

JAMES V. McDONALD, M.D., M.P.H. Commissioner **JOHANNE E. MORNE, M.S.** Executive Deputy Commissioner

June 13, 2024

Dear Colleague:

Governor

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

This State Plan Amendment proposes to authorize adjustments that increase the operating cost components of rates of payment for County operated freestanding clinics and diagnostic and treatment centers (DTCs) licensed under Article 31 and 32 of the NYS Mental Hygiene Law.



New York 2(v)

Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs) (Supplemental Payments for Non-State Government Clinics)

1905(a)(9) Clinic Services

1. New York City Health and Hospitals Corporation (HHC) operated DTCs

Effective for the period April 1, 2011, through March 31, 2012, the Department of Health will increase medical assistance rates of payment for diagnostic and treatment center (DTC) services provided by public DTCs operated by the New York City Health and Hospitals Corporation (HHC), at the annual election of the social services district in which an eligible DTC is physically located. The amount to be paid will be \$12.6 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible HHC DTC.

2. County Operated DTCs and mental hygiene clinics

Effective for the period April 1, 2023 2024, through March December 31, 2024, the Department of Health will increase the medical assistance rates of payment for county operated DTCs and mental hygiene clinics, excluding those facilities operated by the New York City HHC. Local social services districts will, on an annual basis, decline such increased payments within thirty days following receipt of notification. The amount to be paid will be up to \$1,610,987 5,400,000.

Medical assistance payments will be made for patients eligible for federal financial participation (FFP) under Title XIX of the federal Social Security Act based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments will be added to rates of payment or made as aggregate payments to each eligible county operated DTC and mental hygiene clinic.

TN: <u>#24-0004</u>		Approval Date:
Supersedes TN: _	#23-0040	Effective Date: _April 1, 2024

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to extend supplemental upper payment limit distributions for inpatient hospital services to voluntary sector hospitals excluding government general hospitals, not to exceed in aggregate \$339M annually in combination with the outpatient voluntary hospital UPL SPA.



Annotated Pages

<u>24-0005</u>

Attachment 4.19-A Part I: Page 161(1)



New York 161(1)

1905(a)(1) Inpatient Hospital Services

Voluntary Supplemental Inpatient Payments

Effective for the period July 1, 2010 through March 31, 2011, additional inpatient hospital payments are authorized to voluntary sector hospitals, excluding government general hospitals, for inpatient hospital services after all other medical assistance payments, of \$235,500,000 for the period July 1, 2010 through March 31, 2011; \$314,000,000 for the period April 1, 2011 through March 31, 2012; \$281,778,852 for the period April 1, 2012 through March 31, 2013; \$298,860,732 for the period April 1, 2013 through March 31, 2014; \$226,443,721 for the period April 1, 2014 through March 31, 2015; \$264,916,150 for the period April 1, 2015 through March 31, 2016; \$271,204,805 for the period of April 1, 2016 through March 31, 2017; \$319,459,509 for the period of April 1, 2017 through March 31, 2018; \$362,865,600 for the period of April 1, 2018 through March 31, 2019; \$182,541,796 for the period of April 1, 2019 through March 31, 2020; \$193,635,130 for the period of April 1, 2020 through March 31, 2021;, \$275,082,185 for the period of April 1, 2021 through March 31, 2022; \$300,000,000 for the period of April 1, 2022 through March 31, 2023; \$100,000,000 for the period of April 1, 2023 through March 31, 2024 subject to the requirements of 42 CFR 447.272 (upper payment limit). Such payments are paid monthly to eligible voluntary sector owned or operated general hospitals, excluding government general hospitals.

Eligibility to receive such additional payments, and the allocation amount paid to each hospital, will be based on data from the period two years prior to the rate year, as reported on the Institutional Cost Report (ICR) submitted to the Department as of October 1 of the prior rate year.

- (a) Thirty percent of such payments will be allocated to safety not hospitals based on each eligible hospital's proportionate share of all eligible safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee for service and managed care discharges for acute and exempt services;
 - (i) Safety net hospitals are defined as non-government owned or operated hospitals which provide emergency room services having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee for service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee for service and managed care discharges for acute and exempt services, and also providing obstetrical services.
- (b) Seventy percent of such payments will be allocated to eligible general hospitals, which provide emergency room services, based on each such hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee for service and managed care discharges for acute and exempt services;
- (c) No payment will be made to a hospital described in (i) and (ii). Payment amounts will be reduced as necessary not to exceed the limitations described in (iii).
 - (i) did not receive an Indigent Care Pool (ICP) payment;
 - (ii) the hospital's facility specific projected disproportionate share hospital payment ceiling is zero; or,
 - (iii)- the annual payments amount to eligible hospitals exceeds the Medicaid customary charge limit at 42 CFR 447.271.

(d) Any amounts calculated under paragraphs (a) and (b) but not paid to a hospital because of the requirements	in
(a) Arry amounts calculated under paragraphs (a) and (b) but not paid to a hospital because of the requirements	ш
paragraph (c) will be allocated proportionately to those eligible general hospitals that provide emergency room	_
	П
services and which would not be precluded by paragraph (c) from receiving such additional allocations.	
services and which would not be precluded by paragraph (c) from receiving such additional allocations.	

N <u>#24-0005</u>		Approval Date		
Supersedes TN	#23-0044	Effective Date April 1, 2024		

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

New York 161(1)

1905(a)(1) Inpatient Hospital Services

Voluntary Supplemental Inpatient Payments

Effective for the period July 1, 2010 through March 31, 2011, additional inpatient hospital payments are authorized to voluntary sector hospitals, excluding government general hospitals, for inpatient hospital services after all other medical assistance payments, of \$235,500,000 for the period July 1, 2010 through March 31, 2011; \$314,000,000 for the period April 1, 2011 through March 31, 2012; \$281,778,852 for the period April 1, 2012 through March 31, 2013; \$298,860,732 for the period April 1, 2013 through March 31, 2014; \$226,443,721 for the period April 1, 2014 through March 31, 2015; \$264,916,150 for the period April 1, 2015 through March 31, 2016; \$271,204,805 for the period of April 1, 2016 through March 31, 2017; \$319,459,509 for the period of April 1, 2017 through March 31, 2018; \$362,865,600 for the period of April 1, 2018 through March 31, 2019; \$182,541,796 for the period of April 1, 2019 through March 31, 2020; \$193,635,130 for the period of April 1, 2020 through March 31, 2021;, \$275,082,185 for the period of April 1, 2021 through March 31, 2022; \$300,000,000 for the period of April 1, 2022 through March 31, 2023; \$100,000,000 for the period of April 1, 2024, subject to the requirements of 42 CFR 447.272 (upper payment limit). Such payments are paid monthly to eligible voluntary sector owned or operated general hospitals, excluding government general hospitals.

Eligibility to receive such additional payments, and the allocation amount paid to each hospital, will be based on data from the period two years prior to the rate year, as reported on the Institutional Cost Report (ICR) submitted to the Department as of October 1 of the prior rate year.

- (a) Thirty percent of such payments will be allocated to safety net hospitals based on each eligible hospital's proportionate share of all eligible safety net hospitals Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services;
 - (i) Safety net hospitals are defined as non-government owned or operated hospitals which provide emergency room services having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.
- (b) Seventy percent of such payments will be allocated to eligible general hospitals, which provide emergency room services, based on each such hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services;

TN <u>#24-000</u>	05	Approval Date
Supersedes TN _	#23-0044	Effective Date April 1, 2024

New York 161(1)(i)

1905(a)(1) Inpatient Hospital Services

Voluntary Supplemental Inpatient Payments (continued)

- (c) No payment will be made to a hospital described in (i) and (ii). Payment amounts will be reduced as necessary not to exceed the limitations described in (iii).
 - (i) did not receive an Indigent Care Pool (ICP) payment;
 - (ii) the hospital's facility specific projected disproportionate share hospital payment ceiling is zero; or,
 - (iii) the annual payments amount to eligible hospitals exceeds the Medicaid customary charge limit at 42 CFR 447.271.
- (d) Any amounts calculated under paragraphs (a) and (b) but not paid to a hospital because of the requirements in paragraph (c) will be allocated proportionately to those eligible general hospitals that provide emergency room services and which would not be precluded by paragraph (c) from receiving such additional allocations.

TN <u>#24-000</u>	05	Approval Date	
Supersedes TN	#NEW	Effective Date _April 1, 2024	

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to extend supplemental upper payment limit distributions for outpatient hospital services to voluntary sector hospitals, excluding government general hospitals, not to exceed in aggregate \$339 million annually in combination with the inpatient voluntary hospital Upper Payment Limit SPA.



New York 2(c)(v.2)

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

Hospital Outpatient Supplemental Payments – Non-government Owned or Operated General Hospitals

Effective for the period April 1, 2023 2024 through March 31, 2024 December 31, 2024, supplemental payments are authorized for certain general hospitals for outpatient services furnished in the 2023 2024 calendar year. Payments under this provision will not exceed \$76,066,984 100,000,000.

To receive payment under this provision, a general hospital, as defined in Attachment 4.19-A of the state plan, must meet all of the following:

- (i) must be non-government owned or operated:
- (ii) must operate an emergency room; and
- (iii) must have received an Indigent Care Pool payment for the 2023 2024 rate year; and/or must have a facility specific projected disproportionate share hospital payment ceiling for the 2023 2024 rate year that is greater than zero.

