

KATHY HOCHUL Governor MARY T. BASSETT, M.D., M.P.H. Commissioner KRISTIN M. PROUD Acting Executive Deputy Commissioner

September 14, 2022

Dear Health Clinic Administrator:

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

https://www.health.ny.gov/regulations/state_plans/tribal/

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 #21-0074

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

Section 7 – General Provisions 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

SPA effective date is February 1, 2021

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

_X__ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. ____ SPA submission requirements the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. __X_ Public notice requirements the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

Approval Date:	
Effective Date:	February 1, 2021

c. _____ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in New York State Medicaid state plan, as described below:

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

Section A – Eligibility

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

- 2. ____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
 - a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: ____

-or-

b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

TN:	21-007	4	
Superse	edes TN: _	NEW	

Approval Date:	
Effective Date:	February 1, 2021

Less restrictive resource methodologies:

- 4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).
- 5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:
- 6. _____ The agency provides for an extension of the reasonable opportunity period for noncitizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

 The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

Approval Date:	
Effective Date:	February 1, 2021

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

- 4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children underage enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
- 5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGIbased financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
- The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. _____ The agency uses a simplified paper application.
 - b. _____ The agency uses a simplified online application.
 - c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

- 2. _____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. _____ All beneficiaries
 - b. _____ The following eligibility groups or categorical populations:

TN:	21-007	4	
Superse	des TN: _	NEW	

Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

- 1. _____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):
- 2. _X__ The agency makes the following adjustments to benefits currently covered in the state plan:

This Disaster SPA allows Health Facilities licensed pursuant to Article 29-I of the Public Health Law to be reimbursed for care and services provided by exempt practitioners as defined under State law, working under the supervision of a professional licensed pursuant to Article 153 (psychologists), 154 (social workers) or 163 (mental health practitioners) of the State Education law. State Education law Articles 153 (§7605), 154 (§7706), and 163 (§8410) authorize exempt individuals who were previously employed in a program or service operated, regulated, funded or approved by the Office of Mental Health (OMH), the Office of Addiction Services and Supports (OASAS), the Office for People with Developmental Disabilities (OPWDD), the Office of Children and Family Services (OCFS), the Department of Corrections and Community Supervision (DOCCS), the Office of Temporary and Disability Assistance (OTDA), the New York State Office for the Aging (NYSOFA), the Department of Health (DOH) or a local government unit defined by Section 41.03 of the Mental Hygiene Law or a social services district as defined in Section 61 of the Social Services Law to practice under an exemption from licensing requirements, provided they were employed by an authorized setting as of June 24, 2022 and continue to work there or in another authorized setting.

Profession specific exemptions include the following:

1. The person is a student enrolled in a degree granting program leading to licensure of Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Psychotherapist (LP) or Licensed Creative Arts Therapist (LCAT) – if appropriately supervised and performing the corresponding scope of practice.

TN:	21-007	4	
Superse	des TN: _	NEW	

Approval Date: _	
Effective Date:	February 1, 2021

2. A person holds a baccalaureate of social work or higher if they only perform the scope of a LMSW – if appropriately supervised.

3. A person holds a master's degree or higher for one of the Article 163 professions – if appropriately supervised and only engaged in the practice of the corresponding scope of practice.

The identified benefits and proposed changes to the provider qualifications impacted by this change (SPA #21-0003):

1. Preventive Services / Residential Treatment (PRT) services for children under the age of 21:

- A. Skill Building
- B. Nursing Services and Medication Management
- C. Services Coordination
- 1.a. Practitioner / Provider Qualifications:

Proposed change:

PRT provides community-based preventive residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license OR can be exempt from the licensure requirement within the current SPA #21-0003 if one of the following criteria is met:

1) any person who is a student enrolled in a degree granting program leading to licensure of Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Psychotherapist (LP) or Licensed Creative Arts Therapist (LCAT) – if appropriately supervised and performing the corresponding scope of practice, NYS will allow for these practitioners, **OR**

2) A person holds a baccalaureate of social work or higher if they only perform the scope of a LMSW – if appropriately supervised, **OR**

3) A person holds a master's degree or higher for one of the Article 163 professions – if appropriately supervised and only engaged in the practice of the corresponding scope of practice **AND**

if previously employed in an authorized setting as of June 24, 2022, and continue to work there or in another authorized setting, is exempt from licensure and continue to practice with proof that they meet the NYS regulation for exemptions as noted.

2. Rehabilitative Services / Residential Treatment (RRT) services for children under the age of 21:

- A. Developmentally
- B. Nursing services and Medication Management
- C. Service Coordination

2.a. Practitioner / Provider Qualifications:

Proposed Change:

RRT provides community-based rehabilitative residential services recommended by and under the supervision and oversight of one of the following licensed practitioners operating within the scope of their practice of their State license OR can be exempt from the licensure requirement within the current SPA #21-0003 if one of the following criteria is met:

1) any person who is a student enrolled in a degree granting program leading to licensure of Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Psychotherapist (LP) or

TN:	21-007	4	
Superse	des TN: _	NEW	

Approval Date:	
Effective Date:	February 1, 2021

State/Territory: <u>NEW YORK</u>

Licensed Creative Arts Therapist (LCAT) – if appropriately supervised and performing the corresponding scope of practice, NYS will allow for these practitioners, **OR**

2) A person holds a baccalaureate of social work or higher if they only perform the scope of a LMSW – if appropriately supervised, **OR**

3) A person holds a master's degree or higher for one of the Article 163 professions – if appropriately supervised and only engaged in the practice of the corresponding scope of practice **AND**

if previously employed in an authorized setting as of June 24, 2022, and continue to work there or in another authorized setting, is exempt from licensure and continue to practice with proof that they meet the NYS regulation for exemptions as noted.

Due to the workforce shortage and challenges of hiring behavioral health providers and the difficulties providing on-going services to children and families who have also faced tremendous hardships due to the pandemic, NYS will authorize exempt practitioners who meet the NYS Education law licensure exemption requirements to provide services in Article 29-I Health Facilities. It is imperative that exempt practitioners be authorized to provide these important and necessary services to children and youth who are served by the 29-I Health Facilities during this ongoing crisis. Additionally, these services are needed to maintain the health and safety of children and youth who have histories of trauma and neglect in addition to the impact of the pandemic.

NYS will pursue a permanent State Plan Amendment to take effect upon the expiration of the Public Health Emergency.

See link to state guidelines on the relevant state education law: http://www.op.nysed.gov/surveys/mhpsw/guidelines-implement-%20party-chapter57laws%20of%202018.pdf http://www.op.nysed.gov/surveys/mhpsw/exempt-agencies-overview.htm http://www.op.nysed.gov/prof/psych/article153.htm#exempt http://www.op.nysed.gov/prof/sw/article154.htm#exempt http://www.op.nysed.gov/prof/mhp/article163.htm#exempt

- __X__ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the state wideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
- 4. _____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. _____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

TN: _____21-0074_____ Supersedes TN: ___NEW_____

 Telehealth:

5. _____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Drug Benefit:

6. _____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

- 7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
- 8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. _____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. _____ Newly added benefits described in Section D are paid using the following methodology:
 - a. ____ Published fee schedules -

Effective date (enter date of change): _____

Location (list published location): _____

b. ____ Other:

TN: _____21-0074_____ Supersedes TN: ____NEW_____ Describe methodology here.

Increases to state plan payment methodologies:

2. _____ The agency increases payment rates for the following services:

Please list all that apply.

a. _____ Payment increases are targeted based on the following criteria:

Please describe criteria.

- b. Payments are increased through:
 - i. <u>A supplemental payment or add-on within applicable upper payment limits:</u>
 - ii. _____ An increase to rates as described below.

Rates are increased:

_____ Uniformly by the following percentage: ______

_____ Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

_____ Up to the Medicare payments for equivalent services.

_____ By the following factors:

Please describe.

TN:	21-007	4	
Superse	des TN: _	NEW	

Approval Date:	
Effective Date:	February 1, 2021

Payment for services delivered via telehealth:

- 3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:
 - a. _____ Are not otherwise paid under the Medicaid state plan.
 - b. ____ Differ from payments for the same services when provided face to face;
 - c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. _____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. _____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. _____Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. _____ Other payment changes:

Section F - Post-Eligibility Treatment of Income

- 1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ____ The individual's total income
 - b. _____ 300 percent of the SSI federal benefit rate
 - c. ____ Other reasonable amount: _____
- 2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

TN:	21-007	4	
Supers	edes TN: _	NEW	

Approval Date:	
Effective Date: _	February 1, 2021

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(*s*) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OIVIB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN:	21-007	4	
Superse	edes TN: _	NEW	

Approval Date:	
Effective Date:	February 1, 2021

SUMMARY SPA #22-0012

This State Plan Amendment proposes to establish and authorize payment for Nutrition Services provided to children/youth by providers licensed under Article 29-1. Nutrition services are already reimbursed by providers under Article 25 and 28. This clarifies coverage under EPSDT in a statewide, comparable manner.

New York 2(c.1.5)

<u>1905(a)(13) Other Diagnostic, Screening, Preventive and Rehabilitative Services</u> <u>1905(a)(4)(b) and 1905(r) EPSDT</u>

13c. Preventive Services

Medical Nutrition Therapy Services

<u>Medical nutrition therapy services are provided to children under the age of 21 when recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to:</u>

- 1) Prevent disease, disability, and other health conditions or their progression;
- 2) Prolong life; and
- 3) Promote physical and mental health and efficiency.

Medical nutrition therapy (MNT) services are covered when provided by a registered dietitian (RD), certified nutritionist (CN), or certified dietitian-nutritionist (CDN) working within their scope of practice. Medical nutrition therapy services are designed to provide medically necessary, diagnostic, therapy and counseling services for the management and prevention of nutrition related disease states. MNT involves the assessment of an individual's overall nutritional status followed by an individualized course of treatment to prevent or treat medical illness. Services must be provided under a treatment plan based on evidence-based assessment criteria and include realistic and obtainable goals. The following services are covered when provided by an RD, CN or CDN and must include coordination with the referring provider:

- a. An initial nutrition and lifestyle assessment
- b. One on one nutrition counseling, including:
 - i. <u>Counseling related to long-term dietary change, increased physical activity, and</u> <u>behavior change strategies for weight control;</u>
 - ii. Counseling and skill building to facilitate the knowledge, skill, and ability necessary for self-care; and
 - iii. Other Nutritional counseling services identified in the assessment.
- c. Follow-up intervention visits to monitor progress

<u>Services will be provided in the home, clinic, hospital out-patient facility, or any other</u> <u>setting as authorized</u>. Service limits may be exceeded based on medical necessity.

TN#22-0012	Approval Date
Supersedes TN <u>#NEW</u>	Effective Date <u>July 01, 2022</u>

New York 2(c.1.6)

<u>1905(a)(13) Other Diagnostic, Screening, Preventive and Rehabilitative Services</u> <u>1905(a)(4)(b) and 1905(r) EPSDT</u>

13c. Preventive Services

Medical Nutrition Therapy Services (continued)

Individuals authorized to provide medical nutritional therapy related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for self-care includes:

- 1. <u>Registered Dieticians: Is registered as a dietitian or nutritionist by a national dietetic or</u> <u>national nutrition association having registration standards acceptable to the</u> <u>department.</u>
- 2. Certified Nutritionist or Certified Dietician-Nutritionist: To be eligible for certification, an individual must 18 years of age or older; passed a background check, be a licensed by New York Office of Professions, received a bachelor of arts or science or associate's degree from a university accredited by the Commission on Accreditation for Dietetics Education (CADE) that includes a major focus on professional dietetics and nutrition before licensure; and satisfactorily completed a minimum of 800 hours of supervised work experience for applicants with Bachelor's degrees and 1,600 hours of supervised work experience for applicants with Associate's degrees and passed the certification exam given by the Commission on Dietetic Registration (CDR). In addition, Associate's degree applicants must provide endorsement from three dietitian-nutritionists who are licensed by the state of New York or are registered with an acceptable national organization.

All practitioners providing Medical Nutrition Therapy services must be employed by agencies enrolled in the New York Medicaid program under Article 25, 28, or 29-1.

TN;	#22-0012	Approval Date	_
Supersede	s TN <u>#NEW _</u>	Effective Date	_July 01, 2022

New York 2(c.1.5)

<u>1905(a)(13) Other Diagnostic, Screening, Preventive and Rehabilitative Services</u> <u>1905(a)(4)(b) and 1905(r) EPSDT</u>

13c. Preventive Services

Medical Nutrition Therapy Services

<u>Medical nutrition therapy services are provided to children under the age of 21 when recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to:</u>

- 1) Prevent disease, disability, and other health conditions or their progression;
- 2) Prolong life; and
- 3) Promote physical and mental health and efficiency.

Medical nutrition therapy (MNT) services are covered when provided by a registered dietitian (RD), certified nutritionist (CN), or certified dietitian-nutritionist (CDN) working within their scope of practice. Medical nutrition therapy services are designed to provide medically necessary, diagnostic, therapy and counseling services for the management and prevention of nutrition related disease states. MNT involves the assessment of an individual's overall nutritional status followed by an individualized course of treatment to prevent or treat medical illness. Services must be provided under a treatment plan based on evidence-based assessment criteria and include realistic and obtainable goals. The following services are covered when provided by an RD. CN or CDN and must include coordination with the referring provider:

- a. An initial nutrition and lifestyle assessment
- b. One on one nutrition counseling, including:
 - i. Counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control;
 - ii. <u>Counseling and skill building to facilitate the knowledge, skill, and ability</u> <u>necessary for self-care; and</u>
 - iii. Other Nutritional counseling services identified in the assessment.

c. Follow-up intervention visits to monitor progress

<u>Services will be provided in the home, clinic, hospital out-patient facility, or any other</u> <u>setting as authorized</u>. Service limits may be exceeded based on medical necessity.

TN #22-0012

Approval Date _____

Supersedes TN <u>#NEW</u>

Effective Date <u>July 01, 2022</u>

New York 2(c.1.6)

<u>1905(a)(13) Other Diagnostic, Screening, Preventive and Rehabilitative Services</u> <u>1905(a)(4)(b) and 1905(r) EPSDT</u>

13c. Preventive Services

Medical Nutrition Therapy Services (continued)

Individuals authorized to provide medical nutritional therapy related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for self-care includes:

- 1. <u>Registered Dieticians: Is registered as a dietitian or nutritionist by a national dietetic or</u> <u>national nutrition association having registration standards acceptable to the</u> <u>department.</u>
- 2. Certified Nutritionist or Certified Dietician-Nutritionist: To be eligible for certification, an individual must 18 years of age or older; passed a background check, be a licensed by New York Office of Professions, received a bachelor of arts or science or associate's degree from a university accredited by the Commission on Accreditation for Dietetics Education (CADE) that includes a major focus on professional dietetics and nutrition before licensure; and satisfactorily completed a minimum of 800 hours of supervised work experience for applicants with Bachelor's degrees and 1,600 hours of supervised work experience for applicants with Associate's degrees and passed the certification exam given by the Commission on Dietetic Registration (CDR). In addition, Associate's degree applicants must provide endorsement from three dietitian-nutritionists who are licensed by the state of New York or are registered with an acceptable national organization.

