



Department of Health

KATHY HOCHUL
Governor

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

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

June 28, 2024

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave, Suite 600
Chicago, IL 60601

RE: SPA #24-0056
Non-Institutional Services

Dear Director McMillion:

The State requests approval of the enclosed amendment #24-0056 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective April 1, 2024 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by § 1902(a)(30) of the Social Security Act and 42 CFR § 447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). Copies of the public notices of this plan amendment, which were given in the New York State Register on March 27, 2024, and subsequently clarified on July 10, 2024, are also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,



Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4 — 0 0 5 6 2. STATE NY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(6), 1905(a)(13)

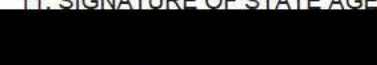
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/24-09/30/24 \$ 70,739
b. FFY 10/01/24-09/30/25 \$ 141,478

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Pages 1(a)(i), 1(a)(iii)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Pages 1(a)(i), 1(a)(iii)

9. SUBJECT OF AMENDMENT
CFTSS (2.84% COLA)

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME **Amir Bassiri**
13. TITLE **Medicaid Director**
14. DATE SUBMITTED **June 28, 2024**

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY
16. DATE RECEIVED 17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2024 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

Appendix II
2024 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #24-0056

This State Plan Amendment proposes to increase the CFTSS Children's Medicaid Rates by 2.84% for the Cost of Living Adjustment (COLA) authorized under Chapter 57 of the laws of 2024 Part FF.

Appendix III
2024 Title XIX State Plan
Second Quarter Amendment
Authorizing Provisions

16 Section 1. 1. Subject to available appropriations and approval of the
17 director of the budget, the commissioners of the office of mental
18 health, office for people with developmental disabilities, office of
19 addiction services and supports, office of temporary and disability
20 assistance, office of children and family services, and the state office
21 for the aging (hereinafter "the commissioners") shall establish a state
22 fiscal year 2024-2025 cost of living adjustment (COLA), effective April
23 1, 2024, for projecting for the effects of inflation upon rates of
24 payments, contracts, or any other form of reimbursement for the programs
25 and services listed in subdivision five of this section. The COLA estab-
26 lished herein shall be applied to the appropriate portion of reimbursa-
27 ble costs or contract amounts. Where appropriate, transfers to the
28 department of health (DOH) shall be made as reimbursement for the state
29 share of medical assistance.

30 2. Notwithstanding any inconsistent provision of law, subject to the
31 approval of the director of the budget and available appropriations
32 therefore, for the period of April 1, 2024 through March 31, 2025, the
33 commissioners shall provide funding to support a two and eight-tenths
34 and four-hundredths percent (2.84%) cost of living adjustment under this
35 section for all eligible programs and services as determined pursuant to
36 subdivision five of this section.

37 3. Notwithstanding any inconsistent provision of law, and as approved
38 by the director of the budget, the 2.84 percent cost of living adjust-
39 ment (COLA) established herein shall be inclusive of all other cost of
40 living type increases, inflation factors, or trend factors that are
41 newly applied effective April 1, 2024. Except for the 2.84 percent cost
42 of living adjustment (COLA) established herein, for the period commencing
43 on April 1, 2024 and ending March 31, 2025 the commissioners shall
44 not apply any other new cost of living adjustments for the purpose of
45 establishing rates of payments, contracts or any other form of
46 reimbursement. The phrase "all other cost of living type increases,
47 inflation factors, or trend factors" as defined in this subdivision

S. 8307--C

57

A. 8807--C

1 shall not include payments made pursuant to the American Rescue Plan Act
2 or other federal relief programs related to the Coronavirus Disease 2019
3 (COVID-19) pandemic public health emergency. This subdivision shall not
4 prevent the office of children and family services from applying addi-
5 tional trend factors or staff retention factors to eligible programs and
6 services under paragraph (v) of subdivision five of this section.

7 4. Each local government unit or direct contract provider receiving
8 the cost of living adjustment established herein shall use such funding
9 to provide a targeted salary increase of at least one and seven-tenths
10 percent (1.7%) to eligible individuals in accordance with subdivision
11 six of this section. Notwithstanding any inconsistent provision of law,
12 the commissioners shall develop guidelines for local government units
13 and direct contract providers on implementation of such targeted salary
14 increase.