The amount paid to each eligible hospital will be determined based on an allocation methodology utilizing data reported in eligible hospitals' most recent Institutional Cost Report submitted to the New York State Department of Health as of October 1, 2022 2023:

(a) Thirty percent of the payments under this provision will be allocated to eligible general hospitals classified as a safety net hospital, based on each hospital's proportionate share of all safety net hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

For this purpose, a safety net hospital is defined as an eligible general hospital having either: a Medicaid share of total inpatient hospital discharges of at least 35%, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least 30%, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services.

(b) Seventy percent of the payments under this provision will be allocated to eligible general hospitals based on each hospital's proportionate share of all eligible hospitals' Medicaid discharges for inpatient hospital services, including both Medicaid fee-for-service and managed care discharges for acute and exempt services.

Eligible Hospitals will receive payment under (a) and/or (b), as eligible, with each hospital's payment made in a lump sum distribution.

TN <u>#24-0</u> 0	006	Approval Date	
Supersedes TN	#23-0048	Effective Date <u>April 1, 2024</u>	

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to extend supplemental payments made for inpatient hospital services in non-state public hospitals in cities with more than one million persons. These payments reflect adjustments to qualifying hospitals.



New York 161

1905(a)(1) Inpatient Hospital Services

Additional Inpatient Governmental Hospital Payments

For the period beginning state fiscal year April 1, 2024 2024, and ending March 31, 2024 December 31, 2024, the State will provide a supplemental payment for all inpatient services provided by eligible government general hospitals located in a city with a population over one million and not operated by the State of New York or the State University of New York. The amount of the supplemental payment will be \$700,000,000 \$400,000,000 and paid semi-annually in September and March. It will be distributed to hospitals proportionately using each hospital's proportionate share of total Medicaid days reported for the base year two years prior to the rate year. Such payments, aggregated with other medical assistance payments will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for non-state government owned or operated government general hospitals for the respective period.

TN <u>#24-0008</u>		Approval Date
Supersedes TN	#23-0045	Effective Date April 1, 2024

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to revise the State Plan to extend supplemental payments made for outpatient hospital services to non-state public hospitals in cities with more than one million persons. These payments reflect specialty adjustments to qualifying hospitals.



New York 2(c)(v.1)

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

Hospital Outpatient Supplemental Payment Adjustment – Public General Hospitals

The State will provide a supplemental payment for hospital outpatient and emergency room services provided by eligible public general hospitals. To be eligible, the hospital must (1) be a public general hospital, (2) not be operated by the State of New York or the State University of New York, and (3) be located in a city with a population over one million.

For state fiscal year beginning April 1, 2011, and ending March 31, 2012, the amount of the supplemental payment will be \$98,610,666. For state fiscal year beginning April 1, 2012, and ending March 31, 2013, the amount of the supplemental payment will be \$107,953,672. For state fiscal year beginning April 1, 2013, and ending March 31, 2014, the amount of the supplemental payment will be \$22,101,480. For state fiscal year beginning April 1, 2014, and ending March 31, 2015, the amount of the supplemental payment will be \$26,898,232. For state fiscal year beginning April 1, 2015, and ending March 31, 2016, the amount of the supplemental payment will be \$161,521,405. For state fiscal year beginning April 1, 2016, and ending March 31, 2017, the amount of the supplemental payment will be \$ 112,980,827. For state fiscal year beginning April 1, 2017, and ending March 31, 2018, the amount of the supplemental payment will be \$111,305,328. For state fiscal year beginning April 1, 2018, and ending March 31, 2019, the amount of the supplemental payment will be \$105,303,666. For state fiscal year beginning April 1, 2019, and ending March 31, 2020, the amount of the supplemental payment will be \$106,131,529. For state fiscal year beginning April 1, 2020, and ending March 31, 2021, the amount of the supplemental payment will be \$86,008,434. For state fiscal year beginning April 1, 2021, and ending March 31, 2022, the amount of the supplemental payment will be \$90,820,990. For state fiscal year beginning April 1, 2022, and ending March 31, 2023, the amount of the supplemental payment will be \$100,000,000. For state fiscal year beginning April 1, 2023, and ending March 31, 2024, the amount of the supplemental payment will be \$ 92,000,000. For state fiscal year beginning April 1, 2024, and ending December 31, 2024, the amount of the supplemental payment will be \$ 150,000,000. Medical assistance payments will be made for outpatient services for patients eligible for federal financial participation under Title XIX of the Federal Social Security Act based on each such hospital's proportionate share of the sum of all Medicaid outpatient visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such supplemental payments under this section will be made in a single lump-sum payment.

TN.	#24-0009		Approval Date	
Sup	ersedes TN	#23-0047	Effective Date	April 1, 2024

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to extend supplemental payments made for inpatient hospital services in State government owned hospitals. These payments reflect adjustments to qualifying hospitals.



New York 5(b)

1905(a)(1) Inpatient Hospital Services

VII. ADDITIONAL INPATIENT STATE PUBLIC HOSPITAL UPPER PAYMENT LIMIT (UPL) ADJUSTMENTS

- 1. Effective for State UPL demonstrations for calendar year 2020 and after, if CMS determines that payments for inpatient hospital services provided by State government-owned hospitals exceed the UPL, the State will remit such amount in excess of the UPL as follows: The State will process a lump sum reduction equivalent to the value of the UPL excess upon approval of the UPL.
- 2. For the period beginning January 1, 2020, and each calendar year thereafter, the State will provide a supplemental payment for all inpatient services provided by State government-owned hospitals. The amount of the supplemental payment, when aggregated with other medical assistance payments, will not exceed 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles for State government-owned nospitals. Such a supplemental payment will be allocated and paid to OMH-operated hospitals based on the proportionate share of total base year Medicaid days used for the inpatient rate calculation and will be factored into facility-specific Disproportionate Share (DSH) limit calculations.

For the period January 1, 2023 2024, through December 31, 2023 2024, the supplemental payment will be \$10,000,000 and will be payable as a one-time lump sum.

TN <u>#24-0010</u>	Approval Date
Supersedes TN #23-0046	Effective Date April 1, 2024

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to revise the State Plan to provide additional payments to non-state government public residential health care facilities in aggregate amounts of up to \$500 million.



New York 47(x)(2)(b)

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

For the period April 1, 1997, through March 31, 1999, proportionate share payments in an annual aggregate amount of \$631.1 million will be made under the medical assistance program to non-state public operated residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For the period April 1, 1999, through March 31, 2000, proportionate share payments in an annual aggregate amount of \$982 million will be made under the medical assistance program to non-state operated public residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and April 1, 2005, through March 31, 2009, proportionate share payments in an annual aggregate amount of up to \$991.5 million and \$150.0 million, respectively, for state fiscal year April 1, 2009 through March 31, 2010, \$167 million, and for state fiscals years commencing April 1, 2010 through March 31, 2011, \$189 million in an annual aggregate amount, and for the period April 1, 2011 through March 31, 2012 an aggregate amount of \$172.5 million and for state fiscal years commencing April 1, 2012 through March 31, 2013, an aggregate amount of \$293,147,494, and for the period April 1, 2013 through March 31, 2014, \$246,522,355, and for the period April 1, 2014 through March 31, 2015, \$305,254,832, and for the period April 1, 2015 through March 31, 2016, \$255,208,911, for the period April 1, 2016 through March 31, 2017, \$198,758,133 in an annual aggregate amount, and for the period April 1, 2017 through March 31, 2018, the aggregate amount of \$167,600,071, will be paid semi-annually in September and March, and for the period April 1, 2018 through March 31, 2019, the aggregate amount of \$225,104,113, will be paid semi-annually in September and March, and for the period April 1, 2019 through March 31, 2020, the aggregate amount of \$196,055,358 will be paid semi-annually in September and March, and for the period April 1, 2020 through March 31, 2021, the aggregate amount of \$112,885,261 will be paid semi-annually in September and March, and for the period April 1, 2021 through March 31, 2022, the aggregate amount of \$110,086,302 will be paid semi-annually in September and March, and for the period April 1, 2022 through March 31, 2023, the aggregate amount of \$184.5 million will be paid semi-annually in September and March, and for the period April 1, 2023 through March 31, 2024, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March, and for the period April 1, 2024 through December 31, 2024, the aggregate amount of \$500,000,000 will be paid semi-annually in September and March which will be made under the medical assistance program to non-state operated public residential health care facilities, including public residential health care facilities located in the counties of Erie, Nassau and Westchester, but excluding public residential health care facilities operated by a town or city within a county.