All practitioners providing Medical Nutrition Therapy services must be employed by agencies enrolled in the New York Medicaid program under Article 25, 28, or 29-1.

TN#22-0012	Approval Date
Supersedes TN #NEW _	Effective DateJuly 01, 2022

New York Page 1(a)(iii)(2.1)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

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

Effective as of February 1, 2021, reimbursement for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services listed below and provided by providers with a 29-1 license as described in Attachment 3.1-A, Item 4b and Attachment 3.1-B, Item 4b will be paid based upon a Medicaid fee schedule established by the State of New York Department of Health for the following services:

- Alcohol and/or Drug Screening, Testing, Treatment, 15 min unit, Upstate and Downstate rates
- Developmental Test Administration, 15 min unit, Upstate and Downstate rates
- Psychotherapy (Individual and Family), 15 min unit, Upstate and Downstate rates
- Psychotherapy Group, 15 min unit, Upstate and Downstate rates
- Neuropsychological Testing/Evaluation Services, 15 min unit, Upstate and Downstate rates
- Psychiatric Diagnostic Examination, 15 min unit, Upstate and Downstate rates
- Office Visit, 15 min unit, Upstate and Downstate rates
- Smoking Cessation treatment, 15 min unit, Upstate and Downstate rates
- ECG, per occurrence, statewide rate
- Screening-Developmental/Emotional/Behavioral, per occurrence, Upstate and Downstate rates
- Hearing and Evaluation of Speech, 15 min unit, statewide rate
- Lab Services, statewide rate, see 29-1 Health Facility Laboratory Fee Schedule for complete list of waived laboratory services and pricing

The following rates are effective as of September 1, 2021:

- Tuberculosis TB Rate
- Medical Language Interpretation

The following rates are effective as of July 1, 2022:

<u>Nutritional Services</u>

Payments are made in accordance with a fee schedule developed by Department of Health and approved by Division of the Budget. Except as otherwise noted in the plan, state-developed fee schedules are the same for both governmental and private providers of these services, which are included under physician, other licensed practitioner, clinic and laboratory services. The agency's fee schedule was set as of February 1, 2021 and is effective for services provided on or after that date. These services are already covered under the State Plan with multiple fee schedules. All fees are published on the Department of Health website at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foste r_trans.htm

TN#22-0012	Approval Date
Supersedes TN <u>#21-0057</u>	Effective Date <u>July 01, 2022</u>

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

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

PUBLIC NOTICE

Deferred Compensation Board

Pursuant to the provisions of 9 NYCRR, Section 9003.2 authorized by Section 5 of the State Finance Law, the New York State Deferred Compensation Board, beginning Wednesday, June 8, 2022 is soliciting proposals from Administrative Service Agencies and Financial Organizations to provide Administrative Services, Communication Services and Financial Guidance/Advice for the Deferred Compensation Plan for Employees of the State of New York and Other Participating Public Jurisdictions, a plan meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto. A copy of the request for proposals may be obtained from Ben Taylor, Callan LLC, 600 Montgomery Street. San Francisco, CA 94111, (415) 974-5060, taylorb@callan.com.

A copy of the RFP is also available on the Board's website: www.deferredcompboard.ny.gov

All proposals must be received electronically by Callan LLC no later than 5:00 p.m. CST on Monday, July 25, 2022. Additionally, a pdf copy must be sent to James Reeves at james.reeves@nysdcp.com by this date.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions for beneficiaries in qualifying clinical trials enrolled in Alternative Benefit Plans (ABP). The following changes are proposed:

Non-Institutional Services

The following is a clarification to the March 30, 2022 noticed provision for beneficiaries in qualifying clinical trials enrolled in ABP. With clarification, the Department assures access to early and periodic screening, diagnostic and treatment (EPSDT) services in compliance with § 440.345 will continue unchanged. Tribal consultation was conducted in compliance with 5006(e) of the American Recovery and Reinvestment Act of 2009.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to establish and authorize payment for Nutrition Services provided to children/youth by providers licensed under Article 29-I.

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

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

Deferred Compensation Board

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide international value equity investment management services for the International Equity Fund (the "Fund") investment option of the Plan. The objective of the Fund is to provide exposure to the broad international equity market. Qualified vendors that do not currently provide product capabilities to eVestment must submit product information to NEPC, LLC at the following e-mail address: bvertucci@nepc.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on June 29, 2022.

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

PUBLIC NOTICE Department of State Uniform Code Variance/Appeal Petitions

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

2022-0104 Matter of MTA - NYC Transit, Two Broadway, New York, NY 10004, for a variance concerning safety requirements, including area of refuge, required number of exits, and exhaust discharge. Involved is an existing subterranean transit station, known

as the 68th Street-Hunter College Station, located at East 68th Street and Lexington Avenue, City of New York, Borough of Manhattan, State of New York.

2022-0171 Matter of Paul Davis Restoration, 1075 Buffalo Road, Rochester, NY 14624, for a variance concerning safety requirements, including basement ceiling height. Involved is an existing one-family dwelling located at 66 Carverdale Drive, Town of Brighton, County of Monroe, State of New York.

2022-0236 Matter of Thomas D. Armentano, 518 Backus Road, Webster, NY 14580, for a variance concerning safety requirements, including permanent barriers. Involved is an existing one-family dwelling located at 518 Backus Road, Town of Webster, County of Monroe, State of New York.

2022-0237 Matter of Justin Sudore, 743 Close Circle, Webster, NY 14580, for a variance concerning safety requirements, including permanent barriers. Involved is an existing one-family dwelling located at 743 Close Circle, Town of Webster, County of Monroe, State of New York.

2022-0241 Matter of Freier Building LLC, 119 Hinkleyville Road, Spencerport, NY 14559, for a variance concerning safety requirements, including required water supply. Involved is a one-family dwelling located at 1688 Clarkson Parma Town Line Road, Town of Parma, County of Monroe, State of New York.

2022-0267 Matter of Jeffrey Halsdofer, 1384 Meadow Breeze Lane, Webster, NY 14580, for a variance concerning safety requirements, including permanent barriers. Involved is an existing one-family dwelling located at 1384 Meadow Breeze Lane, Town of Webster, County of Monroe, State of New York.

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2022-0264 Matter of Elsasser Expediting Services, John Roy, 1134B, Route 25, Selden, NY 11784, for a variance concerning safety requirements, including the ceiling height and the height under a girder/soffit. Involved is an existing one-family dwelling located at 328 Miller Place Road, Miller Place, Town of Brookhaven, 11764, County of Suffolk, State of New York.

2022-0266 Matter of Thomas Sigismonti, 20 Cypress Street, Floral Park, NY 11001, for a variance concerning safety requirements, including the ceiling height and the height under a girder/soffit. Involved is an existing one-family dwelling located at 20 Cypress Street, Village of Floral Park, 11001, County of Nassau, State of New York.

PUBLIC NOTICE

Department of State Uniform Code Variance/Appeal Petitions

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

2022-0270 in the Matter of Get My Co Corp, Timothy Lener, 57 Wheeler Ave., Suite 203, Pleasantville, NY 10570, for a variance

SUMMARY SPA #22-0075

This State Plan Amendment proposes to increase salaries for home care workers beginning October 1, 2022.

New York 4(8)(1)(b)

1905(a)(7) Home Health Care Services

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 recoupments 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 it will be increased by an additional dollar and applicable fringe for a total of three dollars and applicable fringe.

CHHA provider rates are available on the following website:

www.health.ny.gov/facilities/long_term_care/reimbursement/chha/

TN <u>#22-0075</u>

Approval Date _____

Supersedes TN <u>#17-0009</u>

Effective Date October 1, 2022

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 recoupments 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 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/

TN#:	#22-0075	Approval Date:
Supersede	es TN#: 17-0008	Effective Date:_October 1, 2022

New York 6(a)(4)

1905(a)(24) Personal Care Services

- Total annual minimum wage funding paid to the provider (as determined from the minimum wage addon 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.
- 2. 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.)
- 3. 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.
- 4. The State agency will review providers' submissions for accuracy and reasonableness, following which it will process associated payments and recoupments 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 it will be increased by an additional dollar and applicable fringe for a total of three dollars and applicable fringe.

TN <u>#22-0075</u> Approval Date _____

Supersedes TN <u>#17-0026</u> Effective Date October 1, 2022

Public Notice NYS Department of Health

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

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

Non-Institutional Services

The following is a clarification to the June 29, 2022, noticed provision for Home Care Wage increase.

With clarification, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$41.3 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 <u>http://www.health.ny.gov/regulations/state_plans/status</u>. 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 Pate Setting 99 Washington Ave One Commerce Plaza Suite 1432 Albany, New York 12210 spa_inquiries@health.ny.gov 95 Central Avenue, St. George Staten Island, New York 10301

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Department of Health will adjust rates statewide to reflect a five percent increase for the following Office of Mental Health services: Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2022, five percent increase for the Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH) services is \$1.3 million. The amount is contained in the budget for State Fiscal Year 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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Miscellaneous Notices/Hearings

Beginning October 1, 2022, the minimum wage for a home care aide shall be increased by \$2.00 and beginning October 1, 2023, the minimum wage shall be increased by an additional \$1.00.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$20.7 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to authorize payment for Psychologist services provided to children/youth by agencies designated under the Child and Family Treatment and Support Services designation process.

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

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

SUMMARY SPA #22-0076

This State Plan Amendment proposes to remove the "Behavioral Health Utilization Controls" payment reductions for OPWDD Article 16 Clinics per the enacted 2023 Budget.

New York 2(w) (ii)

1905(a)(9) Clinic Services

Beginning state fiscal year 2014-2015, and each subsequent state fiscal year thereafter, the utilization look-back period shall will be the period used in the preceding state fiscal year advanced by twelve months.

For the period April 1, 2011, through March 31, 2012, OPWDD may will waive the reimbursement rate reductions described here, provided, however, that the waiver will be subject to retroactive revocation upon a determination by OPWDD, in consultation with the Department of Health, that the clinic has not complied with the terms of such waiver. Such terms are:

- (i) In order to receive a waiver, a clinic must submit to OPWDD a request for a waiver and a utilization reduction plan. OPWDD's decision on the waiver will be based on whether the clinic's utilization reduction plan shows a reduction in the clinic's planned state fiscal year 2011-2012 Medicaid visits by an amount equal to the paid visits in excess of the utilization thresholds and whether the clinic is operating in conformance with all applicable statutes, rules and regulations. For purposes of this section, a clinic's planned state fiscal year 2011-2012 visits cannot exceed it's paid Medicaid visits in calendar year 2010.
- (ii) OPWDD will compare the actual paid and planned visits between April 1, 2011, and March 31, 2012, for each clinic granted a waiver. If a clinic fails to achieve the reduction in utilization in accordance with its utilization reduction plan, OPWDD will revoke the waiver and reduce the clinic's reinbursement rates for state fiscal year 2011-12 as computed in accordance with the provisions of this section, provided, however, that such reduction computation will incorporate and reflect any utilization reduction that the clinic did achieve while operating under the waiver.

Effective 07/01/2022, the Behavioral Health Utilization Controls will be sunset for Article 16 clinics licensed by OPWDD.

TN # ____22-0076_____ Supersedes TN# __11-0028___ Approval Date _____ Effective Date ____July 1, 2022_ (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to maintain consistent reimbursement for APG payments. Also, rates of reimbursement are being established for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists in hospital outpatient departments and freestanding clinics.

The estimated annual change to gross Medicaid expenditures as a result of this proposed amendment is \$3,603,802.

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 Non-Institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the "Behavioral Health Utilization Controls" will be removed and the payment reduction for OPWDD Article 16 Clinics will no longer be applied.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$368,218.

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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective for dates of service on or after July 1, 2022, the Department of Health will increase Comprehensive Psychiatric Emergency Program (CPEP) reimbursement including fees paid for full emergency visits, triage and referral visits and extended observation bed services. This investment will result in a full annual projected increase in gross Medicaid expenditures of \$20,000,000. This State Plan Amendment is necessary to adequately reimburse CPEP programs for providing these services and better meet the community's mental health needs.

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

SUMMARY SPA #22-0077

This State Plan Amendment proposes to amend the State Plan to add Licensed Psychologist to the provider qualification under Other Licensed Practitioners (OLP) by agencies designated under the Child and Family Treatment and Support Services (CFTSS) designation process.

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, 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 # #22-0077

Approval Date _____

Supersedes TN # 20-0018 Effective Date July 1, 2022

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, 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.

- Α. 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 #<u>#22-0077</u> Approval Date _____

Supersedes TN # 20-0018 Effective Date _July 1, 2022

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Department of Health will adjust rates statewide to reflect a five percent increase for the following Office of Mental Health services: Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2022, five percent increase for the Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH) services is \$1.3 million. The amount is contained in the budget for State Fiscal Year 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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

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

Non-Institutional Services

Beginning October 1, 2022, the minimum wage for a home care aide shall be increased by \$2.00 and beginning October 1, 2023, the minimum wage shall be increased by an additional \$1.00.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$20.7 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to authorize payment for Psychologist services provided to children/youth by agencies designated under the Child and Family Treatment and Support Services designation process.

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

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/ state_plans/status. 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 services. The following changes are proposed:

Institutional Services

Effective on or after July 1, 2022, Residential Treatment Facilities (RTF) rates will be adjusted to allow for more accurate representation of the needed resources and actual costs of service provision in these facilities via an update to the rate setting methodology. These updates will allow for preservation of needed capacity and better alignment of certain cost components reflected in the reimbursement methodology, including changes to preserve access, and removing certain outside medical costs that are currently included in the RTF per diem rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$15,000,000.

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. 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 international value equity investment management services for the International Equity Fund (the "Fund") investment option of the Plan. The objective of the Fund is to provide exposure to the broad international equity market. Qualified vendors that do not currently provide product capabilities to eVestment must submit product information to NEPC, LLC at the following e-mail address: bvertucci@nepc.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on June 29, 2022.