15 5. Eligible programs and services. (i) Programs and services funded,
16 licensed, or certified by the office of mental health (OMH) eligible for
17 the cost of living adjustment established herein, pending federal
18 approval where applicable, include: office of mental health licensed
19 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
20 the office of mental health regulations including clinic, continuing day
21 treatment, day treatment, intensive outpatient programs and partial

22 hospitalization; outreach; crisis residence; crisis stabilization,
23 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
24 emergency program services; crisis intervention; home based crisis
25 intervention; family care; supported single room occupancy; supported
26 housing; supported housing community services; treatment congregate;
27 supported congregate; community residence - children and youth;
28 treatment/apartment; supported apartment; community residence single
29 room occupancy; on-site rehabilitation; employment programs; recreation;
30 respite care; transportation; psychosocial club; assertive community
31 treatment; case management; care coordination, including health home
32 plus services; local government unit administration; monitoring and
33 evaluation; children and youth vocational services; single point of
34 access; school-based mental health program; family support children and
35 youth; advocacy/support services; drop in centers; recovery centers;
36 transition management services; bridge; home and community based waiver
37 services; behavioral health waiver services authorized pursuant to the
38 section 1115 MRT waiver; self-help programs; consumer service dollars;
39 conference of local mental hygiene directors; multicultural initiative;
40 ongoing integrated supported employment services; supported education;
41 mentally ill/chemical abuse (MICA) network; personalized recovery
42 oriented services; children and family treatment and support services;
43 residential treatment facilities operating pursuant to part 584 of title
44 14-NYCRR; geriatric demonstration programs; community-based mental
45 health family treatment and support; coordinated children's service
46 initiative; homeless services; and promises zone.
47 (ii) Programs and services funded, licensed, or certified by the
48 office for people with developmental disabilities (OPWDD) eligible for
49 the cost of living adjustment established herein, pending federal
50 approval where applicable, include: local/unified services; chapter 620
51 services; voluntary operated community residential services; article 16
52 clinics; day treatment services; family support services; 100% day
53 training; epilepsy services; traumatic brain injury services; hepatitis
54 B services; independent practitioner services for individuals with
55 intellectual and/or developmental disabilities; crisis services for
56 individuals with intellectual and/or developmental disabilities; family
S. 8307--C 58 A. 8807--C

1 care residential habilitation; supervised residential habilitation;
2 supportive residential habilitation; respite; day habilitation; prevoca-
3 tional services; supported employment; community habilitation; interme-
4 diate care facility day and residential services; specialty hospital;
5 pathways to employment; intensive behavioral services; community transi-
6 tion services; family education and training; fiscal intermediary;
7 support broker; and personal resource accounts.
8 (iii) Programs and services funded, licensed, or certified by the
9 office of addiction services and supports (OASAS) eligible for the cost
10 of living adjustment established herein, pending federal approval where
11 applicable, include: medically supervised withdrawal services - residen-
12 tial; medically supervised withdrawal services - outpatient; medically
13 managed detoxification; medically monitored withdrawal; inpatient reha-
14 bilitation services; outpatient opioid treatment; residential opioid
15 treatment; KEEP units outpatient; residential opioid treatment to absti-
16 nence; problem gambling treatment; medically supervised outpatient;
17 outpatient rehabilitation; specialized services substance abuse
18 programs; home and community based waiver services pursuant to subdivi-
19 sion 9 of section 366 of the social services law; children and family
20 treatment and support services; continuum of care rental assistance case
21 management; NY/NY III post-treatment housing; NY/NY III housing for
22 persons at risk for homelessness; permanent supported housing; youth
23 clubhouse; recovery community centers; recovery community organizing
24 initiative; residential rehabilitation services for youth (RRSY); inten-
25 sive residential; community residential; supportive living; residential
26 services; job placement initiative; case management; family support

27 navigator; local government unit administration; peer engagement; voca-
28 tional rehabilitation; support services; HIV early intervention
29 services; dual diagnosis coordinator; problem gambling resource centers;
30 problem gambling prevention; prevention resource centers; primary
31 prevention services; other prevention services; and community services.

32 (iv) Programs and services funded, licensed, or certified by the
33 office of temporary and disability assistance (OTDA) eligible for the
34 cost of living adjustment established herein, pending federal approval
35 where applicable, include: nutrition outreach and education program
36 (NOEP).

37 (v) Programs and services funded, licensed, or certified by the office
38 of children and family services (OCFS) eligible for the cost of living
39 adjustment established herein, pending federal approval where applica-
40 ble, include: programs for which the office of children and family
41 services establishes maximum state aid rates pursuant to section 398-a
42 of the social services law and section 4003 of the education law; emer-
43 gency foster homes; foster family boarding homes and therapeutic foster
44 homes; supervised settings as defined by subdivision twenty-two of
45 section 371 of the social services law; adoptive parents receiving
46 adoption subsidy pursuant to section 453 of the social services law; and
47 congregate and scattered supportive housing programs and supportive
48 services provided under the NY/NY III supportive housing agreement to
49 young adults leaving or having recently left foster care.

50 (vi) Programs and services funded, licensed, or certified by the state
51 office for the aging (SOFA) eligible for the cost of living adjustment
52 established herein, pending federal approval where applicable, include:
53 community services for the elderly; expanded in-home services for the
54 elderly; and wellness in nutrition program.

55 6. Eligible individuals. Support staff, direct care staff, clinical
56 staff, and non-executive administrative staff in programs and services
S. 8307--C 59 A. 8807--C

1 listed in subdivision five of this section shall be eligible for the
2 1.7% targeted salary increase established pursuant to subdivision four
3 of this section.