The amount allocated to each eligible public residential health care facility for the period April 1, 1997, through March 31, 1998, will be calculated as the result of \$631.1 million multiplied by the ratio of their 1995 Medicaid days relative to the sum of 1995 Medicaid days for all eligible public residential health care facilities. The amount allocated to each eligible public residential health care facility for the period April 1, 1998, through March 31, 1999, will be calculated as the result of \$631.1 million multiplied by the ratio of their 1996 Medicaid days relative to the sum of 1996 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for the period April 1, 1999, through March 31, 2000, will be calculated as the result of \$982 million multiplied by the ratio of their 1997 Medicaid days relative to the sum of 1997 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and for annual state fiscal year periods commencing April 1, 2005 through March 31, 2009, and for state fiscal years commencing April 1, 2009 through March 31, 2011; April 1, 2011 through March 31, 2012; April 1, 2012 through March 31, 2013; April 1, 2013 through March 31, 2014; and April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; April 1, 2016 through March 31, 2017; April 1, 2017 through March 31, 2018; and April 1, 2018 through March 31, 2019; and April 1, 2019 through March 31, 2020; and April 1, 2020 through March 31, 2021, and April 1, 2021 through March 31, 2022, and April 1, 2022 through March 31, 2023, and April 1, 2023 through March 31, 2024; and April 1, 2024 through December 31, 2024 will be calculated as the result of the respective annual aggregate amount multiplied by the ratio of their Medicaid days relative to the sum of Medicaid days for all eligible public residential health care facilities for the calendar year period two years prior provided, however, that an additional amount of \$26,531,995 for the April 1, 2013 through March 2014 period will be distributed to those public residential health care facilities in the list which follows.

TN _	#24-0011		Approval Date _		-
Supe	ersedes TN	#23-0063	Effective Date	April 1, 2024	

Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

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

Non-Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under non-institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments on and after April 1, 2011, for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The amount to be paid will be up to \$287 million annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues payment of up to \$5.4 million in additional annual Medicaid payments to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

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

Effective April 1, 2024 and each state fiscal year thereafter, this proposal continues supplemental payments for services provided by physicians, nurse practitioners and physician assistants will continue.

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

Institutional Services

Effective on or after April 1, 2024, this proposal continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals under institutional services of \$339 million annually.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues adjustments for hospital inpatient services provided on and after April 1, 2012, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually based on the current criteria and methodology set by the Commissioner of Health, which the Commissioner may periodically set

through a memorandum of understanding with the New York City Health and Hospitals Corporation. Such adjustments shall be paid by means of one or more estimated payments. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

For state fiscal year beginning April 1, 2024 through March 31, 2025, this proposal continues supplemental payments to State government owned hospitals.

These payments will not exceed the upper payment limit for inpatient services provided by state government-owned hospitals when aggregated with other Medicaid payments.

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

Long Term Care Services

Effective on or after April 1, 2024, this proposal continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie Counties, but not excluding public residential health care facilities operating by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCF will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2022 and each representative succeeding year as applicable. Payments to eligible RHCF's may be added to rates of payment or made as aggregate payments.

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

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. In addition, approved SPA's beginning in 2011 are also available for viewing on this website.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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

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

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

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

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

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

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

This State Plan Amendment proposes to invest in Medicaid inpatient reimbursement rates, through acute and specialty hospital rate add-ons, for public hospitals in a city with a population of one million or more effective for services on or after April 1, 2024.



New York 131(a)

1905(a)(1) Inpatient Hospital Services

New York City Non-State Government Owned or Operated Hospital Rate Add-ons

- 1. Effective on or after April 1, 2024, and each calendar year thereafter, the State will provide an inpatient rate add-on to public hospitals in a city with a population of one million or more, and not owned or operated by the State of New York or the State University of New York. The payment computed pursuant to this section will be calculated in accordance with the following:
 - a. An estimated total payment to be distributed annually of \$325,000,000 will be allocated to qualifying hospitals using each hospital's proportionate share of Medicaid Fee-For-Service (FFS) Acute and Specialty Long Term Acute Care Hospital (LTACH) discharges to the total associated Medicaid FFS discharges of the qualifying hospitals, based on 2022 calendar year paid claims.
 - b. A rate add-on will be calculated and incorporated into the Acute and LTACH rates for each qualifying hospital as follows:

i. Acute rate:

- 1) The per discharge rate add-on for the period April 1, 2024 through December 31, 2024 will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS acute discharges pro-rated for nine months, based on paid claims.
- 2) The per discharge rate add on for calendar year 2025 and thereafter will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS acute discharges, based on paid claims.
- 3) The rate add-on per discharge will be added to the acute rate payment, after the application of the Service Intensity Weight and Wage Equalization Factor adjustments to the Statewide Base Price, as defined in the Hospital Acute Inpatient Reimbursement section of this Attachment.

ii. LTACH rate:

- 1) The per diem rate add-on for the period April 1, 2024 through December 31, 2024 will be calculated for by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS LTACH days pro-rated for nine months, based on paid claims.
- 2) The per diem rate add-on for calendar year 2025 and thereafter will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its 2022 calendar year Medicaid FFS LTACH days, based on paid claims.
- 3) The rate add-on per diem will be added to the LTACH rate payment, as defined in the Specialty Long Term Acute Care Hospital section of this Attachment.

TN <u>#2</u> 4	1 -0014	_	Approval Date
Supersede	es TN	#NEW	Effective Date April 1, 2024

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 and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 million.

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

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

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

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

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

Bronx County, Tremont Center 1916 Monterey Avenue Bronx, New York 10457 Richmond County, Richmond Center 95 Central Avenue, St. George Staten Island, New York 10301

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

This State Plan Amendment proposes to invest in Medicaid outpatient reimbursement rates, through Article 28 clinic, emergency department and ambulatory surgery rate add-ons, for public hospitals in a city with a population of one million or more, effective for services on or after April 1, 2024.



New York 1(I)(iii)

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

New York City Non-State Government Owned or Operated Hospital Rate Add-ons

- 1. Effective on or after April 1, 2024, and each calendar year thereafter, the State will provide an outpatient rate add-on to public hospitals in a city with a population of one million or more, and not owned or operated by the State of New York or the State University of New York. The payment computed pursuant to this section will be calculated in accordance with the following:
 - a. An estimated total payment to be distributed annually of \$80,000,000 will be allocated to qualifying hospitals using each hospital's proportionate share of total Medicaid Fee-For-Service (FFS) Article 28 general clinic, emergency department and ambulatory surgery services visits to the total associated Medicaid FFS visits of the qualifying hospitals, based on 2022 calendar year Medicaid FFS paid claims.
 - b. A uniform rate add-on will be calculated and incorporated into the Article 28 general clinic, emergency department and ambulatory surgery rates for each qualifying hospital as follows:
 - i. The per visit rate add-on for the period April 1, 2024 through December 31, 2024 will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its total 2022 calendar year Medicaid FFS visits pro-rated for nine months, based on the paid claims, that were used to allocate such payments.
 - ii. The per visit rate add-on for calendar year 2025 and thereafter will be calculated by dividing each hospital's allocated payment, as calculated in accordance with paragraph (1)(a) of this section, by its total 2022 calendar year Medicaid FFS visits, based on the paid claims, that were used to allocate such payments.
 - iii. The rate add-on per visit will be added to the Ambulatory Patient Group (APG) Article 28 general clinic, emergency department and ambulatory surgery services rate payments, as defined in the APG Rate Computation Hospital Outpatient section of this Attachment.

TN <u>#24-0015</u>	Approval Date:
Supersedes TN <u>#NEW</u>	Effective Date: April 1, 2024

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 and non-institutional services to comply with subparagraph (iv-a) of paragraph (b) of subdivision 35 of section 2807-c of the Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid inpatient reimbursement rates, through the development of acute and specialty hospital rate add-ons based on Medicaid patient days and discharges, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$325 million.

Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will invest in Medicaid outpatient reimbursement rates, through the development of general clinic, emergency department and ambulatory surgery rate add-ons based on Medicaid patient visits, for public hospitals in a city with a population of one million or more.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget is \$80 million.

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

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

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

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

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

Bronx County, Tremont Center 1916 Monterey Avenue Bronx, New York 10457 Richmond County, Richmond Center 95 Central Avenue, St. George Staten Island, New York 10301

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

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for all regions of the State to account for increased labor costs resulting from statutorily required increases in the New York State minimum wage as well as the statutorily required decreases in wage parity.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024 is \$6 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services in accordance with Chapter 53 of the Laws of 2023 and Subdivision 5 of section 365-m of the Social Services Law. The following changes are proposed:

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



SPA 24-0030

Attachment A

Annotated Pages

Annotated Page:

Attachment 4.19-B: Page 2(y)



New York 2(y)

Collaborative Care Services

Reimbursement for Freestanding Clinics and Hospital Outpatient Departments

Effective January 1, 2015, reimbursement will be provided to freestanding clinics and hospital outpatient departments licensed under Article 28 of the Public Health Law for Collaborative Care Services for patients diagnosed with depression in the form of a monthly case rate, specified below. Effective January 1, 2018, reimbursement with be provided to such providers for Collaborative Care Services for patients with other mental illness diagnoses at the same rates. Reimbursement shall be the same for both governmental and non governmental providers.

Rate Code	Rate Code Description	Gross Rate
5246	Collaborative Care Monthly Case Rate Year 1	\$150.00*
5217	Collaborative Care Monthly Case Rate Year 2	\$100.00*
5248	Collaborative Care Retainage Monthly Year 1	\$37.50
5249	Collaborative Care Retainage Monthly / car 2	\$25.00

*Twenty five percent of the full monthly case rate will be withheld by the State and reimbursed to the provider in the form of a monthly retainage payment based on criteria specified below. The monthly withholding during year one is \$37.50, resulting in a net monthly case payment of \$112.50. The monthly withholding during year two is \$25.00, resulting in a net monthly case payment of \$75.00.