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

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2022-0301 In the matter of David Vanderpoorten of the Facilities Department Cornell University, 639 Dryden Road, Humphreys Service Building, Ithaca, New York 14850 for a variance concerning a fire apparatus road width to Thurston Hall located at 130 Holister Drive, City of Ithaca, County of Tompkins, State of New York.

2022-0302 In the matter of David Kermizian of River's Edge Banquet Hall Kermizian LLC, 465 Christman Road, Cold Brook, New York 113324 for a variance concerning a required sprinkler system for River's Edge Banquet Hall to be located at 5675 State Route 28, Town of Newport, County of Herkimer, State of New York.

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2022-0309 in the Matter of ADG Architecture and Design, P.C., Chris Carrano, 13 West 36th Street, 7th Floor, New York, NY 10018, for a variance concerning safety requirements, including protruding objects and headroom. Involved is a five story building located at 421 8th Avenue, New York, NY 10199, County of New York, State of New York.

2022-0310 in the Matter of Conor and Kellee Brennan, 28 Cowdin Lane, Chappaqua, NY 10514, for a variance concerning safety requirements, including ceiling height. Involved is a one family dwelling located at 28 Cowdin Lane, Chappaqua, NY 10514, County of Westchester, State of New York.

SUMMARY SPA #22-0078

This State Plan Amendment proposes to respond to recent public criticism related to challenges involving maintaining required levels of staff, the Residential Treatment Facility (RTF) placement process and reimbursement levels. The Office of Mental Health is seeking to invest in staffing at RTFs to aid with the placement process and maintain beds for children who need placements by adjusting the RTF methodology to allow for more accurate representation of the needed resources and actual costs of service provision in these facilities.

1905(a)(16) Inpatient Psychiatric Hospital – PRTF

B. RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND YOUTH

Medicaid rates for Residential Treatment Facilities for Children and Youth ("RTFs") are established prospectively, based upon actual costs and patient days as reported on cost reports for the fiscal year two years prior to the rate year. The RTF fiscal year and rate year are for the twelve months July 1 through June 30. Alternate Cost Reports may will be utilized to align with appealed rate periods until such time that the appealed information would be fully reflected in the facilities annual cost report. Actual patient days are subject to a maximum utilization of 96 percent and a minimum utilization of 90 percent. The minimum utilization requirements will be waived in full or in part by the Commissioner of the Office of Mental Health (OMH) if provider visit volume falls below 90% due to circumstances beyond provider control, including, but not limited to natural, environmental, and public health emergencies and if it is demonstrated to the satisfaction of the Commissioner that waiver is appropriate.

1. OPERATING COSTS

Allowable operating costs are subject to the review and approval of the <u>Office of Mental Health OMH and</u> <u>effective on or after July 1, 2022, will exclude eligible outpatient medical, dental, vision, diagnostics/radiology,</u> <u>laboratory, occupational, physical and speech therapy, substance abuse treatment,</u> <u>neuropsychological/developmental testing and medical equipment which will be reimbursed using the Fee-for-Service Program administered by the New York Department of Health. The Fee-for-Service Program will be utilized for the purchase of the above eligible services commencing on the date the child is determined to be Medicaid eligibility will be the responsibility of the RTF and considered an allowable cost in the development of the provider's reimbursement rate for inpatient stays. In determining the allowability of costs, the <u>Office of Mental Health</u> <u>OMH</u> reviews the categories of cost, described below, with consideration given to the special needs of the patient population to be served by the RTF. The categories of costs include:</u>

- (i) Clinical/Direct Care (C/DC). This category of costs includes salaries and fringe benefits for clinical and direct care staff.
- (ii) Administration, Maintenance and Supports (AMS). This category of costs includes the costs associated with administration, maintenance and child support.
- (iii) Purchased Health Services (PHS). This category of costs includes clinical services such as dental services, purchased on a contractual basis and not subject to the clinical standard if the services are not uniformly provided by all RTFs and thus not considered by the Commissioner in the establishment of the approved staffing levels.

On or after July 1, 2022, operating rates of payment will be adjusted by a length of stay (LOS) adjustment. The LOS adjustment will be a percentage increase or decrease in the operating component of the payment dependent on the duration of an individual recipient's care episode. The level and duration of rate payment increases for the early portions of a care episode and the level and duration of the payment rate decreases for extend portions of care episodes will be structure to achieve clinical goals and budget neutrality based on historical utilization data. Modifications will be made annually to adjust to changing utilization patterns and programmatic goals.

Allowable per diem operating costs in the category of C/DC are limited to the lesser of the reported costs or the amount derived from the number of clinical staff approved by the Commissioner multiplied by a standard salary and fringe benefit amount.

TN <u>#22-0078</u>	Approval Date
Supersedes TN <u>#20-0062</u>	Effective Date July 1, 2022

1905(a)(16) Inpatient Psychiatric Hospital – PRTF

<u>Allowable per diem operating costs in the category of C/DC are limited to the lesser of the</u> <u>reported costs or the amount derived from the number of clinical staff approved by the</u> <u>Commissioner multiplied by a standard salary and fringe benefit amount.</u>

Allowable per diem operating costs in the category of other than clinical care are limited to the lesser of the reported costs or a standard amount.

The standard amounts for the C/DC and AMS categories are computed as follows. For RTFs located in the New York City metropolitan statistical area and Nassau and Suffolk counties the standard is: the sum of 50 percent of the provider costs, 25 percent of the average per diem cost for all RTFs in this geographic area and 50 25 percent of the average per diem cost for all RTFs in the state; increased by seven and one half percent. For RTFs located outside the New York City metropolitan statistical area and Nassau and Suffolk counties the standard is: the sum of 50 percent of the provider costs, 25 percent of the average per diem cost for all RTFs located outside the New York City metropolitan statistical area and Nassau and Suffolk counties the standard is: the sum of 50 percent of the provider costs, 25 percent of the average per diem cost for all RTFs located outside the New York City metropolitan statistical area and Nassau and Suffolk Counties and 50 25 percent of the average per diem cost for all RTFs located outside the New York City metropolitan statistical area and Nassau and Suffolk Counties and 50 25 percent of the average per diem cost for all RTFs located outside the New York City metropolitan statistical area and Nassau and Suffolk Counties and 50 25 percent of the average per diem cost for all RTFs in the state; increased by seven and one half percent.

On or after July 1, 2022, The State will increase the rates of payment to include necessary costs for additional staff, as approved by the OMH, which are not included in the historical cost reports utilized to develop the rates. The new costs will support additional staff being added to existing PRTFS who are necessary to meet updated programmatic needs and standards. The additional staff will include, but not be limited to, clinical, direct care, transition, intake, and permanency/family connections specialist. Cost adjustments for prospective staff will be based on OMH approved Staffing Plans and applicable Costs Report data, or Bureau of Labor Statistic Wage data when appropriate Cost Report data is not available. Costs will be trended to the to appropriate period and added to the applicable cost basis until such a time when the Department of Health has determined costs associated with the additional staff are reflected in the cost reports used for rate setting.

TN <u>#22-0078</u> Supersedes TN <u>#20-0062</u> Approval Date _____ Effective Date July 1, 2022_

1905(a)(16) Inpatient Psychiatric Hospital – PRTF

Allowable operating costs as determined in the preceding paragraphs will be trended by the Medicare inflation factor.

Effective July 01, 2021 through March 31, 2022, operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, and a one percent (1%) annual increase to be paid out over 12 months in subsequent years until such time as the COLA increase is reflected in the base period cost reports.

Effective on or after February 1, 2022, the C/DC rate component will be adjusted to include a twenty-five percent (25%) increase to include additional funds, not included in the base year, appropriate to maintain the required level of care. This increase will be included until such a time as the increase is reflected in the base period cost reports.

Effective April 01, 2022, through March 31, 2023, operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a five point four percent (5.4%) increase until such time as the COLA increase is reflected in the base period cost reports.

Effective on or after July 01, 2022 rates of payment will receive a percentage increase. This increase will be included until such a time as the increase is reflected in the base period cost reports.

TN #22-0078	Approval Date
Supersedes TN <u>#22-0054</u>	Effective Date July 1, 2022

1905(a)(16) Inpatient Psychiatric Hospital – PRTF (Continued)

2. CAPITAL COSTS

To allowable operating costs are added allowable capital costs. Allowable capital costs are determined by the application of principles developed for determining reasonable cost payments under the Medicare program. Allowable capital costs include an allowance for depreciation and interest. To be allowable, capital expenditures which are subject to the Office of Mental Health's Prior Approval Review (PAR) procedures must be reviewed and approved by the Office of Mental Health. <u>On or after July 01, 2022, the capital component of the rates will be adjusted once annually to account for actual billing over the rate period to compensate for the variation between allowable capital for the period and capital reimbursement actually received.</u>

Transfer of Ownership

In establishing an appropriate allowance for depreciation and for interest on capital indebtedness and (if applicable) a return on equity capital with respect to an asset of a hospital which has undergone a change of ownership, that the valuation of the asset after such change of ownership will be the lesser of the allowable acquisition cost of such asset to the owner of record as of July 18, 1984 (or, in the case of an asset not in existence as of such date, the first owner of record of the asset after such date), or the acquisition cost of such asset to the new owner.

3. APPEALS

The Commissioner may will consider requests for rate revisions which are based on errors in the calculation of the rate or based on significant changes in costs resulting from changes in:

- Capital projects approved by the Commissioner in connection with OMH's PAR procedures.
- OMH approved changes in staffing plans submitted to DOH in a form as determined by the DOH.
- OMH approved changes in capacity approved by the Commissioner in connect with OMH's PAR procedures;
- Other rate revisions may will be based on requirements to meet accreditation standards of the Joint Commission on Accreditation of Hospitals, or other Federal or State mandated requirements resulting in increased costs.

Revised rates will utilize existing facility cost reports, adjusted as necessary. The rates of payment will be subject to total allowable costs, total allowable days, staffing standards as approved by the Commissioner, and a limitation on operating expenses as determined by the Commissioner. These rates must be certified by the Commissioners of OMH and DOH and approved by the Director of the Budget.

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. The following changes are proposed:

Institutional Services

Effective on or after July 1, 2022, Residential Treatment Facilities (RTF) rates will be adjusted to allow for more accurate representation of the needed resources and actual costs of service provision in these facilities via an update to the rate setting methodology. These updates will allow for preservation of needed capacity and better alignment of certain cost components reflected in the reimbursement methodology, including changes to preserve access, and removing certain outside medical costs that are currently included in the RTF per diem rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$15,000,000.

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. 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 international value equity investment management services for the International Equity Fund (the "Fund") investment option of the Plan. The objective of the Fund is to provide exposure to the broad international equity market. Qualified vendors that do not currently provide product capabilities to eVestment must submit product information to NEPC, LLC at the following e-mail address: bvertucci@nepc.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on June 29, 2022.

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

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2022-0301 In the matter of David Vanderpoorten of the Facilities Department Cornell University, 639 Dryden Road, Humphreys Service Building, Ithaca, New York 14850 for a variance concerning a fire apparatus road width to Thurston Hall located at 130 Holister Drive, City of Ithaca, County of Tompkins, State of New York.

2022-0302 In the matter of David Kermizian of River's Edge Banquet Hall Kermizian LLC, 465 Christman Road, Cold Brook, New York 113324 for a variance concerning a required sprinkler system for River's Edge Banquet Hall to be located at 5675 State Route 28, Town of Newport, County of Herkimer, State of New York.

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2022-0309 in the Matter of ADG Architecture and Design, P.C., Chris Carrano, 13 West 36th Street, 7th Floor, New York, NY 10018, for a variance concerning safety requirements, including protruding objects and headroom. Involved is a five story building located at 421 8th Avenue, New York, NY 10199, County of New York, State of New York.

2022-0310 in the Matter of Conor and Kellee Brennan, 28 Cowdin Lane, Chappaqua, NY 10514, for a variance concerning safety requirements, including ceiling height. Involved is a one family dwelling located at 28 Cowdin Lane, Chappaqua, NY 10514, County of Westchester, State of New York.

SUMMARY SPA #22-0079

This State Plan Amendment proposes to revise the State Plan to reflect a five percent rate increase for OMH licensed Continuing Day Treatment, Day Treatment for Children and Partial Hospitalization services.

New York 3(j.1a)

1905(a)(9) Clinic Services

Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

The agency's fee schedule rate was set as of April 1, 2022 July 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx

TN ___#22-0079 _____ Approval Date ______

Supersedes TN <u>#22-0061</u>

Effective Date <u>July 1, 2022</u>

1905(a)(9) Clinic Services

Continuing Day Treatment Services:

Reimbursement Methodology for Outpatient Hospital Services

Definitions:

- **Group Collateral** A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit will not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- Units of Service Half Day Minimum two hours Full Day – Minimum four hours Collateral Visit – minimum of 30 minutes Preadmission and Group Collateral Visits – minimum of one hour Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

The agency's fee schedule rate was set as of April 1, 2022 July 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx

TN <u>#22-0079</u> Supersedes TN <u>#22-0061</u> Approval Date _____ Effective Date __July 1, 2022___

New York 3k(1a)

1905(a)(9) Clinic Services

Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital Partial Hospitalization Services effective April 1, 2022

The agency's fee schedule rate was set as of April 1, 2022 July 1, 2022 and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/partial-hospitalization.xlsx

TN ____#22-0079__

Approval Date _____

Supersedes TN <u>#22-0061</u>

Effective Date July 1, 2022

New York 3k(2a)

1905(a)(9) Clinic Services

Day Treatment Services for Children:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of April 1, 2022 July 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/day-treatment.xlsx

TN ____#22-0079____

Approval Date _____

Supersedes TN <u>#22-0061</u>

Effective Date __July 1, 2022___

New York 3k(4)

1905(a)(9) Clinic Services

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The agency's fee schedule rate was set as of April 1, 2022 July 1, 2022, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/day-treatment.xlsx

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.

TN _____#22-0079___

Approval Date ____

Supersedes TN <u>#22-0061</u>

Effective Date July 1, 2022

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Department of Health will adjust rates statewide to reflect a five percent increase for the following Office of Mental Health services: Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2022, five percent increase for the Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH) services is \$1.3 million. The amount is contained in the budget for State Fiscal Year 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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Miscellaneous Notices/Hearings

Beginning October 1, 2022, the minimum wage for a home care aide shall be increased by \$2.00 and beginning October 1, 2023, the minimum wage shall be increased by an additional \$1.00.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$20.7 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to authorize payment for Psychologist services provided to children/youth by agencies designated under the Child and Family Treatment and Support Services designation process.