4 (a) For the office of mental health, office for people with develop-
5 mental disabilities, and office of addiction services and supports,
6 support staff shall mean individuals employed in consolidated fiscal
7 report position title codes ranging from 100 to 199; direct care staff
8 shall mean individuals employed in consolidated fiscal report position
9 title codes ranging from 200 to 299; clinical staff shall mean individ-
10 uals employed in consolidated fiscal report position title codes ranging
11 from 300 to 399; and non-executive administrative staff shall mean indi-
12 viduals employed in consolidated fiscal report position title codes 400,
13 500 to 599, 605 to 699, and 703 to 799. Individuals employed in consol-
14 idated fiscal report position title codes 601 to 604, 701 and 702 shall
15 be ineligible for the 1.7% targeted salary increase established herein.

16 (b) For the office of temporary and disability assistance, office of
17 children and family services, and the state office for the aging, eligi-
18 ble support staff, direct care staff, clinical staff, and non-executive
19 administrative staff titles shall be determined by each agency's commis-
20 sioner.

21 7. Each local government unit or direct contract provider receiving
22 funding for the cost of living adjustment established herein shall
23 submit a written certification, in such form and at such time as each
24 commissioner shall prescribe, attesting how such funding will be or was
25 used to first promote the recruitment and retention of support staff,
26 direct care staff, clinical staff, non-executive administrative staff,
27 or respond to other critical non-personal service costs prior to
28 supporting any salary increases or other compensation for executive
29 level job titles.

30 8. Notwithstanding any inconsistent provision of law to the contrary,
31 agency commissioners shall be authorized to recoup funding from a local

32 governmental unit or direct contract provider for the cost of living
33 adjustment established herein determined to have been used in a manner
34 inconsistent with the appropriation, or any other provision of this
35 section. Such agency commissioners shall be authorized to employ any
36 legal mechanism to recoup such funds, including an offset of other funds
37 that are owed to such local governmental unit or direct contract provid-
38 er.

39 § 2. This act shall take effect immediately and shall be deemed to
40 have been in full force and effect on and after April 1, 2024.

Appendix IV
2024 Title XIX State Plan
Second Quarter Amendment
Public Notice

1916 Monterey Avenue
Bronx, New York 10457

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

For further information and to review and comment, please contact:
Department of Health, Division of Finance and Rate Setting, 99
Washington Ave., One Commerce Plaza, Suite 1460, Albany, NY
12210, spa_inquiries@health.ny.gov

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 2023-24 enacted State budget. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, supplemental payments will be made to Health Home care managers who are employed by a State-designated Specialty Mental Health Care Management Agency and provide Health Home Plus services to adults receiving Assisted Outpatient Treatment.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget 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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

The following is a clarification to the December 27, 2023 noticed provision to adjust Medicaid rates resulting from increases in New York State minimum wage and a decrease in wage parity. With clarification, this provision will only address minimum wage.

It is further clarified that the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal years 2024, 2025 and 2026 will now be \$18 million, \$85 million, and \$132 million respectively.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide active Intermediate Fixed Income investment management services for the Stable Income Fund ("the Fund") investment option of the Plan. The Plan is seeking qualified vendors to manage a portfolio against the Barclays Intermediate Aggregate Index. The objective of the Fund is to provide an opportunity to invest in high quality fixed income securities with an emphasis on safety of principal and consistency of returns. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 1, 2024.

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

Public Notice
NYS Department of Health

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

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

All Services

The following is a clarification to the March 27th, 2024 noticed proposal to adjust rates of payments statewide to reflect a 1.5 percent (1.5%) Cost of Living Adjustment. With clarification, this increase will now be 2.84 percent (2.84%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$49.9 million.

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

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

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

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

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

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

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

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

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave
One Commerce Plaza
Suite 1432
Albany, New York 12210
spa_inquiries@health.ny.gov

Appendix V
2024 Title XIX State Plan
Second Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #24-0056

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)**

Response: Providers receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
 - (i) a complete list of the names of entities transferring or certifying funds;**
 - (ii) the operational nature of the entity (state, county, city, other);**

- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response: The Non-Federal share Medicaid provider payment is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program.

Payment Type	Non-Federal Share Funding	4/1/24 – 3/31/25	
		Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$141,478	\$282,956

- A. **General Fund:** Revenue resources for the State’s General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). Medicaid expenditures from the State’s General Fund are authorized from Department of Health Medicaid.
- 1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State’s General Fund to offset Medicaid costs.

In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

B. Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State “capped” the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three percent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

Entity	Annual Amount
New York City	\$5.210B
Suffolk County	\$243M
Nassau County	\$231M
Westchester County	\$215M
Erie County	\$205M
Rest of State (53 Counties)	\$1.260B
Total	\$7.364B

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above.

- 3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

Response: The Medicaid payments under this State Plan Amendment are not supplemental payments.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

Response: The Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

ACA Assurances:

1. **Maintenance of Effort (MOE).** Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

MOE Period.

- **Begins on:** March 10, 2010, and
- **Ends on:** The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. **However,** because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Response: The State complies with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.