Providers shall be eligible to receive the monthly Collaborative Care Retainage withheld by the State after the patient has been enrolled in the Collaborative Care program for a minimum of three months and if one of the following criteria is met:

- 1.—Demonstrable clinical improvement as defined by a decrease in the patient's baseline score on the PHQ 9, GAD 7, or other applicable evidenced based assessment tool as further described in OMH guidelines available at https://www.omh.ny.gov/omhweb/medicaid_reimbursement.
- 2.—In cases where there is no demonstrable clinical improvement as described in criterion 1, there must be documentation in the medical record of one of the following:
 - a. Psychiatric review of the case by the designated consulting psychiatrist with either the care manager or primary care provider and a recommendation to change the treatment plan; or
 - b.—A change in treatment plan.

After completion of a patient's third month of enrollment, providers who have met one of the criteria above may be reimbursed a lump sum for the first three months of Collaborative Care Retainage withheld and the monthly retainage withheld in each additional month of treatment, up to the completion of 12 months of treatment.

If a provider receives approval to provide Collaborative Care Services for an additional 12 months, the provider shall not be eligible to receive the Collaborative Care Retainage withheld until after the completion of three months and subject to the same eligibility requirements as in the first 12 months.

TN <u>#24-0030</u>		Approval Date	
Supersedes TN	#14-0027	Effective Date January 1, 2024	

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



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

1905(a)(9) Clinic Services

Collaborative Care Services: Freestanding Clinics

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

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

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

TN#24-0030	Approval Date
Supersedes TN <u>#14-0027</u>	Effective Date April 1, 2024

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

1905(a)(9) Clinic Services

Collaborative Care Services: Freestanding Clinics

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

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

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

TN#24- <u>0030</u>	Approval Date
Supersedes TN <u>#14-0027</u>	Effective Date April 1, 2024

New York 1.0

1905(a)(5) Physicians' Services

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

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

Effective January 1, 2015 for physicians and April 1, 2021 for nurse practitioners, reimbursement will be provided for Collaborative Care Services provided to patients diagnosed with depression pursuant to the methodology for Collaborate Care Services for Freestanding Clinics outlined in Attachment 4.19-B, except reimbursement for Physicians' and Nurse Practitioners' Services do not include a retainage withholding or payment. Effective April 1, 2024, Reimbursement will be a monthly case rate of \$172.97\$112.50 per month for each patient enrolled in Collaborative Care Services. Reimbursement will be provided for a maximum of 12 months. With the approval of the New York State Office of Mental Health, reimbursement will be provided for an additional 12 months at a rate of \$75.00 per month. Physicians and Nurse Practitioners must provide the minimum amount of services to enrollees as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Effective January 1, 2018 for physicians and April 1, 2021 for Nurse Practitioners reimbursement will be provided for Collaborative Care Services provided to patients with other mental illness diagnoses pursuant to the methodology described in this paragraph.

TN <u>#24-00</u>	030	Approval Date
Supersedes TN	#21-0012	Effective Date April 1, 2024

New York 2(y)

1905(a)(9) Clinic Services

Collaborative Care Services

Reimbursement for Freestanding Clinics and Hospital Outpatient Departments

Effective January 1, 2015, reimbursement will be provided to freestanding clinics and hospital outpatient departments licensed under Article 28 of the Public Health Law for Collaborative Care Services for patients diagnosed with depression in the form of a monthly case rate, specified below. Effective January 1, 2018, reimbursement will be provided to such providers for Collaborative Care Services for patients with other mental illness diagnoses at the same rates. Reimbursement will be the same for both governmental and non-governmental providers.

The agency's fee schedule rate was set as of April 1, 2024 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/collaborative-care-rates.xlsx

TN #24-00)30	Approval Date	
Supersedes TN	#14-0027	Effective Date April 1, 2024	

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

Institutional Services

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

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

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. 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 implement coverage and reimbursement changes to NYS Office of Mental Health licensed Personalized Recovery Oriented Services (PROS) to better address the mental health needs of Medicaid beneficiaries. The following changes are proposed:

Non-Institutional Services

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

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

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

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

Non-Institutional Services

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

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

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. 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-2023-0565

Date of Issuance - September 27, 2023

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

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

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

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

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

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

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

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

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

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

SUMMARY SPA #24-0031

This State Plan Amendment proposes to reimburse Federally Qualified Health Centers and Rural Health Clinics a separate payment in lieu of the Prospective Payment System (PPS) rate for services rendered by Community Health Workers (CHWs) when it is the only service provided.



New York 2(c)(iv)(i)

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers (FQHC)

<u>Community Health Worker Services – Federally Qualified Health Centers and Rural</u> Health Clinics

For Community Health Worker services provided on or after April 1, 2024, Federally Qualified Health Centers and Rural Health Clinics will be reimbursed a separate payment, in lieu of the Prospective Payment System (PPS) reimbursement rate, when the Community Health Worker service is the only service provided. Community Health Workers are unlicensed healthcare professionals who provide health advocacy, health education, and health navigation services to improve health outcomes. Facilities will be reimbursed for a Community Health Worker visit using the procedure codes and fees identified in the NYS Medicaid Community Health Worker Fee Schedule located at:

https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Fee_Schedule.pdf

TN #24-0031	Approval Date
Supersedes TN #New	Effective Date April 1, 2024

access to care. In the event of a change of ownership of the entire FQHC or RHC entity that was eligible for a payment under this APM, the new owner will retain the most recently approved payment of the former owner.

There is no estimated change to the annual 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 non-institutional services to comply with NYS Social Services Law Section 365-a (2)(kk). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, NYS Medicaid will reimburse Federally Qualified Health Centers a separate payment in lieu of the Prospective Payment System Rate for services rendered by Community Health Workers when it is the only service provided.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$386,622.

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 Office of Mental Health and the Department of Health hereby give 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 the New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after April 1, 2024, this proposal relates to temporary rate adjustments to Article 28 Hospitals that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers.

Additional temporary rate adjustments have been reviewed and approved for the following hospitals:

• Glens Falls Hospital, Inc.

The aggregate payment amounts total up to \$3,695,809 for the period April 1, 2024, through March 31, 2025.

The aggregate payment amounts total up to \$3,627,515 for the period April 1, 2025, through March 31, 2026.

The aggregate payment amounts total up to \$2,355,120 for the period April 1, 2026, through March 31, 2027.

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

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will also 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

SUMMARY SPA #24-0035

This State Plan Amendment proposes to provide temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions, and will be reviewed and approved by the CINERGY Collaborative.



New York 47(aa)(5)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$847,377	04/01/2021 – 03/31/2022
	(\$11,859)	10/01/2021 – 03/31/2022
Amsterdam Nursing Home Corp	\$799,375	04/01/2022 - 03/31/2023
(Amsterdam House)*	\$759,406	07/01/2023 – 03/31/2024
	<u>\$736,624</u>	<u>04/01/2024 - 03/31/2025</u>
Andrus on Hudson*	<u>\$500,000</u>	<u>04/01/2024 – 03/31/2025</u>
Bronx-Lebanon Special Care Center*	\$521,445	04/01/2021 – 03/31/2022
	(\$9,201)	10/01/2021 – 03/31/2022
	\$551,640	04/01/2022 – 03/31/2023
	\$522,747	07/01/2023 – 03/31/2024
	<u>\$507,065</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u> Approval Date ______

Supersedes TN <u>#23-0081</u> Effective Date <u>April 1, 2024</u> _____

New York 47(aa)(5.1)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$384,91 9	04/01/2021 - 03/31/2022
	\$8,741	10/01/2021 - 03/31/2022
Brooklyn United Methodist Church	\$369,825	04/01/2022 - 03/31/2023
Home*	\$394,421	07/01/2023 - 03/31/2024
	<u>\$382,588</u>	<u>04/01/2024 - 03/31/2025</u>
Buena Vida Continuing Care & Rehab	\$642,147	04/01/2021 - 03/31/2022
Ctr	(\$321,073)	10/01/2021 – 03/31/2022
	\$632,161	04/01/2021 - 03/31/2022
	(\$8,847)	10/01/2021 - 03/31/2022
Carmel Richmond and Healthcare and	\$615,961	04/01/2022 - 03/31/2023
Rehabilitation Center*	\$636,012	07/01/2023 - 03/31/2024
	<u>\$663,522</u>	04/01/2024 - 03/31/2025
Center For Nursing & Rehabilitation	\$746,693	04/01/2021 - 03/31/2022
Inc	(\$373,347)	10/01/2021 - 03/31/2022
Chapin Home for the Aging*	\$487,868	04/01/2020 - 03/31/2021
	\$487,868	04/01/2021 - 03/31/2022
	(\$6,828)	10/01/2021 – 03/31/2022
	\$460,231	04/01/2022 - 03/31/2023
	\$437,219	07/01/2023 - 03/31/2024
	<u>\$424,103</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of the CINERGY Collaborative