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

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

SUMMARY SPA #22-0080

This State Plan Amendment proposes to add programmatic and fiscal detail to the State Plan and increase Comprehensive Psychiatric Emergency Program (CPEP) reimbursement rates, including triage and referral visit, full emergency visit, and extended observation bed services.

New York 3(d)(B)

1905(a)(30) Other Medical Care

24.e. Emergency hospital services.

<u>Comprehensive Psychiatric Emergency Program (CPEP) Services are Emergency Hospital</u> <u>Services necessary to prevent the death or serious impairment of the health of a</u> <u>beneficiary. Comprehensive Psychiatric Emergency Program Services are provided by</u> <u>hospitals licensed under Article 28 of the Public Health Law and Article 31 of the Mental</u> <u>Hygiene Law and are delivered in accordance with 42 C.F.R. § 440.170(e). CPEP</u> <u>Services are provided 24 hours per day, seven days per week and include crisis</u> <u>intervention, crisis outreach, and extended observation bed services in hospital</u> <u>emergency departments. Crisis Outreach Services are also provided outside the</u> <u>emergency department.</u>

<u>Crisis intervention services are provided in full emergency visits or as triage and referral services.</u> Full emergency visits provide assessment and comprehensive psychiatric treatment to stabilize and treat a psychiatric emergency. Triage and referral services provide assessment, treatment and discharge planning, and referral and linkage to appropriate sub-acute services.

<u>Crisis Outreach Services include assessment, the rapeutic communication, coordination</u> with identified supports, psychiatric consultation, safety planning, referral, linkage, peer services, and mobile crisis services.

Extended observation beds are located in or adjacent to the emergency room of a Comprehensive Psychiatric Emergency Program designed to provide, for a period up to 72 hours, a safe environment for an individual who, in the opinion of the examining physicians, requires extensive evaluation, assessment, or stabilization of the person's acute psychiatric symptoms.

Limitations on amount, duration and scope of CPEP services are as follows:

- 1. Beneficiaries will be limited to one CPEP Crisis intervention service per calendar day.
- 2. Beneficiaries will be limited to one Crisis Outreach Service and one Crisis Intervention Service per calendar day.

TN <u>#22-0080</u>)	Approval Date	
Supersedes TN _	#NFW	Effective Date	July 1, 2022

New York 3(d)(B)

1905(a)(30) Other Medical Care

23e. Comprehensive Psychiatric Emergency Program (CPEP) Services are Emergency Hospital Services necessary to prevent the death or serious impairment of the health of a beneficiary. Comprehensive Psychiatric Emergency Program Services are provided by hospitals licensed under Article 28 of the Public Health Law and Article 31 of the Mental Hygiene Law and are delivered in accordance with 42 C.F.R. § 440.170(e). CPEP Services are provided 24 hours per day, seven days per week and include crisis intervention, crisis outreach, and extended observation bed services in hospital emergency departments. Crisis Outreach Services are also provided outside the emergency department

<u>Crisis intervention services are provided in full emergency visits or as triage and referral services. Full emergency visits provide assessment and comprehensive psychiatric treatment to stabilize and treat a psychiatric emergency. Triage and referral services provide assessment, treatment and discharge planning, and referral and linkage to appropriate sub-acute services.</u>

<u>Crisis Outreach Services include assessment, therapeutic communication, coordination</u> with identified supports, psychiatric consultation, safety planning, referral, linkage, peer services, and mobile crisis services.

Extended observation beds are located in or adjacent to the emergency room of a Comprehensive Psychiatric Emergency Program designed to provide, for a period up to 72 hours, a safe environment for an individual who, in the opinion of the examining physicians, requires extensive evaluation, assessment, or stabilization of the person's acute psychiatric symptoms.

Limitations on amount, duration and scope of CPEP services are as follows:

- 1. Beneficiaries will be limited to one Crisis Intervention Service in one calendar day.
- 2. Beneficiaries will be limited to one Crisis Outreach Service and one Crisis Intervention Service in one calendar day.

TN <u>#22-0080</u>	Approval Date
Supersedes TN <u>#NEW</u>	Effective Date <u>July 1, 2022</u>

1905(a)(30) Other medical care

Comprehensive Psychiatric Emergency Program (CPEP)

Reimbursement:

<u>Comprehensive Psychiatric Emergency Program (CPEP) services are reimbursed on a daily basis.</u> <u>A CPEP provider may receive reimbursement for one Triage and Referral visit or one Full</u> <u>Emergency visit service in one calendar day. A provider may be reimbursed for one Crisis</u> <u>Outreach Service and either one Triage and Referral visit or one Full Emergency Visit per</u> <u>individual, per one calendar day.</u>

Extended Observation Bed services (EOB) will be reimbursed on a daily basis subject to the following conditions:

- Reimbursement is available only for the calendar day after the calendar day in which the Full or Triage and Referral visit is completed.
- The EOB rate may only be claimed when a person has been present in the CPEP for more than 24 hours.
- If the individual is admitted to a psychiatric inpatient unit from an EOB, the stay will be reimbursed under the inpatient psychiatric inpatient unit methodology, beginning on the first day of admission to the EOB.

Effective July 1, 2022, statewide fees for Comprehensive Psychiatric Emergency Program Services are as follows:

https://omh.ny.gov/omhweb/medicalc_reimbursement/

Eyeglasses and Other Visual Services

Fee schedule developed by Department of Health and approved by Division of the Budget.

Hearing Aid Supplies and Services

Fee schedule developed by Department of Health and approved by Division of the Budget.

Prosthetic and Orthotic Appliances

Payments are limited to the lower of the usual and customary charge to the general public or fee schedule developed by Department of Health and approved by the Division of the Budget.

Comprehensive Psychiatric Emergency Programs

Flat fee developed by OMH and approved by the Division of the Budget.

 TN#: 22-0080

 Approval Date: ______

 Supersedes TN#: 06-53
 Effective Date: July 1, 2022

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

Non-Institutional Services

Effective on or after July 1, 2022, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to maintain consistent reimbursement for APG payments. Also, rates of reimbursement are being established for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists in hospital outpatient departments and freestanding clinics.

The estimated annual change to gross Medicaid expenditures as a result of this proposed amendment is \$3,603,802.

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 Non-Institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the "Behavioral Health Utilization Controls" will be removed and the payment reduction for OPWDD Article 16 Clinics will no longer be applied.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$368,218.

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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective for dates of service on or after July 1, 2022, the Department of Health will increase Comprehensive Psychiatric Emergency Program (CPEP) reimbursement including fees paid for full emergency visits, triage and referral visits and extended observation bed services. This investment will result in a full annual projected increase in gross Medicaid expenditures of \$20,000,000. This State Plan Amendment is necessary to adequately reimburse CPEP programs for providing these services and better meet the community's mental health needs.

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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the Department of Health will adjust rates statewide to reflect a five percent increase for the following Office of Mental Health services: Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2022, five percent increase for the Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH) services is \$1.3 million. The amount is contained in the budget for State Fiscal Year 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. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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

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

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

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

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

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

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

PUBLIC NOTICE Department of Health

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

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

Non-Institutional Services

Beginning October 1, 2022, the minimum wage for a home care aide shall be increased by \$2.00 and beginning October 1, 2023, the minimum wage shall be increased by an additional \$1.00.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$20.7 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to authorize payment for Psychologist services provided to children/youth by agencies designated under the Child and Family Treatment and Support Services designation process.

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

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

SUMMARY SPA #22-0081

This State Plan Amendment proposes for freestanding clinic and ambulatory surgery center services to update the Ambulatory Patient Group (APG) methodology to reflect the recalculated weight and component updates that will become effective on or after July 1, 2022, and begin the Licensed Mental Health Counselors (LMHCs) services and Licensed Marriage and Family Therapists (LMFTs) services effective for dates of service on and after July 1, 2022.

New York 2(p)(i)

Effective for dates of service on and after September 1, 2009, payments to freestanding clinics for the following services shall be based on fees or rates established by the Department of Health: (1) wheelchair evaluations, (2) eyeglass dispensing, and (3) individual psychotherapy services provided by licensed social workers to persons under the age of 21, and to persons requiring such services as a result of or related to pregnancy or giving birth, and (4) individual psychotherapy services provided by licensed social workers at freestanding clinics that provided, billed for, and received payment for these services between January 1, 2007 through December 31, 2007. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. A link to the APG alternative rates for all periods is available in the APG Reimbursement Methodology – Freestanding Clinics section.

- VII. Rates for services provided in freestanding clinic and ambulatory surgery center facilities located outside of New York State shall be as follows:
 - APG rates in effect for similar services for providers located in the downstate region of New York State shall apply to services provided by out-of-state providers located in the New Jersey counties of Sussex, Passaic, Bergen, Hudson, Essex, Union, Middlesex and Monmouth; in the Pennsylvania county of Pike; and in the Connecticut counties of Fairfield and Litchfield; and rates in effect for similar services for providers located in the upstate region of New York State shall apply to all other out-of-state providers.
 - In the event the Department determines that an out-of-state provider is providing services which are not available within New York State, the Department may negotiate payment rates and conditions with such a provider up to, but not in excess of, the provider's usual and customary charges. Prior approval by the Department shall be required with regard to services provided by such providers.
 - For the purpose of APG reimbursement to out-of-state providers, the downstate region of New York State shall consist of the New York counties of Bronx, New York, Kings, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam and Dutchess, and the upstate region of New York State shall consist of all other New York counties.

System updating

The following elements of the APG reimbursement system shall be updated no less frequently than annually:

- the listing of reimbursable APCs and the relative weight assigned to each APC;
- the base rates;
- the applicable [ICD-9-CM] ICD-10-CM codes utilized in the APG software system;
- the applicable CPT-4/HCPCS codes utilized in the APG software system; and
- the APG software system.

TN <u>#</u>	‡ <u>22-</u> (0081		Approval Date	
Supersedes TI	N	#15-0013		Effective Date <u>July 1, 2022</u>	

<u>SPA 22-0081</u>

Attachment A

Annotated Pages

Annotated Page: 2(p)(i)

1905(a)(9) Clinic Services

APG Reimbursement Methodology – Freestanding Clinics

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

Contact Information:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk*:

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

APG Alternative Payment Fee Schedule; updated as of 01,01/11 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from version 3.17.22.1 and 3.17.22.2 3.17.22.3 and 3.17.22.4, updated as of 01/01/22 and 04/01/22_07/01/22 and 10/01/22: http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2022"

APG 3M Definitions Manual; version 3.17 updated as of and 01/01/22 and 04/01/22 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "3M Versions and Crosswalk."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of 01/01/22 07/01/22:

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

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

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

*Older 3M APG crosswalk versions available upon request.

Approval Date _____ Effective Date July 1, 2022_____

New York 2(g)(3)

1905(a)(9) Clinic Services

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

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

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

If Stand Alone, Do Not Pay Procedures; updated 01/01/19 07/01/22:

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

Modifiers; updated as of 07/01/18 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of 91/01/22 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No-Blend Procedures."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

TN <u>#22-0081</u>

Approval Date _____

Supersedes TN <u>#22-0009</u>

Effective Date _July 1, 2022_

New York 2(p)(i)

1905(a)(9) Clinic Services

Effective for dates of service on and after September 1, 2009, payments to freestanding clinics for the following services will be based on fees or rates established by the Department of Health: (1) wheelchair evaluations, (2) eyeglass dispensing, and (3) individual psychotherapy services provided by licensed social workers to persons under the age of 21, and to persons requiring such services as a result of or related to pregnancy or giving birth, and (4) individual psychotherapy services provided by licensed social workers at freestanding clinics that provided, billed for, and received payment for these services between January 1, 2007 through December 31, 2007. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. A link to the APG alternative rates for all periods is available in the APG Reimbursement Methodology – Freestanding Clinics section.

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse freestanding clinics for services provided by Licensed Mental Health Counselors (LMHCs), operating within their scope of practice pursuant to Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.32, Subpart 79-9, of the Regulations of the Commissioner of Education, and for services rendered by LMHC limited permit holders operating under the supervision of an LMHC. Reimbursement for LMHCs and LMHC limited permit holders shall be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMHC services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule", and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link:

https://www.health.ny.gov/health_care/medicaic/rates/methodology/alt_payment_fee.htm

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse freestanding clinics for services provided by Licensed Marriage and Family Therapists (LMFTs), operating within their scope of practice pursuant to Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.33, Subpart 79-10, of the Regulations of the Commissioner of Education, and for services rendered by LMFT limited permit holders operating under the supervision of an LMFT. Reimbursement for LMFTs and LMFT limited permit holders shall be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMFT services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule", and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link:

https://www.health.ny.gov/health_care/medicaid/rates/methodology/alt_payment_fee.htm

- <u>VII.</u> Rates for services provided in freestanding clinic and ambulatory surgery center facilities located outside of New York State will be as follows:
 - <u>APG rates in effect for similar services for providers located in the downstate region of New</u> <u>York State will apply to services provided by out-of-state providers located in the New Jersey</u> <u>counties of Sussex, Passaic, Bergen, Hudson, Essex, Union, Middlesex and Monmouth; in the</u> <u>Pennsylvania county of Pike; and in the Connecticut counties of Fairfield and Litchfield;</u>

TN#	<u> 22-0081</u>	Approval Date
Supersedes T	N <u>#15-0013</u>	Effective Date <u>July 1, 2022</u>

New York 2(p)(i.a)

1905(a)(9) Clinic Services

- <u>-</u> and rates in effect for similar services for providers located in the upstate region of New York State will apply to all other out-of-state providers.
- In the event the Department determines that an out-of-state provider is providing services which are not available within New York State, the Department will negotiate payment rates and conditions with such a provider up to, but not in excess of, the provider's usual and customary charges. Prior approval by the Department will be required with regard to services provided by such providers.
- <u>For the purpose of APG reimbursement to out-of-state providers, the downstate region of New York State will consist of the New York counties of Bronx, New York, Kings, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, Orange, Putnam and Dutchess, and the upstate region of New York State will consist of all other New York counties.</u>

System updating

The following elements of the APG reimbursement system will be updated no less frequently than annually:

- the listing of reimbursable APGs and the relative weight assigned to each APG;
- the base rates;
- the applicable ICD-10-CM codes utilized in the APG software system;
- the applicable CPT-4/HCPCS codes utilized in the APG software system; and
- the APG software system.

