the pier remove existing stairs which are extending off of the pier adjacent to the bulkhead and construct a 4’ x 22’ stairway leading to the sea-floor grade using 10” dia piles. The Proposed pier is elevated 4.25’ above the MHW line and constructed with open grate decking. The proposed project would be located at 29 Peconic Ave, on Little Peconic Bay, Town of Southampton, Suffolk County.

The stated purpose of the proposed action is to “Access to waterway and boat dockage”.

The applicant’s consistency certification and supporting information are available for review at: <https://dos.ny.gov/system/files/documents/2023/12/f-2023-0765.pdf> or at <https://dos.ny.gov/public-notices>

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or January 12, 2024.

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

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