TN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date _April 1, 2024

New York 47(aa)(6)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$400,000	04/01/2021 - 03/31/2022
	\$120,596	10/01/2021 – 03/31/2022
Cobble Hill Health Center*	\$495,826	04/01/2022 - 03/31/2023
	\$527,480	07/01/2023 - 03/31/2024
	<u>\$550,296</u>	04/01/2024 - 03/31/2025
	\$250,000	04/01/2021 - 03/31/2022
	\$190,447	10/01/2021 - 03/31/2022
Concord Nursing Home*	\$371,870	04/01/2022 - 03/31/2023
	\$395,610	07/01/2023 - 03/31/2024
	<u>\$383,742</u>	<u>04/01/2024 - 03/31/2025</u>
		<u></u>
	\$968,289	04/01/2021 - 03/31/2022
Eger Health Care and Rehabilitation Center*	(\$11,517)	10/01/2021 – 03/31/2022
	\$914,404	04/01/2022 - 03/31/2023
	\$909,294	07/01/2023 - 03/31/2024
	<u>\$882,015</u>	<u>04/01/2024 - 03/31/2025</u>

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date April 1, 2024

New York 47(aa)(6.1)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$613,670	04/01/2021 - 03/31/2022
	\$2,085,707	10/01/2021 - 03/31/2022
Elizabeth Seton Pediatric Center*	\$ 747,671	04/01/2022 - 03/31/2023
	\$795,402	07/01/2023 - 03/31/2024
	<u>\$829,807</u>	04/01/2024 - 03/31/2025
	\$681,294	04/01/2021 - 03/31/2022
	\$36,050	10/01/2021 - 03/31/2022
Ferncliff Nursing Home Co Inc.*	\$747,118	04/01/2022 - 03/31/2023
j	\$794,814	07/01/2023 - 03/31/2024
	<u>\$788,695</u>	<u>04/01/2024 - 03/31/2025</u>
	\$1,129,968	01/01/2022 - 03/31/2022
Fort Hudson Nursing Center	\$118,982	04/01/2022 - 06/30/2022
	\$118,982	07/01/2022 - 09/30/2022
	\$118,983	10/01/2022 – 12/31/2022
	\$118,983	01/01/2023 - 03/31/2023
	\$137,943	04/01/2023 - 06/30/2023
	\$137,943	07/01/2023 - 09/30/2023
	\$137,943	10/01/2023 - 12/31/2023
	\$137,943	01/01/2024 - 03/31/2024

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date April 1, 2024

New York 47(aa)(6.1.a)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$371,698	04/01/2020 - 03/31/2021
	\$371,698	04/01/2021 - 03/31/2022
	\$304	10/01/2021 - 03/31/2022
Good Samaritan Nursing Home*	\$353,258	04/01/2022 - 03/31/2023
	\$364,063	07/01/2023 - 03/31/2024
	<u>\$353,141</u>	04/01/2024 - 03/31/2025
	\$695,000	01/01/2022 - 03/31/2022
	\$411,875	04/01/2022 - 06/30/2022
	\$411,875	07/01/2022 – 09/30/2022
	\$411,875	10/01/2022 – 12/31/2022
Greenfield Health and Rehabilitation	\$411,875	01/01/2023 - 03/31/2023
Center	\$155,000	04/01/2023 - 06/30/2023
	\$155,000	07/01/2023 - 09/30/2023
	\$155,000	10/01/2023 – 12/31/2023
	\$155,000	01/01/2024 - 03/31/2024
	91 110 754	04/01/2021 - 03/31/2022
	\$1 ,110,754 \$288,490	10/01/2021 - 03/31/2022
Gurwin Jewish Nursing and	\$1,351,867	04/01/2022 - 03/31/2023
Rehabilitation Center*	\$1,438,170	07/01/2023 - 03/31/2024
	\$1,395,025	
	\$1,393,025	04/01/2024 - 03/31/2025
	\$1,875,731	04/01/2021 - 03/31/2022
	\$ 382,779	10/01/2021 - 03/31/2022
Hebrew Home for the Aged at	\$1,971,361	04/01/2022 - 03/31/2023
Riverdale*	\$1,883,465	07/01/2023 - 03/31/2024
	<u>\$1,826,961</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

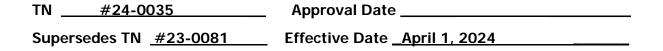
TN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date April 1, 2024

New York 47(aa)(6.2)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Incarnation Children's Center	\$224,255	10/01/2021 - 03/31/2022
	\$1,633,648	04/01/2021 - 03/31/2022
	\$397,615	10/01/2021 - 03/31/2022
Isabella Geriatric Center Inc*	\$1,749,498	04/01/2022 - 03/31/2023
	\$1,662,023	07/01/2023 - 03/31/2024
	<u>\$1,612,162</u>	04/01/2024 - 03/31/2025
Island Nursing and Rehab Center*	\$495,250	04/01/2021 - 03/31/2022
	\$11,248	10/01/2021 - 03/31/2022
	\$475,830	04/01/2022 - 03/31/2023
	\$452,039	07/01/2023 - 03/31/2024
	<u>\$438,478</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative

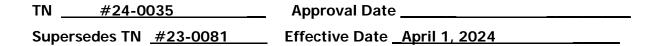


New York 47(aa)(7)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Island Nursing and Rehab	\$4,200,000	04/01/2020 - 03/31/2021
Tsiand Nursing and Kenab	\$4,275,000	04/01/2021 - 03/31/2022
	\$505,965	04/01/2021 - 03/31/2022
	(\$6,017)	10/01/2021 - 03/31/2022
Jamaica Hospital Nursing Home Co	\$479,225	04/01/2022 - 03/31/2023
Inc*	\$453,918	07/01/2023 - 03/31/2024
	<u>\$473,552</u>	04/01/2024 - 03/31/2025
	\$324,023	04/01/2020 - 03/31/2021
Jefferson's Ferry	\$324,0 23	04/01/2021 03/31/2022
	\$37, 788	10/01/2021 - 03/31/2022

^{*}Denotes provider is part of CINERGY Collaborative.



New York 47(aa)(7.1.a)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$861,601	04/01/2021 - 03/31/2022
	(\$12,059)	10/01/2021 - 03/31/2022
Mary Manning Walsh Nursing	\$895,415	04/01/2022 - 03/31/2023
Home Co Inc*	\$948,383	07/01/2023 - 03/31/2024
	<u>\$919,932</u>	04/01/2024 - 03/31/2025
	\$800,433	04/01/2021 - 03/31/2022
Menorah Home And Hospital For	(\$9,519)	10/01/2021 - 03/31/2022
Rehabilitation and Nursing*	\$755,890	04/01/2022 - 03/31/2023
	\$745,518	07/01/2023 - 03/31/2024
	<u>\$777,765</u>	<u>04/01/2024 - 03/31/2025</u>
	\$2 91 ,832	04/01/2021 - 03/31/2022
Methodist Home for Nursing and	\$275,592	04/01/2022 - 03/31/2023
Rehabilitation*	\$293,921	07/01/2023 - 03/31/2024
	<u>\$285,104</u>	04/01/2024 - 03/31/2025
	V	

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u>	Approval Date
Supersedes TN #23-0081	Effective Date _April 1, 2024

New York 47(aa)(8)

1905(4)(a) Nursing Facility Services

Nursing Homes (continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Parker Jewish Institute For Health Care and Rehabilitation*	\$1,276,548	04/01/2021 - 03/31/2022
	\$334,605	10/01/2021 - 03/31/2022
	\$1,555,295	04/01/2022 - 03/31/2023
	\$1,654,585	07/01/2023 - 03/31/2024
	<u>\$1,726,153</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u> Approval Date ______

Supersedes TN <u>#23-0081</u> Effective Date <u>April 1, 2024</u> _____

New York 47(aa)(8.1)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$458,838	04/01/2021 - 03/31/2022
	\$6,393	10/01/2021 - 03/31/2022
Providence Rest*	\$493,614	04/01/2022 - 03/31/2023
	\$525,127	07/01/2023 - 03/31/2024
	<u>\$509,373</u>	04/01/2024 - 03/31/2025
	\$282,288	04/01/2021 - 03/31/2022
	\$73,992	10/01/2021 - 03/31/2022
Rebekah Rehabilitation &	\$343,928	04/01/2022 - 03/31/2023
Extended Care Center Inc*	\$331,686	07/01/2023 - 03/31/2024
	\$346,033	04/01/2024 - 03/31/2025
	\$1,289,994	04/01/2021 - 03/31/2022
	(\$18,055)	10/01/2021 - 03/31/2022
	\$1,216,918	04/01/2022 - 03/31/2023
Rutland Nursing Home*	\$19,155,100	03/01/2023 - 03/31/2023
Ratiana Narsing Home	\$19,496,200	04/01/2023 - 03/31/2024
	\$19,344,300	04/01/2024 - 03/31/2025
	<u>\$1,131,920</u>	04/01/2024 - 03/31/2025
	\$426,310	04/01/2021 - 03/31/2022
Saints Joachim & Anne Nursing	(\$5,070)	10/01/2021 - 03/31/2022
and Rehabilitation Center*	\$402,586	04/01/2022 - 03/31/2023
	\$382,456	07/01/2023 - 03/31/2024
	<u>\$370,983</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date _April 1, 2024