TN <u>#22-0081</u>

Approval Date _____

Supersedes TN <u>#NEW</u>

Effective Date _July 1, 2022_

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

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

NOTICE OF PUBLIC HEARING Department of State Committee on Open Government

Pursuant to Chapter 56 of the Laws of 2022, the Committee on Open Government hereby gives notice of a public hearing:

Time and Date: July 1, 2022 at 10:00 a.m.

Place: One Commerce Plaza, 99 Washington Avenue, Suite 1112, Albany, NY 12231 and will stream the hearing by WebEx using a link and credentials to be posted on the Committee website (www.opengovernment.ny.gov).

Purpose: To hear all interested parties and citizens regarding the adoption of proposed Resolution No. 1 of 2022, relating to the authorization of members of the Committee to attend meetings by videoconferencing under extraordinary circumstances.

Further information, including access to a copy of said proposed resolution is available at www.opengovernment.ny.gov or will be mailed upon request by calling (518) 474-2518. Written testimony may be mailed to "Committee on Open Government, 99 Washington Avenue, Suite 650, Albany, NY 12231" or e-mailed to coog@dos.ny.gov.

For further information, contact: Kristin O'Neill, One Commerce Plaza, 99 Washington Ave., Ste. 650, Albany, NY 12231, (518) 474-2551, kristin.oneill@dos.ny.gov

PUBLIC NOTICE Department of Agriculture and Markets

In the Matter of Resuming Activities under the Sour Cherry Marketing Order Pursuant to Sections 16-Yand 16-Z of Urban Development Corporation Act 174/68 and Section 202.13 of Title One of the Official Compilation of Codes, Rules and Regulations of the State of New York NOTICE OF SUSPEN-SION REMOVAL

As provided in section 16-Y(3)(e) of the Urban Development Corporation Act 174/68 ("UDCA"), the Commissioner of the Department of Agriculture and Markets, pursuant to a delegation of authority issued by the president of Empire State Development ("ESD"), issued an order suspending the activities of the Sour Cherry Marketing Order for a period through the 2021-22 growing and marketing season.

The Commissioner of the Department of Agriculture and Markets, pursuant to that same delegation of authority, is authorized to lift such a suspension prior to the conclusion of such growing and marketing season and resume SCMO activities if, in consultation with the SCMO Advisory Committee, it is deemed appropriate.

FINDINGS AND ORDER

After consulting with the SCMO Advisory Committee, I hereby find that SCMO activities should be resumed prior to July 1st, 2022 to conduct marketing activities prior to the end of the previously ordered suspension period to permit the use of unspent SCMO funding for the benefit of New York's sour cherry industry.

BASED UPON THE FOREGOING, I, Richard A. Ball, duly delegated by the President of ESD to make the following determination pursuant to UDCA section 16-Y (3)(e), hereby lift the current suspension of the operation of the Sour Cherry Marketing Order.

Richard A. Ball, Commissioner

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 July 2022 will be conducted on July 20 and July 21 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

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following: The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to maintain consistent reimbursement for APG payments. Also, rates of reimbursement are being established for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists in hospital outpatient departments and freestanding clinics.

The estimated annual change to gross Medicaid expenditures as a result of this proposed amendment is \$3,603,802.

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 Non-Institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the "Behavioral Health Utilization Controls" will be removed and the payment reduction for OPWDD Article 16 Clinics will no longer be applied.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$368,218.

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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective for dates of service on or after July 1, 2022, the Department of Health will increase Comprehensive Psychiatric Emergency Program (CPEP) reimbursement including fees paid for full emergency visits, triage and referral visits and extended observation bed services. This investment will result in a full annual projected increase in gross Medicaid expenditures of \$20,000,000. This State Plan Amendment is necessary to adequately reimburse CPEP programs for providing these services and better meet the community's mental health needs.

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

SUMMARY SPA #22-0082

This State Plan Amendment proposes for hospital-based clinic and ambulatory surgery services, including emergency room services, to update the Ambulatory Patient Group (APG) methodology to reflect the recalculated weight and component updates that will become effective on or after July 1, 2022, and begin the Licensed Mental Health Counselors (LMHCs) services and Licensed Marriage and Family Therapists (LMFTs) services effective for dates of service on and after July 1, 2022.

New York 1(e)(2)

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

APG Reimbursement Methodology – Hospital Outpatient

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

Contact Information:

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk, version 3.17; updated as of 01/01/22 and 04/01/22 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm http://dashboard.emedny.org/CrossWalk/html/cwAgreement.html.https://www.emedny.org/Crosswalk/ Click on "Accept" at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of 01/01/11 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of 01/01/22 and 04/01/22 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2022"

APG 3M Definitions Manual Versions; updated as of 01/01/22 and 04/01/22 07/01/22 and 10/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of 01/01/22 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

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

http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

TN #22-0082

Approval Date _____

Supersedes TN <u>#22-0010</u>

Effective Date _July 1, 2022_____

New York 1(e)(2.1)

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

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

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

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

If Stand Alone, Do Not Pay Procedures; updated as of 01/01/19 07/01/22:

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

Modifiers; updated as of 07/01/18 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of 01/01/22 07/01/22:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

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

http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend Procedures."

TN <u>#22-0082</u> Supersedes TN <u>#22-0010</u>

Approval Date ______ Effective Date _ July 1, 2022

New York 1(l)(i)

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

Effective for dates of service on and after January 1, 2009, payments to general hospital outpatient departments for the following services shall will be based on fees or rates established by the Department of Health: (1) wheelchair evaluations, (2) eyeglass dispensing, and (3) individual psychotherapy services provided by licensed social workers to persons under the age of 21, and to persons requiring such services as a result of or related to pregnancy or giving birth. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's alternative payment fee schedule rates for the services listed in this paragraph were set September 1, 2009_and are effective for services provided on or after that date. A link to the APG alternative rates for all periods is available in the APG Reimbursement Methodology – Hospital Outpatient section.

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse general hospital outpatient departments for services provided by Licensed Mental Health Counselors (LMHCs), operating within their scope of practice pursuant to Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.32, Subpart 79-9, of the Regulations of the Commissioner of Education, and for services rendered by LMHC limited permit holders operating under the supervision of an LMHC. Reimbursement for LMHCs and LMHC limited permit holders will be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMHC services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule", and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link: https://www.health.ny.gov/health_care/medicaid/rates/methodology/alt_payment_fee.htm

Effective for dates of service on and after July 1, 2022, Medicaid will reimburse general hospital outpatient departments for services provided by Licensed Mariage and Family Therapists (LMFTs), operating within their scope of practice pursuant to Title 8, Article 163, Section 8403 of the New York State Education Law and Section 52.33, Subpart 79-10, of the Regulations of the Commissioner of Education, and for services rendered by LMFT limited permit holders operating under the supervision of an LMFT. Reimbursement for LMFTs and LMFT limited permit holders will be based on rates established by the Department of Health. Except as otherwise noted in the plan, state-developed rates are the same for both governmental and private providers. Reimbursement for LMFT services will be done via rate codes, which are published by the Department on the "Alternative Payment Fee Schedule", and are effective for services provided on or after July 1, 2022. The rates are published on the Department of Health website at the following link: https://www.health.ny.gov/health_care/medicaid/rates/methodology/alt_payment_fee.htm

VIII. Rates for services provided in hospital outpatient facilities located outside of New York State shall will be as follows:

- APG rates in effect for similar services for providers located in the downstate region of New York State shall will apply with regard to services provided by out-of-state providers located in the New Jersey counties of Sussex, Passaic, Bergen, Hudson, Essex, Union, Middlesex and Monmouth; in the Pennsylvania county of Pike; and in the Connecticut counties of Fairfield and Litchfield; and rates in effect for similar services for providers located in the upstate region of New York State shall will apply with regard to all other out-of-state providers.
- In the event the Department determines that an out-of-state provider is providing services which are
 not available within New York State, the Department may will negotiate payment rates and
 conditions with such a provider up to but not in excess of the provider's usual and customary
 charges. Prior approval by the Department shall will be required with regard to services provided by
 such providers.

TN <u>#22-0082</u>	Approval Date
Supersedes TN <u>#09-65-A</u>	Effective Date <u>July 1, 2022</u>

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

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

NOTICE OF PUBLIC HEARING Department of State Committee on Open Government

Pursuant to Chapter 56 of the Laws of 2022, the Committee on Open Government hereby gives notice of a public hearing:

Time and Date: July 1, 2022 at 10:00 a.m.

Place: One Commerce Plaza, 99 Washington Avenue, Suite 1112, Albany, NY 12231 and will stream the hearing by WebEx using a link and credentials to be posted on the Committee website (www.opengovernment.ny.gov).

Purpose: To hear all interested parties and citizens regarding the adoption of proposed Resolution No. 1 of 2022, relating to the authorization of members of the Committee to attend meetings by videoconferencing under extraordinary circumstances.

Further information, including access to a copy of said proposed resolution is available at www.opengovernment.ny.gov or will be mailed upon request by calling (518) 474-2518. Written testimony may be mailed to "Committee on Open Government, 99 Washington Avenue, Suite 650, Albany, NY 12231" or e-mailed to coog@dos.ny.gov.

For further information, contact: Kristin O'Neill, One Commerce Plaza, 99 Washington Ave., Ste. 650, Albany, NY 12231, (518) 474-2551, kristin.oneill@dos.ny.gov

PUBLIC NOTICE Department of Agriculture and Markets

In the Matter of Resuming Activities under the Sour Cherry Marketing Order Pursuant to Sections 16-Yand 16-Z of Urban Development Corporation Act 174/68 and Section 202.13 of Title One of the Official Compilation of Codes, Rules and Regulations of the State of New York NOTICE OF SUSPEN-SION REMOVAL

As provided in section 16-Y(3)(e) of the Urban Development Corporation Act 174/68 ("UDCA"), the Commissioner of the Department of Agriculture and Markets, pursuant to a delegation of authority issued by the president of Empire State Development ("ESD"), issued an order suspending the activities of the Sour Cherry Marketing Order for a period through the 2021-22 growing and marketing season.

The Commissioner of the Department of Agriculture and Markets, pursuant to that same delegation of authority, is authorized to lift such a suspension prior to the conclusion of such growing and marketing season and resume SCMO activities if, in consultation with the SCMO Advisory Committee, it is deemed appropriate.

FINDINGS AND ORDER

After consulting with the SCMO Advisory Committee, I hereby find that SCMO activities should be resumed prior to July 1st, 2022 to conduct marketing activities prior to the end of the previously ordered suspension period to permit the use of unspent SCMO funding for the benefit of New York's sour cherry industry.

BASED UPON THE FOREGOING, I, Richard A. Ball, duly delegated by the President of ESD to make the following determination pursuant to UDCA section 16-Y (3)(e), hereby lift the current suspension of the operation of the Sour Cherry Marketing Order.

Richard A. Ball, Commissioner

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 July 2022 will be conducted on July 20 and July 21 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

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following: The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to maintain consistent reimbursement for APG payments. Also, rates of reimbursement are being established for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists in hospital outpatient departments and freestanding clinics.

The estimated annual change to gross Medicaid expenditures as a result of this proposed amendment is \$3,603,802.

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 Non-Institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the "Behavioral Health Utilization Controls" will be removed and the payment reduction for OPWDD Article 16 Clinics will no longer be applied.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$368,218.

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 non-institutional services to comply with enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective for dates of service on or after July 1, 2022, the Department of Health will increase Comprehensive Psychiatric Emergency Program (CPEP) reimbursement including fees paid for full emergency visits, triage and referral visits and extended observation bed services. This investment will result in a full annual projected increase in gross Medicaid expenditures of \$20,000,000. This State Plan Amendment is necessary to adequately reimburse CPEP programs for providing these services and better meet the community's mental health needs.

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

SUMMARY SPA #22-0085

This State Plan Amendment proposes to assist hospitals by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

New York 136(b)

1905(a)(1) Inpatient Hospital Services

b. Temporary rate adjustments have been approved for the following hospital providers in the amounts and for the effective periods listed:

Hospitals:

Provider Name	Gross Medicaid Rate	Rate Period Effective
	Adjustment	
	<u>\$541,888</u>	09/01/2022 - 09/30/2022
	<u>\$541,888</u>	<u>10/01/2022 – 12/31/2022</u>
	<u>\$541,889</u>	<u>01/01/2023 – 03/31/2023</u>
	\$406,416	04/01/2023 - 06/30/2023
	<u>\$406,416</u>	07/01/2023 - 09/30/2023
Auburn Community Hospital	\$406,416	<u>10/01/2023 – 12/31/2023</u>
	\$406,417	01/01/2024 - 03/31/2024
	<u>\$406,416</u>	04/01/2024 - 06/30/2024
	<u>\$406,416</u>	<u>07/01/2024 – 09/30/2024</u>
	<u>\$406,416</u>	<u>10/01/2024 - 12/31/2024</u>
	\$406,417	<u>01/01/2025 – 03/31/2025</u>
	\$15,000,000	11/01/2014 – 03/31/2015
Beth Israel Medical Center	\$33,200,000	04/01/2015 - 03/31/2016
	\$33,200,000	04/01/2016 – 03/31/2017
Brookdale University Hospital and Medical Center	\$14,000,000	02/01/2014 – 03/31/2014
	\$5,000,000	02/01/2014 - 03/31/2014
Brooklyn Hospital Center	\$5,000,000	04/01/2014 - 03/31/2015
	\$2,000,000	01/01/2014 - 03/31/2014
Canton Potsdam Hospital/EJ Noble	\$400,000	04/01/2014 - 03/31/2015
	\$889,105	01/01/2014 - 03/31/2014
Catskill Regional Medical Center	\$1,040,305	04/01/2014 - 03/31/2015
<u> </u>	\$1,164,505	04/01/2015 - 03/31/2016
	•	
	\$1,450,852	05/01/2017 - 03/31/2018
Champlain Valley Physicians	\$ 981,422	04/01/2018 - 03/31/2019
Hospital Medical Center	\$ 660,708	04/01/2019 - 03/31/2020
	•	
	\$1,425,000	07/01/2018 - 03/31/2019
	\$1,575,000	04/01/2019 - 03/31/2020
	\$666,667	08/19/2021 - 09/30/2021
Eastern Niagara Hospital	\$666,667	10/01/2021 - 12/31/2021
	\$666,667	01/01/2022 - 03/31/2022
	\$1,000,000	04/01/2022 - 06/30/2022
	\$1,000,000	07/01/2022 - 09/30/2022

*Denotes this provider is a Critical Access Hospital (CAH).