New York 47(aa)(9)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$773,173	04/01/2021 - 03/31/2022
	\$3,393	10/01/2021 - 03/31/2022
Sarah Neuman Center for Healthcare*	\$827,832	04/01/2022 - 03/31/2023
	\$842,992	07/01/2023 - 03/31/2024
	<u>\$823,570</u>	04/01/2024 - 03/31/2025
	\$291,907	04/01/2021 - 03/31/2022
	(\$3,471)	10/01/2021 - 03/31/2022
Schaffer Extended Care System*	\$308,810	04/01/2022 - 03/31/2023
Soliding Extended dark dystem	\$292,636	07/01/2023 - 03/31/2024
	<u>\$305,294</u>	<u>04/01/2024 - 03/31/2025</u>
	\$ 1,204,270	04/01/2022 - 03/31/2023
	\$10,844,900	03/01/2023 - 03/31/2023
Shulman and Schachne Institute for Nursing*	\$10,503,800	04/01/2023 - 03/31/2024
	<u>\$ 1,136,170</u>	07/01/2023 - 03/31/2024
	\$10,655,700	04/01/2024 - 03/31/2025
	<u>\$ 1,185,314</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u>	Approval Date
Supersedes TN #23-0081	Effective Date _April 1, 2024

New York 47(aa)(9.2)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$1,225,719	04/01/2020 - 03/31/2021
Schulman and Schachne	\$1,225,719	04/01/2021 - 03/31/2022
Institute for Nursing and	(\$14,577)	10/01/2021 - 03/31/2022
Rehabilitation*	\$1,204,270	04/01/2022 - 03/31/2023
	\$1,136,170	07/01/2023 - 03/31/2024
	\$833,785	04/01/2021 - 03/31/2022
	(\$11,670)	10/01/2021 - 03/31/2022
Silvercrest*	\$798,351	04/01/2022 - 03/31/2023
	\$770,721	07/01/2023 - 03/31/2024
	<u>\$804,058</u>	<u>04/01/2024 – 03/31/2025</u>
	\$748,048	04/01/2021 - 03/31/2022
St Cabrini Nursing Home*	\$10,327	10/01/2021 - 03/31/2022
	\$788,645	04/01/2022 - 03/31/2023
	\$761,351	07/01/2023 - 03/31/2024
	<u>\$794,283</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

TN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date April 1, 2024

New York 47(aa)(9.3)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective	
	\$400,000	04/01/2021 - 03/31/2022	
	\$120,596	10/01/2021 - 03/31/2022	
St Johnland Nursing Center*	\$495,826	04/01/2022 - 03/31/2023	
3	\$527,480	07/01/2023 - 03/31/2024	
	<u>\$550,296</u>	04/01/2024 - 03/31/2025	
	\$1,053,645	04/01/2021 - 03/31/2022	
	(\$9,241)	10/01/2021 - 03/31/2022	
St. Mary's Hospital for	\$1,052,354	04/01/2022 - 03/31/2023	
Children Inc.*	\$1,114,606	07/01/2023 - 03/31/2024	
	<u>\$1,162,818</u>	04/01/2024 - 03/31/2025	
	\$9 20 , 5%	10/01/2021 - 03/31/2022	
St. Patrick's Home*	\$486,674	04/01/2022 - 03/31/2023	
St. Fathers Floring	\$459,153	07/01/2023 - 03/31/2024	
	<u>\$477,509</u>	04/01/2024 - 03/31/2025	
	\$276,263	04/01/2021 - 09/30/2021	
	\$276,263	04/01/2021 - 03/31/2022	
	\$72,414	10/01/2021 - 03/31/2022	
	\$3,681,188	01/01/2022 - 03/31/2022	
	\$384,746	04/01/2022 - 06/30/2022	
St Vincent Depaul Residence*	\$384,746	07/01/2022 - 09/30/2022	
St vincent Depart Residence	\$384,747	10/01/2022 - 12/31/2022	
	\$384,747	01/01/2023 - 03/31/2023	
	\$336,588	04/01/2022 - 03/31/2023	
	\$337,197	07/01/2023 - 03/31/2024	
	<u>\$351,782</u>	04/01/2024 - 03/31/2025	

^{*}Denotes provider is part of CINERGY Collaborative.

IN <u>#24-0035</u>	Approval Date
Supersedes TN <u>#23-0081</u>	Effective Date April 1, 2024

New York 47(aa)(10)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$1,449,586	04/01/2021 - 03/31/2022
	\$147,364	10/01/2021 – 03/31/2022
Terence Cardinal Cooke Health Care	\$1,452,702	04/01/2022 - 03/31/2023
Ctr*	\$1,380,067	07/01/2023 - 03/31/2024
	<u>\$1,439,761</u>	<u>04/01/2024 - 03/31/2025</u>
	\$1,248,092	04/01/2021 - 03/31/2022
	\$271,207	10/01/2021 – 03/31/2022
The Jewish Home Hospital*	\$1,451,106	04/01/2022 - 03/31/2023
	\$1,572,645	07/01/2023 - 03/31/2024
	<u>\$1,525,466</u>	04/01/2024 - 03/31/2025
	\$671,170	04/01/2021 - 03/31/2022
The Wartburg Home*	\$159,719	10/01/2021 – 03/31/2022
	\$769,740	04/01/2022 - 03/31/2023
	\$736,907	07/01/2023 - 03/31/2024
	<u>\$714,800</u>	<u>04/01/2024 - 03/31/2025</u>
Trustees Eastern Star Hall and Home	\$ 869,050	01/01/2022 - 03/31/2022
	\$762,452	04/01/2021 - 03/31/2022
	(\$9,068)	10/01/2021 - 03/31/2022
United Hebrew Geriatric Center*	\$776,512	04/01/2022 - 03/31/2023
	\$749,638	07/01/2023 - 03/31/2024
	<u>\$782,063</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.

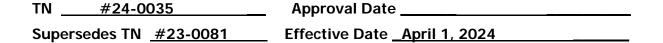
TN <u>#24-0035</u>		Approval Date	
Supe	rsedes TN #23-0081	Effective Date	April 1, 2024

New York 47(aa)(10.1)

1905(4)(a) Nursing Facility Services

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$621,763	04/01/2021 - 03/31/2022
VillageCare Rehabilitation and	\$14,120	10/01/2021 - 03/31/2022
Nursing Center	\$597,382	04/01/2022 - 03/31/2023
	\$567,513	07/01/2023 - 03/31/2024
	\$259,009	04/01/2022 - 03/31/2023
St. Mary's Center*	\$276,235	07/01/2023 - 03/31/2024
	<u>\$267,948</u>	04/01/2024 - 03/31/2025

^{*}Denotes provider is part of CINERGY Collaborative.



The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0037

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions-

Under legislation S. 8007--C A. 9007—C, Article VII Part I, the 2024-25 enacted budget outlines a 2.84% Cost of Living Adjustment in eligible Health Home rates for those Health Home members that meet the risk and acuity criteria for Health Home Plus and to comply with S. 4003 – D the 2023-24 enacted budget outlines supplemental payments intended for services provided to eligible adults who meet risk and acuity criteria for Health Home Plus and receiving Assisted Outpatient Treatment (AOT) are now eligible for the supplemental payments.



NY - Submission Package - NY2024MS00040 - (NY-24-0037) - Health Homes

Summary

Reviewable Units

New

Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID NY2024MS00040

Program Name NYS Health Home Program

SPA ID NY-24-0037

Version Number 1

Submission Type O cial

State NY

Region New York, NY

Package Status Pending



Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0004O | NY-24-0037 | NYS Health Home Program

Package Header

Package ID NY2024MS00040

SPA ID NY-24-0037

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

State Information

State/Territory Name: New York Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

○ CHIP



SPA ID and Effective Date

SPA ID NY-24-0037

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	4/1/2024	NY-24-0023



Executive Summary

Summary Description Including The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services Goals and Objectives to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment.

> Under legislation S. 8007--C A. 9007—C, Article VII Part I, the 2024-25 enacted budget outlines a 2.84% Cost of Living Adjustment in eligible Health Home rates for those Health Home members that meet the risk and acuity criteria for Health Home Plus and to comply with S. 4003 - D the 2023-24 enacted budget outlines supplemental payments intended for services provided to eligible adults who meet risk and acuity criteria for Health Home Plus and receiving Assisted Outpatient Treatment (AOT) are now eligible for the supplemental payments.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$70,704
Second	2025	1.7/41,409

Federal Statute / Regulation Citation

1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
	No items available

Governor's Ofice Review

No comment

Ocomments received

O No response within 45 days

 \bigcirc Other



Submission - Medicaid State Plan MEDICAID Medicaid State Plan Health Homes NY2024MS00040 NY-24-0037 NYS Health Home Program CMS-10434 OMB 0938-1188				
	ubmission includes the following:			
	ministration			
	gibility			
ве	nefits and Payments Health Homes Program			
		Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.		
		Create new Health Homes program		
		Amend existing Health Homes program		
		Terminate existing Health Homes program		
		NYS Health Home Program		
Hea	alth Homes SPA - Reviewable Units			
Only	select Reviewable Units to include in the package which you intend to	change.		
*				
	Reviewable Unit Name	In uded in A of her SourceType Su mission P ckage		
	Health Homes Intro	APPROVED		
	Health Homes Geographic Limitations	APPROVED		
	Health Homes Population and Enrollment Criteria	APPROVED		
	Health Homes Providers	APPROVED		
	Health Homes Service Delivery Systems	APPROVED		
	Health Homes Payment Methodologies	APPROVED		
	Health Homes Services	(APPROVED		
	Health Homes Monitoring, Quality Measurement and Evaluation	(APPROVED		
		1 - 8 of 8		
	☐ 1945A Health Home Program			

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00040 | NY-24-0037 | NYS Health Home Program

Package Header

Package ID NY2024MS0004O

SPA ID NY-24-0037

Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

Name of Health Homes Program

NYS Health Home Program

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

Name		Date Created	
FPN HH+ AOT	「 Rate	5/9/2024 1:11 PM EDT	DOC



Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00040 | NY-24-0037 | NYS Health Home Program

Package Header

Package ID NY2024MS00040

SPA ID NY-24-0037

Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

Name of Health Homes Program:

NYS Health Home Program

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state \bigcirc Yes

 $\bigcirc \, \mathsf{No}$



Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS00040 | NY-24-0037 | NYS Health Home Program

Package Header

Package ID NY2024MS0004O

SPA ID NY-24-0037

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

Initial Submission Date N/A

Effective Date N/A

SAMHSA Consultation

Name of Health Homes Program

NYS Health Home Program

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions

Date of consultation

1/20/2014



Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0004O | NY-24-0037 | NYS Health Home Program

Package Header

Package ID NY2024MS00040

User-Entered

SPA ID NY-24-0037

Submission Type Official
Approval Date N/A
Superseded SPA ID NY-24-0023

Initial Submission Date N/A Effective Date 4/1/2024

Payment Methodology

The State's Health Homes paymen	t methodology will contain the following fe	eatures	
Fee for Service	3		
	Individual Rates Per Service		
	Per Member, Per Month Rates	Fee for Service Rates based on	
			Severity of each individual's chronic conditions
			Capabilities of the team of health care professionals, designated provider, or health team
			Other
			Describe below
			see text box below regarding rates
	Comprehensive Methodology Included in	the Plan	
	Incentive Payment Reimbursement		
Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided	see text below		
PCCM (description included in Serv	vice Delivery section)		
Risk Based Managed Care (descrip	tion included in Service Delivery section)		
Alternative models of payment, ot	ther than Fee for Service or PMPM payments (describe below)	

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Ocomprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

4/1/2024

Website where rates are displayed

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_updated_may_2024.htm

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

- 1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
- 2. Please identify the reimbursable unit(s) of service;
- 3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
- 4. Please describe the state's standards and process required for service documentation, and:
- 5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy, and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Provider Type

NYS Medicaid providers eligible to become health homes include managed care plans; hospitals; medical, mental and chemical dependency treatment clinics; primary care practitioner practices; PCMHs; FQHCs; Targeted Case Management (TCM) providers; certified home health care agencies and any other Medicaid enrolled providers that meet health home provider standards.

Care Management Fee:

Health Homes meeting State and Federal standards will be paid a per member per month care management fee that is adjusted based on region and case mix method for adults, or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for children age 0 through 20). The total cost relating to a care manager (salary, fringe benefits, nonpersonal services, capital and administration costs) in conjunction with caseload assumptions were used to develop the Health Home rates. The state periodically reviews the Health Home payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services.

Effective May 1, 2018, the per member per month care management fee for adults will be based on region and case mix defined by populations as indicated below. Health Home rates for children will continue to be determined by an algorithm applied to the CANS-NY assessment. The risk adjusted payments will allow providers to receive a diverse population of patients and assign patients to various levels of care management intensity without having to meet preset standards for contact counts. Providers will be able to respond to and adjust the intensity and frequency of intervention based on patient's current condition and needs (from tracking to high touch). All rates will be published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Rates for Health Home services to children are effective October 1, 2016 and apply to services furnished on and after October 1, 2016.

For dates of service beginning June 1, 2018 through December 31, 2018, the per member per month care management fee for Health Homes that are, as of June 1, 2018, designated to serve children only, or designated to serve children in 43 counties and adults and children in one county, shall be adjusted to provide \$4 million in payments to supplement care management fees. The supplemental payments shall be paid no later than March 31, 2019 and will be allocated proportionately among such Health Homes based on services provided between June 1, 2018 and December 1, 2018. The supplement shall be a lump sum payments.

Rates for Health Home services furnished to other populations are effective as noted below and apply to services furnished on and after such dates.

State Health Home Rates and Rate Codes Effective October 1, 2017 can be found at: $https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.$

State Health Home Rates and Rate Codes Effective May 1, 2018 can be found at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.

State Health Home Rates and Rate Codes Effective October 1, 2018 can be found at: $https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018$ State Health Home Rates and Rate Codes Effective July 1, 2020, can be found at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm

Population Case Mix Definitions for Health Home Adult Rates

Health Home Plus/Care Management Rates include adults with active AOT order or expired AOT order within last year; adults stepping down from State PC and ACT; Health and Recovery Plan (HARP) members that meet high risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home High Risk/Need Care Management Rates, include adults that are HARP enrolled members not included in the Health Home Plus/Care Management; any adult member meeting high risk criteria based on the high, medium and low, Clinical and Functional Assessment; and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home Care Management Rates, include all other adults not meeting criteria for Health Home Services Adult Home Transition Rates, Health Home Plus/Care Management or High Risk /High Need Care Management Rates.

Health Home Services Adult Home Transition Rates apply to individuals, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, that are Adult Home Residents with serious mental illness (SMI) that are required to transition from Adult Homes located in New York City to the community.

Effective July 1, 2020, the PMPM for case finding will be reduced to \$0 as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above.

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month health home providers must, at a minimum, provide one of the core health home services per month. The monthly payment will be paid via the active care management PMPM. Once a patient has consented to received services and been assigned a care manager and is enrolled in the health home program the active care management PMPM may be billed. Care managers must document all services provided to the member in the member's care plan.

Managed Care Considerations:

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract has been modified to include language similar to that outlined below which addresses any duplication of payment between the MCO capitation payments and health home payments. The delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care.

- · The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- \cdot The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks to include additional State designated health home providers to ensure appropriate access.
- · Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes.
- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- · Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its' network.

The State has a health home advisory committee of providers and managed care plans through which any issues with payment would be raised and addressed. Directions have been given to health plans to match health home payment to providers based on relative health home care management effort. Further information on specific construction on health home rates includes specific administration compensation to guide rate differential construct.

 $Targeted\ Case\ Management\ (TCM)\ Conversion\ Considerations:$

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid

their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

Health Home care management services may be provided to children that are eligible and enrolled in both the Early Intervention Program and Health Home, and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the Early Intervention Program.

All payments will be made under the health home payment detailed above in the care management fee section if they convert to or become part of a health home. Effective October 1, 2017, the case finding PMPM will be paid under the provisions described in the care management fee section.

Children's Transitional Rates

Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915c B2H waivers, who shall provide Health Home Care Management services in accordance with this section effective on January 1, 2019, shall be eligible for a transition rate add-on for two years to enable providers to transition to Health Home rates. Health Home Care Management Services eligible for the transition rate add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the Health Home rate without the add-on. The transition methodology is set forth in the transitional rate chart.

Children's Health Home Transition Rates

January 1, 201 Health Home	9 through J	lune 30, 20	19 Add-On			Trar	ısitional Rat	e
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	•		7926: SED (L)	\$948.00	\$992.00			\$1,232.00
1870: Medium				\$723.00	\$753.00			\$1,232.00
1871: High			7924: SED (H)	\$423.00	\$433.00			\$1,232.00
	*******			1	7	(.,	.,	7.,
July 1, 2019 thr	ough Decei	mber 31, 20	19					
Health Home	•		Add-On			Trar	sitional Rat	e
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	\$225.00	\$240.00	7926: SED (L)	\$711.00	\$744.00	SED (L)	\$936.00	\$984.00
1870: Medium	\$450.00	\$479.00	7925: SED (M	\$542.00	\$565.00	SED (M)	\$992.00	\$1,044.00
1871: High	\$750.00	\$799.00	7924: SED (H	\$317.00	\$325.00	SED (H) S	1,067.00	\$1,124.00
January 1, 2020	through Ju	ine 30, 202	0					
Health Home			Add-On			Trar	sitional Rat	e
	Upstate	Downstate		Upstate	Downstate		Upstate [Downstate
1869: Low	\$225.00	\$240.00	7926: SED (L	\$474.00	\$496.	00 SED	(L) \$699	.00 \$736.00
1870: Medium	\$450.00	\$479.00	7925: SED (M	\$362.00	\$377.00	SED (M)	\$812.00	\$856.00
1871: High	\$750.00	\$799.00	7924: SED (H)	\$212.00	\$217.00	SED (H)	\$962.00	\$1,016.00
July1, 2020 thr	nugh Decen	nher 31 20	20					
Health Home	.3		Add-On			Transiti	onal Rate	
	Upstate D	ownstate	Uı	state Do	wnstate		te Downst	ate
1869: Low			926: SED (L) \$					
1870: Medium								
1871: High			924: SED (H) \$					
3						, ,		
January 1, 2019	through Ju	ine 30, 201	9					
Health Home			Add-On			Trans	itional Rate	
	Upstate I	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$925.00	\$960.00	B2H(L) 5	1,150.00	\$1,200.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$700.00	\$721.00	B2H (M) \$	51,150.00	\$1,200.00
1871: High	\$750.00	\$799.00	8000: B2H (H)	\$400.00	\$401.00	B2H (H) \$	1,150.00	\$1,200.00
July 1, 2019 thr	rough Dece	mber 31, 20)19					
Health Home			Add-On			Transitio	onal Rate	
	Upstate D			pstate Do			state Dow	/nstate
1869: Low	\$225.00	\$240.00 8	002: B2H (L)	694.00	720.00 B2	2H (L) \$9	19.00 \$	960.00
1870: Medium	\$450.00	\$479.00 8	001: B2H (M) \$					020.00
1871: High	\$750.00	\$799.00 8	000: B2H (H)	\$300.00	0 \$301.00	B2H (H)	\$1,050.00	\$1,100.00