TN #	22-0085		Approval Date	
Supersed	les TN	#21-0056	Effective Date	September 1, 2022

New York 136(c.3)

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective		
Caldiana O. Cailana Managaial	\$ 19,625	02/01/2014 - 03/31/2014		
Soldiers & Sailors Memorial	\$ 117,252	04/01/2014 - 03/31/2015		
Hospital	\$ 134,923	04/01/2015 - 03/31/2016		
	\$3,000,000	11/01/2014 - 03/31/2015		
South Nassau Communities	\$1,000,000	04/01/2015 - 03/31/2016		
Hospital	\$4,000,000	07/01/2018 – 03/31/2019		
liospital	\$4,000,000	04/01/2019 - 03/31/2020		
	\$4,000,000	04/01/2020 - 03/31/2021		
	\$4,163,227	04/01/2018 - 03/31/2019		
	\$4,594,780	04/01/2019 - 03/31/2020		
	\$4,370,030	04/01/2020 – 03/31/2021		
	\$1,153,579	01/01/2020 - 03/31/2020		
	\$2,588,381	04/01/2020 - 03/31/2021		
	\$2,235,555	04/01/2021 - 03/31/2022		
	<u>\$ 806,648</u>	<u>09/01/2022 – 09/30/2022</u>		
	<u>\$ 306,648</u>	<u>10/01/2022 – 12/31/2022</u>		
Strong Memorial Hospital	<u>\$ 806,648</u>	<u>01/01/2023 – 03/31/2023</u>		
	<u>\$ 254,735</u>	<u>04/01/2023 - 06/30/2023</u>		
	<u>\$ 254,735</u>	<u>07/01/2023 – 09/30/2023</u>		
	<u>\$ 254,735</u>	<u>10/01/2023 – 12/31/2023</u>		
	<u>\$ 254,735</u>	<u>01/01/2024 – 03/31/2024</u>		
	<u>\$ 139,869</u>	<u>04/01/2024 – 06/30/2024</u>		
	<u>\$ 139,869</u>	<u>07/01/2024 – 09/30/2024</u>		
	<u>\$ 139,869</u>	<u>10/01/2024 – 12/31/2024</u>		
	<u>\$ 139,869</u>	<u>01/01/2025 – 03/31/2025</u>		
	\$1,321,800	01/01/2014 – 03/31/2014		
Wyckoff Heights Medical Center	\$1,314,158	04/01/2014 - 03/31/2015		
	\$1,344,505	04/01/2015 - 03/31/2016		
	\$970,000	03/01/2022 - 03/31/2022		
	\$970,000	04/01/2022 - 06/30/2022		
	\$970,000	07/01/2022 – 09/30/2022		
	\$970,000	10/01/2022 – 12/31/2022		
*Denotes this provider is a Critical A	\$970,000	01/01/2023 – 03/31/2023		

*Denotes this provider is a Critical Access Hospital (CAH)

TN <u>#22-0085</u> Supersedes TN <u>#22-0031</u> Approval Date _____ Effective Date <u>September 1, 2022</u>____

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

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

City of Batavia

The City of Batavia is requesting proposals from qualified administrative services agencies, and/or financial organizations relating to administration, trustee services and/or funding of a deferred compensation plan for employees of The City of Batavia 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 proposal questionnaire may be obtained from: City of Batavia Human Resources Department, Dawn Fairbank, e-mail: fairbank@batavianewyork.com

All proposals must be submitted no later than 4:30 p.m. on Friday, September 30th.

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 September 2022 will be conducted on September 14 and September 15 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 One, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE City of Dunkirk

unkirk is requesting proposals from

The City of Dunkirk is requesting proposals from qualified administrative services agencies, and/or financial organizations relating to administration, trustee services and/or funding of a deferred compensation plan for employees of The City of Dunkirk 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 proposal questionnaire may be obtained from: Carol A. Oliveira, Chairperson, Deferred Compensation Committee, City of Dunkirk coliveira@cityofdunkirk.com

All proposals must be submitted no later than 4:30 p.m. on September 30, 2022.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after September 1, 2022, noticed provision for temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following two Hospitals:

- Auburn Community Hospital with aggregate payment amounts totaling up to \$1,625,665 for the period September 1, 2022, through March 31, 2023, and \$1,625,665 for the period April 1, 2023, through March 31, 2024, and \$1,625,665 for the period April 1, 2024, through March 31, 2025.

- Strong Memorial Hospital with aggregate payment amounts totaling up to \$2,419,944 for the period September 1, 2022, through March 31, 2023, and \$1,018,940 for the period April 1, 2023, through March 31, 2024, and \$559,476 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$4,045,609. The Medicaid expenditures attributable to state fiscal year 2023/2024 and state fiscal year 2024/2025 are \$2,644,605 and \$2,185,141, 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

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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after September 1, 2022, noticed provision for temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- St. John's Episcopal Health – South Shore payment amounts totaling up to \$34,277,881 for the period September 1, 2022, through March 31, 2023, and \$31,359,293 for the period April 1, 2023, through March 31, 2024, and \$24,300,659 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$34,277,881. The Medicaid expenditures attributable to state fiscal year 2023/2024 and state fiscal year 2024/2025 are \$31,359,293 and \$24,300,659, 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

Department of State F-2022-0298

Date of Issuance – August 31, 2022

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at https://dos.ny.gov/system/files/documents/2022/08/f-2022-0298.pdf

In F-2022-0298 or the "Ocean Hampton Dredging & Bulkhead Project", the applicant – Ocean Hampton, LLC – proposes to dredge and remove silt to a 15 foot depth at Mean Low Water. This depth will match the adjacent Federal Channel. The applicant also proposes inplace replacement of the existing timber bulkhead with a steel bulkhead. Proposed removal of the rip rap seawall and existing docks. Approximately 4,100 cubic yards of dredge material is proposed to be removed. A dredge will remove the material to design depths and place material into a barge that allows for material to settle-out and have clean surface seawater returned to the waterway. When the barge is filled, the excavator will remove the material and place it an upland clearing for further dewatering and testing for disposal at an off-site location. If the material is contaminated, the dredged material will be towed in barge directly to "Clean Earth" which is an approved contaminated waste disposal facility located in New Jersey.

The proposed project is located at 3564 Hampton Road in the Town of Hempstead, Nassau County on Hog Island Channel. The purpose of the proposed project is to "dredge an area seaward of an existing functional wooden bulkhead on Hogs Island Channel in order to accommodate the drafts of sea barges that need to be berthed and loaded from the upland property. Replacing the functional bulkhead and extending it in place of functional rip-rap seawall that will be removed".

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

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

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

PUBLIC NOTICE

Department of State F-2022-0417

Date of Issuance – August 31, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of

struc 1223 can b

SUMMARY SPA #22-0086

This State Plan Amendment proposes to assist hospitals by providing a temporary rate adjustment under the closure, merger, consolidation, acquisition, or restructuring of a health care provider.

<u>SPA 22-0086</u>

Attachment A

Annotated Pages

Annotated Page: 136(c.2)

New York 136(c.2)

-Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$8,897,955	01/01/2013 03/31/2013
	\$2,355,167	04/01/2013 03/31/2014
Richmond University Medical	\$1,634,311	04/01/2014 03/31/2015
Center	\$9,966,329	07/01/2018 03/31/2019
	\$9,869,000	04/01/2019 03/31/2020
	\$9,711,500	04/01/2020 03/31/2021
	-	•
	\$ 2,588,278	01/01/2013 03/31/2013
St. Dorpohoo Lloopitol	\$ 1,876,759	04/01/2013 03/31/2014
St. Barnabas Hospital	\$ 1,322,597	04/01/2014 03/31/2015
	\$ 2,500,000	01/01/2017 03/31/2017
	\$10,000,000	04/01/2017 03/31/2018
	\$10,000,000	04/01/2018 03/31/2019
	\$ 7,500,000	04/01/2019 12/31/2019
	\$12,000,000	07/01/2018 03/31/2019
	\$12,000, 00 0	10/03/2019 03/31/2020
	\$12,0 00 ,000	04/01/2020 03/31/2021
	\$12,000,000	04/01/2021 03/31/2022
		•
St. John's Episcopal Health South	\$ 1,022,650	03/01/2022 03/31/2022
	\$1,300,000	07/01/2018 03/31/2019
	\$700,000	04/01/2019 03/31/2020
	\$ 500,000	04/01/2020 03/31/2021
	\$1,500,000	04/01/2021 03/31/2022
St. John's Riverside St. John's	\$1,298,171	03/01/2022 03/31/2022
Division	\$1,467,957	04/01/2022 06/30/2022
	\$1,467,957	07/01/2022 09/30/2022
	\$1,467,957	10/01/2022 12/31/2022
	\$1,467,958	01/01/2023 03/31/2023
St. Joseph's Hospital Health Center	\$4,000,000	04/01/2020 03/31/2021
	\$1,500,000	04/01/2021 03/31/2022
	\$ 300,000	03/01/2022 03/31/2022
St. Josephie Medical Carter	\$ 300,000	04/01/2022 06/30/2022
St. Joseph's Medical Center	\$ 300,000	07/01/2022 09/30/2022
	\$ 300,000	10/01/2022 12/31/2022
	\$ 300,000	01/01/2023 03/31/2023

*Denotes this provider is a Critical Access Hospital (CAH)

TN <u>#22-0086</u>

Supersedes TN #22-0031

Approval Date _____ Effective Date <u>September 1, 2022</u>____

New York 136(c.2)

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Adjustment - \$8,897.955 01/01/2013 - 03/31/2013 \$2,355.167 04/01/2014 - 03/31/2014 St. Barnabas Hospital \$1.634.311 04/01/2014 - 03/31/2012 \$9,966.322 07/01/2018 - 03/31/2020 \$9,9711.500 04/01/2019 - 03/31/2021 \$9,966.322 07/01/2018 - 03/31/2020 \$9,711.500 04/01/2014 - 03/31/2013 \$1.634.311 04/01/2014 - 03/31/2020 \$9,711.500 04/01/2014 - 03/31/2013 \$1.876.759 04/01/2014 - 03/31/2013 \$1.322.597 04/01/2014 - 03/31/2017 \$1.00.00.000 04/01/2017 - 03/31/2017 \$1.32.000_000 04/01/2017 - 03/31/2017 \$1.00.00.000 04/01/2017 - 03/31/2019 \$1.2.00_0.000 04/01/2017 - 03/31/2019 \$1.2.00_0.000 04/01/2018 - 03/31/2019 \$1.2.00_0.000 04/01/2018 - 03/31/2020 \$1.2.00_0.000 04/01/2024 - 03/31/2020 \$3/31/2019 \$1.2.00_0.000 04/01/2024 - 03/31/2020 \$1.2.00_0.000 04/01/2024 - 03/31/2022 \$1.42.000_000 04/01/2024 - 03/31/2022 \$1.42.000_000 04/01/2024 - 03/31/2022 \$1.2.00_0.000 04/01/2024 - 03/31/2022 \$1.42.000_000 04/01/202	Provider Name	Gross Medicaid Rate	Rate Period Effective		
St. John's Episcopal-South Shore \$1,22,355,167 Q4/01/2013 Q3/31/2014 St. John's Episcopal-South Shore \$1,634,311 Q4/01/2014 Q3/31/2019 \$9,966,329 Q7/01/2018 Q3/31/2020 \$9,711,500 Q4/01/2019 Q3/31/2020 \$9,711,500 Q4/01/2019 Q3/31/2020 \$9,711,500 Q4/01/2019 Q3/31/2013 \$1,876,759 Q4/01/2014 Q3/31/2013 \$1,876,759 Q4/01/2014 Q3/31/2014 \$1,322,597 Q4/01/2017 Q3/31/2013 \$1,322,597 Q4/01/2017 Q3/31/2018 \$1,0000,000 Q4/01/2017 Q3/31/2018 \$1,000,000 Q4/01/2017 Q3/31/2019 \$1,200,000 Q4/01/2017 Q3/31/2019 \$1,200,000 Q4/01/2019 2/31/2020 \$12,000,000 Q4/01/2021 Q3/31/2020 \$1,200,000 Q4/01/2022 Q3/31/2020 \$1,200,000 Q4/01/2024 Q3/31/2020 \$1,200,000 Q4/01/2024 Q3/31/2020 \$12,000,000 Q4/01/2024 Q3/31/2020 \$1,42,000,000 Q4/01/2024 Q3/31/2022 \$1,420,950 <t< th=""><th><u>Provider Name</u></th><th>Adjustment</th><th>Rate Period Effective</th></t<>	<u>Provider Name</u>	Adjustment	Rate Period Effective		
Richmond University Medical \$1,634,311 04/01/2014 -03/31/2015 Center \$9,966,000 04/01/2018 -03/31/2019 \$9,869,000 04/01/2019 -03/31/2010 \$9,711,500 04/01/2013 -03/31/2013 \$1,876,759 04/01/2013 -03/31/2014 \$1,876,759 04/01/2013 -03/31/2014 \$1,322,597 04/01/2017 -03/31/2014 \$1,322,597 04/01/2017 -03/31/2017 \$1,000,000 04/01/2017 -03/31/2019 \$1,000,000 04/01/2018 -03/31/2019 \$12,000,000 04/01/2018 -03/31/2019 \$12,000,000 04/01/2019 -03/31/2012 \$12,000,000 04/01/2024 -03/31/2020 \$12,000,000 04/01/2024 -03/31/2020 \$12,000,000 04/01/2024 -03/31/2020 \$12,000,000 04/01/2024 -03/31/2020 \$12,000,000 04/01/2024 -03/31/2020 \$12,000,000 04/01/2024 -03/31/2020 \$12,000,000 04/01/2024 -03/31/2020		<u>\$8,897,955</u>	<u>01/01/2013 - 03/31/2013</u>		
Senter \$9.966.329 07/01/2018 -03/31/2019 \$9.869.000 04/01/2019 -03/31/2020 \$9.711.500 04/01/2019 -03/31/2020 \$9.711.500 04/01/2013 -03/31/2013 \$1.876.759 04/01/2013 -03/31/2013 \$1.876.759 04/01/2013 -03/31/2015 \$2.500.000 01/01/2017 -03/31/2015 \$2.500.000 04/01/2017 -03/31/2019 \$1.322.597 04/01/2017 -03/31/2019 \$1.0000.000 04/01/2017 -03/31/2019 \$1.322.597 04/01/2017 -03/31/2019 \$1.0000.000 04/01/2017 -03/31/2019 \$1.020.000 04/01/2019 -03/31/2019 \$1.20.00.000 04/01/2018 -03/31/2019 \$12.000.000 04/01/2020 -03/31/2020 \$1.20.00.000 04/01/2022 -03/31/2022 \$11.425.960 09/01/2022 -09/30/2022 \$1.20.00.000 04/01/2024 -03/31/2012 \$11.425.960 09/01/2022 -09/30/2022 \$1.20.00.000 04/01/2023 -03/31/2022 \$11.425.960 01/01/2023 -03/31/2022		<u>\$2,355,167</u>	<u>04/01/2013 - 03/31/2014</u>		
Sp.869.000 O4/01/2019 -03/31/2020 \$9.711.500 04/01/2020 -03/31/2013 \$1.876,759 04/01/2013 -03/31/2013 \$1.876,759 04/01/2014 -03/31/2014 \$1.322,597 04/01/2014 -03/31/2015 \$2.500.000 01/01/2017 -03/31/2017 \$10.000.000 04/01/2017 -03/31/2019 \$10.000.000 04/01/2017 -03/31/2019 \$12.000.000 04/01/2019 -03/31/2019 \$12.000.000 04/01/2019 -03/31/2019 \$12.000.000 04/01/2020 -03/31/2019 \$12.000.000 04/01/2020 -03/31/2019 \$12.000.000 04/01/2020 -03/31/2022 \$1.425.960 09/01/2022 -03/31/2022 \$1.425.960 09/01/2022 -03/31/2022 \$1.425.960 09/01/2022 -03/31/2022 \$1.425.960 09/01/2023 -03/31/2022 \$1.425.960 09/01/2023 -03/31/2023 \$1.425.961 01/01/2023 -03/31/2023 \$1.429.962 10/01/2024 </td <td>Richmond University Medical</td> <td>\$1,634,311</td> <td><u>04/01/2014 - 03/31/2015</u></td>	Richmond University Medical	\$1,634,311	<u>04/01/2014 - 03/31/2015</u>		
\$9,711.500 04/01/2020 03/31/2021 ************************************	Center	<u>\$9,966,329</u>	<u>07/01/2018 - 03/31/2019</u>		
St. Barnabas Hospital \$ 2,588,278 01/01/2013 - 03/31/2013 \$ 1,876,759 04/01/2013 - 03/31/2014 03/31/2014 \$ 1,322,597 04/01/2014 - 03/31/2017 03/31/2017 \$ 1,0000,000 04/01/2017 - 03/31/2017 03/31/2017 \$ 10,000,000 04/01/2017 - 03/31/2017 03/31/2019 \$ 10,000,000 04/01/2019 - 12/31/2019 03/31/2019 \$ 12,000,000 04/01/2019 - 03/31/2019 03/31/2019 \$ 12,000,000 04/01/2019 - 03/31/2020 03/31/2020 \$ 12,000,000 04/01/2020 - 03/31/2021 12/000,000 \$ 12,000,000 04/01/2021 - 03/31/2022 03/31/2022 \$ 12,000,000 04/01/2022 - 03/31/2022 03/31/2022 \$ 12,000,000 04/01/2022 - 03/31/2022 03/31/2022 \$ 1,425,960 09/01/2022 - 03/31/2022 03/31/2022 \$ 1,828,9823 01/01/2023 - 03/31/2023 03/31/2023 \$ 7,839,823 01/01/2023 - 03/31/2023 03/31/2024 \$ 1,839,823 01/01/2024 - 03/31/2024 03/31/2024 \$ 1,839,823 01/01/2024 - 03/31/2024 03/31/2024 \$ 1,839,823 </td <td></td> <td><u>\$9,869,000</u></td> <td><u>04/01/2019 - 03/31/2020</u></td>		<u>\$9,869,000</u>	<u>04/01/2019 - 03/31/2020</u>		
\$1.876,759 04/01/2013 03/31/2014 \$1.322,597 04/01/2014 -03/31/2015 \$2.500,000 01/01/2017 -03/31/2017 \$10,000,000 04/01/2018 -03/31/2019 \$10,000,000 04/01/2018 -03/31/2019 \$12,000,000 04/01/2018 -03/31/2019 \$12,000,000 04/01/2019 -03/31/2019 \$12,000,000 04/01/2029 -03/31/2020 \$12,000,000 04/01/2021 -03/31/2020 \$12,000,000 04/01/2021 -03/31/2020 \$12,000,000 04/01/2022 -03/31/2022 \$12,000,000 04/01/2022 -03/31/2022 \$12,000,000 04/01/2022 -03/31/2022 \$11,425,960 09/01/2022 -03/31/2022 \$11,425,960 09/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,961 01/01/20		<u>\$9,711,500</u>	<u>04/01/2020 - 03/31/2021</u>		
\$1.876,759 04/01/2013 03/31/2014 \$1.322,597 04/01/2014 -03/31/2015 \$2.500,000 01/01/2017 -03/31/2017 \$10,000,000 04/01/2018 -03/31/2019 \$10,000,000 04/01/2018 -03/31/2019 \$12,000,000 04/01/2018 -03/31/2019 \$12,000,000 04/01/2019 -03/31/2019 \$12,000,000 04/01/2029 -03/31/2020 \$12,000,000 04/01/2021 -03/31/2020 \$12,000,000 04/01/2021 -03/31/2020 \$12,000,000 04/01/2022 -03/31/2022 \$12,000,000 04/01/2022 -03/31/2022 \$12,000,000 04/01/2022 -03/31/2022 \$11,425,960 09/01/2022 -03/31/2022 \$11,425,960 09/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,960 10/01/2023 -03/31/2023 \$1,425,961 01/01/20					
\$1.322,597 04/01/2014 -03/31/2015 \$2.500,000 01/01/2017 -03/31/2017 \$10,000,000 04/01/2017 -03/31/2017 \$10,000,000 04/01/2017 -03/31/2019 \$1,500,000 04/01/2019 -03/31/2019 \$12,000,000 04/01/2019 -03/31/2019 \$12,000,000 04/01/2019 -03/31/2019 \$12,000,000 04/01/2019 -03/31/2020 \$12,000,000 04/01/2020 -03/31/2020 \$12,000,000 04/01/2020 -03/31/2022 \$12,000,000 04/01/2020 -03/31/2022 \$12,000,000 04/01/2020 -03/31/2022 \$12,000,000 04/01/2020 -03/31/2022 \$11,425,960 09/01/2022 -03/31/2022 \$11,425,961 01/01/2023 -03/31/2023 \$1,839,823 04/01/2023 -09/30/2023 \$1,839,823 01/01/2023 -09/30/2024 \$6,075,165 01/01/2024 -03/31/2024 \$6,075,165 01/01/2024 -03/31/2024 \$6,075,165 01/01/2		<u>\$ 2,588,278</u>	<u>01/01/2013 - 03/31/2013</u>		
\$1. Barnabas Hospital \$2.500.000 01/01/2017 - 03/31/2017 \$10.000.000 04/01/2017 - 03/31/2018 \$10.000.000 04/01/2018 - 03/31/2019 \$12.000.000 04/01/2019 - 12/31/2019 \$12.00.000 07/01/2018 - 03/31/2019 \$12.00.000 07/01/2018 - 03/31/2019 \$12.00.000 07/01/2018 - 03/31/2020 \$12.000.000 04/01/2020 - 03/31/2022 \$12.000.000 04/01/2021 - 03/31/2022 \$12.000.000 04/01/2021 - 03/31/2022 \$11.425.960 09/01/2022 - 03/31/2022 \$11.425.960 09/01/2022 - 03/31/2022 \$11.425.960 10/01/2023 - 04/30/2022 \$11.425.960 10/01/2023 - 04/30/2022 \$11.425.960 10/01/2023 - 04/30/2023 \$17.839.823 01/01/2023 - 04/30/2023 \$7.839.823 01/01/2024 - 03/31/2023 \$17.839.823 01/01/2024 - 03/31/2024 \$6.075.164 04/01/2024 - 06/30/2024 \$6.075.164 04/01/2024 - 03/31/2024 \$6.075.165 10/01/2024 - 03/31/2024 \$1.800.000 07/01/2024 - 03/31/2024 \$6.075.165 01/01/2024 - 03/31/2024 \$1.800.000 04/01/2024 - 03/31/2024 \$6.075.165 01/01/2024 - 03/31/2024 <td< td=""><td></td><td><u>\$ 1,876,759</u></td><td><u>04/01/2013 - 03/31/2014</u></td></td<>		<u>\$ 1,876,759</u>	<u>04/01/2013 - 03/31/2014</u>		
\$1. Barnabas Hospital \$10,000,000 04/01/2017 - 03/31/2018 \$10,000,000 04/01/2018 - 03/31/2019 \$12,000,000 04/01/2019 - 12/31/2019 \$12,000,000 07/01/2018 - 03/31/2019 \$12,000,000 04/01/2019 - 03/31/2019 \$12,000,000 04/01/2020 - 03/31/2020 \$12,000,000 04/01/2020 - 03/31/2022 \$12,000,000 04/01/2020 - 03/31/2022 \$12,000,000 04/01/2022 - 03/31/2022 \$12,000,000 04/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 09/30/2023 \$11,425,960 10/01/2023 - 06/30/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 01/01/2023 - 09/30/2023 \$7,839,823 10/01/2023 - 09/30/2023 \$7,839,823 01/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2025 \$1,800,000 07/01/2024 - 03/31/2025 \$5,00,000 04/01/2024 - 03/31/2025 \$1,800,000 07/01/2024 - 03/31/2025 \$5,00,000 04/01/2020 - 03/31/2021 \$		<u>\$ 1,322,597</u>	<u>04/01/2014 - 03/31/2015</u>		
St. Barnabas Hospital \$10,000,000 04/01/2018 - 03/31/2019 \$ 7,500,000 04/01/2019 - 12/31/2019 \$12,000,000 07/01/2018 - 03/31/2019 \$12,000,000 07/01/2018 - 03/31/2020 \$12,000,000 04/01/2020 - 03/31/2020 \$12,000,000 04/01/2021 - 03/31/2020 \$12,000,000 04/01/2021 - 03/31/2022 \$12,000,000 04/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 03/31/2022 \$11,425,960 10/01/2023 - 03/31/2022 \$11,425,960 10/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 06/30/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 01/01/2023 - 06/30/2023 \$7,839,823 01/01/2023 - 03/31/2024 \$6,075,165 01/01/2024 - 06/30/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024		<u>\$ 2,500,000</u>	<u>01/01/2017 – 03/31/2017</u>		
\$ 7,500,000 04/01/2019 - 12/31/2019 \$12,000,000 07/01/2018 - 03/31/2020 \$12,000,000 10/03/2019 - 03/31/2020 \$12,000,000 04/01/2020 - 03/31/2021 \$12,000,000 04/01/2021 - 03/31/2022 \$12,000,000 04/01/2022 - 03/31/2022 \$12,000,000 04/01/2022 - 03/31/2022 \$12,000,000 04/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 03/31/2022 \$11,425,960 10/01/2023 - 03/31/2022 \$11,425,960 10/01/2023 - 03/31/2023 \$11,425,960 10/01/2023 - 03/31/2023 \$11,425,961 01/01/2023 - 03/31/2023 \$12,839,823 01/01/2023 - 12/31/2023 \$13,839,823 01/01/2024 - 06/30/2024 \$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$1,800,000 04/01/2019 - 03/31/2020 \$1,800,000 04/01/2024 - 03/31/2020		<u>\$10,000,000</u>	<u>04/01/2017 – 03/31/2018</u>		
\$12.000.000 07/01/2018 - 03/31/2019 \$12.000.000 10/03/2019 - 03/31/2020 \$12,000.000 04/01/2020 - 03/31/2021 \$12,000.000 04/01/2021 - 03/31/2022 \$12,000.000 04/01/2021 - 03/31/2022 \$12,000.000 04/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 03/31/2022 \$11,425,961 01/01/2023 - 03/31/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 10/01/2023 - 12/31/2024 \$6,075,164 04/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2020 \$1,800,000 07/01/2018 - 03/31/2020 \$1,800,000 07/01/2018 - 03/31/2020 \$1,800,000 04/01/2020 - 03/31/2022 \$1,800,000 04/01/2020 - 03/31/2020 \$1,800,000 04/01/2020 - 03/31/2020	St. Barnabas Hospital	<u>\$10,000,000</u>	<u>04/01/2018 - 03/31/2019</u>		
\$12,00,000 10/03/2019 - 03/31/2020 \$12,000,00 04/01/2020 - 03/31/2021 \$12,000,00 04/01/2021 - 03/31/2022 \$1,022,650 03/01/2022 - 09/30/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 02/31/2022 \$11,425,960 10/01/2023 - 03/31/2022 \$11,425,960 10/01/2023 - 03/31/2022 \$11,425,960 10/01/2023 - 03/31/2023 \$1,839,823 04/01/2023 - 06/30/2023 \$7,839,823 04/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 12/31/2023 \$7,839,823 10/01/2023 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 12/31/2024 \$6,075,165 01/01/2024 - 03/31/2025 V V \$1,800,000 \$1,800,000 04/01/2019 - 03/31/2025 S1 S0,000 04/01/2021 - 03/31/2022 \$1,800,000 04/01/2021 - 03/31/2022 \$1,800,000 04/01/2021 - 03/31/2022 \$1,500,000 04/01/2021 - 03/31/2022		<u>\$ 7,500,000</u>	<u>04/01/2019 - 12/31/2019</u>		
\$12,000,000 04/01/2020 - 03/31/2021 \$12,000,000 04/01/2021 - 03/31/2022 \$1,022,650 03/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 09/30/2022 \$11,425,960 10/01/2023 - 09/30/2022 \$11,425,961 01/01/2023 - 09/30/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 09/30/2023 \$7,839,823 01/01/2024 - 03/31/2024 \$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$1,800,000 07/01/2018 - 03/31/2025 \$1,800,000 04/01/2020 - 03/31/2022 \$1,800,000 04/01/2024 - 03/31/2022 \$1,800,000 04/01/2024 - 03/31/2022		<u>\$12,000,000</u>	<u>07/01/2018 – 03/31/2019</u>		
\$12,000.00c 04/01/2021 - 03/31/2022 \$1,022,650 03/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2022 - 12/31/2022 \$11,425,960 10/01/2023 - 03/31/2023 \$7,839,823 04/01/2023 - 09/30/2023 \$7,839,823 04/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 09/30/2023 \$7,839,823 01/01/2024 - 03/31/2024 \$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 01/01/2025 - 03/31/2025 \$1,800,000 07/01/2018 - 03/31/2020 \$1,800,000 04/01/2020 - 03/31/2022 \$1,500,000 04/01/2021 - 03/31/2022 \$1,298,171 03/01/2022 - 03/31/2022		<u>\$12,000,000</u>	<u>10/03/2019 – 03/31/2020</u>		
St. John's Episcopal-South Shore \$1,822,650 03/01/2022 - 03/31/2022 \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 09/01/2022 - 12/31/2022 \$11,425,960 10/01/2023 - 03/31/2023 \$11,425,961 01/01/2023 - 03/31/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 07/01/2023 - 12/31/2023 \$7,839,823 01/01/2024 - 03/31/2023 \$7,839,823 01/01/2024 - 03/31/2024 \$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$1,800,000 07/01/2018 - 03/31/2024 \$1,000,000 04/01/2024 - 03/31/2024 \$1,800,000 04/01/2024 - 03/31/2024 \$1,200,000 04/01/2024 - 03/31/2024 <		\$12,000,000	<u>04/01/2020 - 03/31/2021</u>		
St. John's Episcopal-South Shore \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 12/31/2022 \$11,425,961 01/01/2023 - 06/30/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 12/31/2023 \$7,839,823 10/01/2024 - 03/31/2024 \$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 12/31/2024 \$6,075,165 01/01/2024 - 03/31/2014 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2025 - 03/31/2025 V \$1,800,000 07/01/2018 - 03/31/2019 \$1,800,000 04/01/2021 - 03/31/2020 \$1,500,000 \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 02/31/2022 <		<u>\$12,0</u> 00,0 <u>00</u>	<u>04/01/2021 – 03/31/2022</u>		
St. John's Episcopal-South Shore \$11,425,960 09/01/2022 - 09/30/2022 \$11,425,960 10/01/2023 - 12/31/2022 \$11,425,961 01/01/2023 - 06/30/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 01/01/2023 - 12/31/2023 \$7,839,823 10/01/2024 - 03/31/2024 \$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 07/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 12/31/2024 \$6,075,165 01/01/2024 - 03/31/2014 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2025 - 03/31/2025 V \$1,800,000 07/01/2018 - 03/31/2019 \$1,800,000 04/01/2021 - 03/31/2020 \$1,500,000 \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 02/31/2022 <					
St. John's Episcopal-South Shore \$11,425,960 10/01/2022 - 12/31/2022 \$11,425,961 01/01/2023 - 03/31/2023 \$7,839,823 04/01/2023 - 06/30/2023 \$7,839,823 07/01/2023 - 09/30/2023 \$7,839,823 07/01/2023 - 12/31/2023 \$7,839,823 01/01/2024 - 03/31/2024 \$6,075,164 04/01/2024 - 03/31/2024 \$6,075,165 07/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 01/01/2024 - 12/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2024 - 03/31/2024 \$6,075,165 01/01/2025 - 03/31/2025 V \$1,800,000 07/01/2018 - 03/31/2019 \$1,800,000 04/01/2020 - 03/31/2020 \$1,800,000 04/01/2021 - 03/31/2020 \$1,500,000 04/01/2022 - 03/31/2022 \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 02/31/2022					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		\$11,425,960	<u>09/01/2022 – 09/30/2022</u>		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			<u>10/01/2022 – 12/31/2022</u>		
$ \frac{\$7,839,823}{$7,839,823} = \frac{07/01/2023 - 09/30/2023}{10/01/2023 - 12/31/2023} \\ \frac{\$7,839,823}{$7,839,824} = \frac{01/01/2024 - 03/31/2024}{03/01/2024 - 03/31/2024} \\ \frac{\$6,075,164}{$6,075,165} = \frac{04/01/2024 - 06/30/2024}{09/30/2024} \\ \frac{\$6,075,165}{$07/01/2024 - 09/30/2024} \\ \frac{\$6,075,165}{$01/01/2024 - 12/31/2024} \\ \frac{\$6,075,165}{$01/01/2025 - 03/31/2025} \\ \hline \\ $					
$\frac{\$7,839,823}{\$7,839,824} = \frac{10/01/2023 - 12/31/2023}{9.7,839,824} \\ \frac{\$7,839,824}{9.6,075,164} = \frac{04/01/2024 - 03/31/2024}{9.6,075,165} \\ \frac{\$6,075,165}{9.7/01/2024 - 09/30/2024} \\ \frac{\$6,075,165}{9.6,075,165} = \frac{10/01/2024 - 12/31/2024}{9.6,075,165} \\ \frac{\$1,800,000}{9.7/01/2018 - 03/31/2019} \\ \frac{\$1,800,000}{9.4/01/2019 - 03/31/2020} \\ \frac{\$7,00,000}{9.4/01/2020 - 03/31/2020} \\ \frac{\$1,500,000}{9.4/01/2021 - 03/31/2021} \\ \frac{\$1,500,000}{9.4/01/2021 - 03/31/2022} \\ \frac{\$1,467,957}{9.7} \\ \frac{9.7/01/2022 - 06/30/2022}{9.1/467,957} \\ \frac{\$1,467,957}{9.7} \\ \frac{10/01/2022 - 12/31/2022}{9.31/2022} \\ \frac{\$1,467,957}{9.7} \\ \frac{10/01/2022 - 12/31/2022}{9.5} \\ \frac{10/01}{9.5} \\ 1$					
$\frac{\$7,839,823}{\$7,839,823} = \frac{10/01/2023 - 12/31/2023}{10/01/2024 - 03/31/2024}$ $\frac{\$7,839,824}{\$6,075,164} = \frac{04/01/2024 - 06/30/2024}{96,075,165}$ $\frac{\$6,075,165}{10/01/2024 - 12/31/2024}$ $\frac{\$6,075,165}{90,000} = \frac{01/01/2024 - 12/31/2024}{90,000}$ $\frac{\$1,800,000}{97/01/2018 - 03/31/2025}$ $\frac{\$1,800,000}{94/01/2019 - 03/31/2020}$ $\frac{\$1,500,000}{94/01/2020 - 03/31/2021}$ $\frac{\$1,500,000}{94/01/2021 - 03/31/2022}$ $\frac{\$1,298,171}{93/01/2022 - 03/31/2022}$ $\frac{\$1,467,957}{97/01/2022 - 09/30/2022}$ $\frac{\$1,467,957}{97/01/2022 - 12/31/2022}$	St. John's Episcopal-South Shore				
\$6,075,164 04/01/2024 - 06/30/2024 \$6,075,165 07/01/2024 - 09/30/2024 \$6,075,165 07/01/2024 - 12/31/2024 \$6,075,165 10/01/2024 - 12/31/2024 \$6,075,165 01/01/2025 - 03/31/2025 \$6,075,165 01/01/2025 - 03/31/2025 \$1,800,000 07/01/2018 - 03/31/2019 \$1,800,000 04/01/2019 - 03/31/2020 \$1,800,000 04/01/2020 - 03/31/2020 \$1,500,000 04/01/2021 - 03/31/2022 \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 09/30/2022 \$1,467,957 10/01/2022 - 12/31/2022					
$\frac{\$6,075,165}{\$6,075,165} = \frac{07/01/2024 - 09/30/2024}{\$6,075,165} \\ \frac{\$6,075,165}{10/01/2024 - 12/31/2024} \\ \frac{\$6,075,165}{\$6,075,165} = \frac{01/01/2025 - 03/31/2025} \\ \frac{\$1,800,000}{97/01/2018 - 03/31/2019} \\ \frac{\$1,800,000}{94/01/2019 - 03/31/2020} \\ \frac{\$5,500,000}{94/01/2020 - 03/31/2021} \\ \frac{\$1,500,000}{94/01/2021 - 03/31/2022} \\ \frac{\$1,500,000}{94/01/2022 - 03/31/2022} \\ \frac{\$1,467,957}{957} = \frac{04/01/2022 - 09/30/2022}{91/001/2022 - 09/30/2022} \\ \frac{\$1,467,957}{951,467,957} = \frac{10/01/2022 - 12/31/2022}{91/001/2022 - 12/31/2022} \\ \frac{\$1,467,957}{91/001/2022 - 12/31/2022} \\ $					
$\frac{10/01/2024 - 12/31/2024}{\$6,075,165} \frac{10/01/2024 - 12/31/2024}{\$6,075,165}$ $\frac{10/01/2025 - 03/31/2025}{01/01/2025 - 03/31/2025}$ $\frac{\$1,800,000}{97/01/2018 - 03/31/2019} \frac{\$1,800,000}{94/01/2020 - 03/31/2020} \frac{\$5,500,000}{94/01/2020 - 03/31/2021} \frac{\$1,500,000}{94/01/2021 - 03/31/2022} \frac{\$1,500,000}{94/01/2022 - 03/31/2022} \frac{\$1,467,957}{94/01/2022 - 06/30/2022} \frac{\$1,467,957}{91/001/2022 - 09/30/2022} \frac{\$1,467,957}{91/001/2022 - 12/31/2022}$					
\$6.075.165 01/01/2025 - 03/31/2025 \$1,800,000 07/01/2018 - 03/31/2019 \$1,800,000 04/01/2019 - 03/31/2020 \$700,000 04/01/2020 - 03/31/2020 \$500,000 04/01/2020 - 03/31/2021 \$1,500,000 04/01/2021 - 03/31/2022 \$1,500,000 04/01/2021 - 03/31/2022 \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 09/30/2022 \$1,467,957 10/01/2022 - 12/31/2022					
\$1,800,000 07/01/2018 - 03/31/2019 \$ 700,000 04/01/2019 - 03/31/2020 \$ 500,000 04/01/2020 - 03/31/2021 \$ 500,000 04/01/2021 - 03/31/2021 \$ 1,500,000 04/01/2021 - 03/31/2022 \$ 1,298,171 03/01/2022 - 03/31/2022 \$ 1,467,957 04/01/2022 - 06/30/2022 \$ 1,467,957 07/01/2022 - 09/30/2022 \$ 1,467,957 10/01/2022 - 12/31/2022		<u>\$6,075,165</u>			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		<u>\$6,075,165</u>	<u>01/01/2025 – 03/31/2025</u>		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
St. John's Riverside-St. John's \$ 500,000 04/01/2020 - 03/31/2021 <u>\$ 500,000</u> 04/01/2021 - 03/31/2022 \$ 1,500,000 04/01/2022 - 03/31/2022 <u>\$ 1,298,171</u> 03/01/2022 - 03/31/2022 \$ 1,467,957 04/01/2022 - 06/30/2022 <u>\$ 1,467,957</u> 07/01/2022 - 09/30/2022 \$ 1,467,957 10/01/2022 - 12/31/2022					
St. John's Riverside-St. John's \$1,500,000 04/01/2021 - 03/31/2022 Division \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 09/30/2022 \$1,467,957 10/01/2022 - 12/31/2022					
St. John's Riverside-St. John's \$1,298,171 03/01/2022 - 03/31/2022 Division \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 09/30/2022 \$1,467,957 10/01/2022 - 12/31/2022					
Division \$1,298,171 03/01/2022 - 03/31/2022 \$1,467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 09/30/2022 \$1,467,957 10/01/2022 - 12/31/2022					
\$1.467,957 04/01/2022 - 06/30/2022 \$1,467,957 07/01/2022 - 09/30/2022 \$1,467,957 10/01/2022 - 12/31/2022					
<u>\$1,467,957</u> <u>10/01/2022 – 12/31/2022</u>					
<u>\$1,467,958</u> <u>01/01/2023 – 03/31/2023</u>		<u>\$1,467,958</u>	<u>01/01/2023 – 03/31/2023</u>		

*Denotes this provider is a Critical Access Hospital (CAH)

ΤN	#22-0086		
Sup	ersedes TN	#22-0031	

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Provider Name	<u>Gross Medicaid Rate</u> <u>Adjustment</u>	Rate Period Effective
St. Joseph's Hospital Health Center	<u>\$4,000,000</u>	<u>04/01/2020 – 03/31/2021</u>
	<u>\$1,500,000</u>	<u>04/01/2021 – 03/31/2022</u>
	<u>\$ 300,000</u>	<u>03/01/2022 – 03/31/2022</u>
St. Joseph's Medical Center	<u>\$ 300,000</u>	<u>04/01/2022 - 06/30/2022</u>
St. Joseph's Medical Center	<u>\$ 300,000</u>	<u>07/01/2022 – 09/30/2022</u>
	<u>\$ 300,000</u>	<u> 10/01/2022 – 12/31/2022</u>
	<u>\$ 300,000</u>	<u>01/01/2023 - 03/31/2023</u>

*Denotes this provider is a Critical Access Hospital (CAH)

TN <u>#22-0086</u> Supersedes TN <u>#NEW</u> Approval Date ______ Effective Date <u>September 1, 2022</u>____ 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 as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after September 1, 2022, noticed provision for temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Hospital:

- St. John's Episcopal Health – South Shore payment amounts totaling up to \$34,277,881 for the period September 1, 2022, through March 31, 2023, and \$31,359,293 for the period April 1, 2023, through March 31, 2024, and \$24,300,659 for the period April 1, 2024, through March 31, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$34,277,881. The Medicaid expenditures attributable to state fiscal year 2023/2024 and state fiscal year 2024/2025 are \$31,359,293 and \$24,300,659, 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

Department of State F-2022-0298

Date of Issuance – August 31, 2022

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at https://dos.ny.gov/system/files/documents/2022/08/f-2022-0298.pdf

In F-2022-0298 or the "Ocean Hampton Dredging & Bulkhead Project", the applicant – Ocean Hampton, LLC – proposes to dredge and remove silt to a 15 foot depth at Mean Low Water. This depth will match the adjacent Federal Channel. The applicant also proposes inplace replacement of the existing timber bulkhead with a steel bulkhead. Proposed removal of the rip rap seawall and existing docks. Approximately 4,100 cubic yards of dredge material is proposed to be removed. A dredge will remove the material to design depths and place material into a barge that allows for material to settle-out and have clean surface seawater returned to the waterway. When the barge is filled, the excavator will remove the material and place it an upland clearing for further dewatering and testing for disposal at an off-site location. If the material is contaminated, the dredged material will be towed in barge directly to "Clean Earth" which is an approved contaminated waste disposal facility located in New Jersey.

The proposed project is located at 3564 Hampton Road in the Town of Hempstead, Nassau County on Hog Island Channel. The purpose of the proposed project is to "dredge an area seaward of an existing functional wooden bulkhead on Hogs Island Channel in order to accommodate the drafts of sea barges that need to be berthed and loaded from the upland property. Replacing the functional bulkhead and extending it in place of functional rip-rap seawall that will be removed".

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

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

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

PUBLIC NOTICE

Department of State F-2022-0417

Date of Issuance – August 31, 2022

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of