July 1, 2020 through December 31, 2020

January 1, 2020 through June 30, 2020

Upstate Downstate

Health Home

1869: Low

1871: High

Health Home	_		Add-On			Tra	nsitional R	late
	Upstate	Downstate		Upstate	Downstate		Upstate	Downstate
1869: Low	\$225.00	\$240.00	8002: B2H (L)	\$231.00	\$240.00	B2H (L)	\$456.00	\$480.00
1870: Medium	\$450.00	\$479.00	8001: B2H (M)	\$175.00	\$180.00	B2H (M)	\$625.00	\$659.00

Upstate Downstate

\$225.00 \$240.00 8002: B2H (L) \$463.00 \$480.00 B2H (L) \$688.00 \$720.00

\$750.00 \$799.00 8000: B2H (H) \$200.00 \$201.00 B2H (H) \$950.00 \$1,000.00

Transitional Rate
Upstate Downstate

Add-On

1870: Medium \$450.00 \$479.00 8001: B2H (M) \$350.00 \$361.00 B2H (M) \$800.00 \$840.00

Effective October, 1, 2022, Children's Health Homes may receive an assessment fee to ensure that any child who may be eligible for Home and Community-Based Services (HCBS) under the Children's Waiver, demonstration or State Plan authority will be eligible

to receive a timely HCBS assessment under the Health Home program. The HH HCBS assessment fee will compensate the HH for the costs associated with conduct of:

- · Evaluation and/or re-evaluation of HCBS level of care;
- · Assessment and/or reassessment of the need for HCBS;
- \cdot Inclusion of all aspects of an HCBS Plan of Care in the HH's Comprehensive Care Plan.

This fee will be paid in addition to the PMPM calculated above and is contingent upon the Health Home completing a timely and

complete assessment.

Effective January 1, 2024, a per member per month (PMPM) care management fee was developed separately for the Health Homes Serving Children designated by the NYS designation process and providing High Fidelity Wraparound. The fee is based on modeling estimated enrollment, staff salaries, benefits, non-personnel costs, overhead, and administrative costs that is based on region under High Fidelity Wraparound based on the caseload assumptions. Separate projections and rates are developed for this population of most vulnerable children who meet the following conditions to be part of this service:

SED diagnosis as well as additional criteria, namely that the child or youth is:

- -Between 6 and 21 years of age;
- Has a functional impairment in the home, school, or community as measured by the Children and Adolescent Needs and Strengths (CANS-NY);
- Is Health Home (HH) Enrolled/Eligible through SED or 2 MH diagnoses;
- -Is involved with two or more systems;
- Has a history of service utilization with out-of-home residential or inpatient services, crisis and emergency services, intensive treatment programs or represent high needs populations.

Separate rates are developed for the children's High Fidelity Wraparound services for the Health Homes Serving Children. State Health Home Rates and Rate Codes Effective January 1, 2024 can be found at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/index.htm

Effective April 1, 2024, a supplemental per member per month (PMPM) care management fee was developed for the Health Homes Serving Adults designated by the NYS designation process and providing Health Home Plus Care Management to members who are receiving Health Home Plus Care Management due to an Assisted Outpatient Treatment (AOT) Order. Also rates are adjusted to reflect a 2.84% COLA for Health Home Plus members.

Rates are located at

 $https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_updated_may_2024.htm$

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0004O | NY-24-0037 | NYS Health Home Program

Package Header

Package ID NY2024MS0004O

SPA ID NY-24-0037

Submission Type Official
Approval Date N/A
Superseded SPA ID NY-24-0023

Initial Submission Date N/A Effective Date 4/1/2024

User-Entered

Assurances		
	it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a as 1915(c) waivers or targeted case management.	
duplication of payment will be	All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.	
	$https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_updated_may_2024.htm$	
The state has developed payment	methodologies and rates that are consistent with section 1902(a)(30)(A).	
The State provides assurance that above.	all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described	
The State provides assurance that section 1902(a)(32).	it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with	
Optional Supporting M	laterial Upload	
Name	Date Created	
	No items available	

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 5/9/2024 3:18 PM EDT



1916 Monterey Avenue Bronx, New York 10457

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the 2023-24 enacted State budget. The following changes are proposed:

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

SUMMARY SPA #24-0041

This State Plan Amendment proposes to increase the reimbursement rates for EPSDT early intervention (EI) services. This rate increase is needed to address provider capacity issues that municipalities are facing statewide.



Page 1(a)(iii)(2)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: New York

1905(a)(4)(B) Early and Periodic Screening, Diagnostic, and Treatment services

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

EPSDT provided as EPSDT Early Intervention (EI) Services

Early and periodic screening, diagnostic and treatment services (EPSDT) for individuals under 21 years of age, and treatment of conditions found.

EPSDT EI services are delivered by Department of Health-approved early intervention service providers in each county of the State or the City of New York and include the following Medicaid services as described in Item 6.d(i) of Section 3.1-A and 3.1-B of the Medicaid State Plan.

1) Screening Services, 2) Evaluation Services, 3) Audiology Services, 4) Nursing Services, 5) Nutrition Services, 6) Occupational Therapy Services, 7) Physical Therapy Services, 8) Psychological Services, 9) Social Work Services, 10) Special Instruction/Developmental, Services, 11) Speech-Language Pathology Services, 12) Medical Equipment and Appliances, 13) Vision Services, 14) Applied Behavioral Analysis Services, 15) Transportation Services.

Fees established by the Department of Health and in effect on July 1, 2018, will be used to pay for EPSDT EI services furnished on or after July 1, 2018. The fees are available on the Department of Health's website at the following links:

EPSDT EI Services (other than DME and transportation): www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Fees established by the Department of Health and in effect on July 1, 2023, will be used to pay for EPSDT EI transportation services furnished on or after July 1, 2023. The fees are available on the Department of Health's website at the following links:

EPSDT EI transportation services: www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Medical equipment and appliances are reimbursed in accordance with the methodology in place for Durable Medical Equipment on page 6(a)(viii) of the State Plan.

Effective April 1, 2024, and applicable to services on and after April 1, 2024, rates for EPSDT Early Intervention services will be increased by 5%.

TN <u>#24-00</u>	41	Approval Date
Supersedes TN _	#23-0087	Effective Date April 1, 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0042

This State Plan Amendment proposes to reduce the capital component of the Medicaid rates for all residential health care facilities, excluding pediatric residential health care facilities, by 10%.



New York 42

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

- xii. Utilization Review
- xiii. Other Ancillary
- xiv. Plant Operations and maintenance (cost for facilities and real estate and occupancy taxes only).
- (3) The allowable facility specific non-comparable component of the rate will be reimbursed at a payment rate equal to adjusted reported non-comparable costs, after first deducting capital costs and allowable items not subject to trending, divided by the facility's total 1983 patient days.
- (g) Capital Component of the Rate.

The allowable facility specific capital component of the rate will include allowable capital costs determined in accordance with section 86-2.19, 86-2.20, 86-2.21 and 86-2.22 of this Subpart and costs of other allowable items determined by the department to be non-trendable divided by the facility's patient days in the base year determined applicable by the department.

- (g)(1) Effective on and after April 2, 2020, the capital component of all Medicaid rates for residential health care facilities will be reduced by 5%.
- (g)(2) Effective on and after April 1, 2024, the capital component of all Medicaid rates for residential health care facilities (excluding pediatric residential health care facilities) will be reduced by 10%, after all prior enacted increases and reductions are applied.
- (h) A facility's payment rate for 1986 and subsequent rate years will be equal to the sum of the operating portion of the rate as defined in paragraph (2) of subdivision (b) of this section and the capital component as defined in subdivision (g) of this section.
 - (i) Specialty Facilities.

Facilities which provide extensive nursing, medical, psychological and counseling support services to children with diverse and complex medical, emotional and social problems will be considered

TN <u>#24-0042</u>	Approval Date
Supersedes TN #20-0038	Fffective Date April 1 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0043

This State Plan Amendment proposes to freeze the case mix adjustment to the direct component of the nursing home daily rate to allow for updating the methodology to PDPM.



New York 110(d)(13)

1905(a)(4)(aA) Nursing Facility Services

Calculation of 200	Calculation of 2007 All Payer Base Year Case Mix						
Peer Group	Case Mix Total (Count x Weight)*	Total Patient Days	Weighted Average Case Mix (Case Mix Total/ Patient Days)				
NSHB/NS300+	12,385,293	13,623,548	0.9091				
NS300-	22,137,438	24,403,182	0.9072				
Statewide/All Non-Specialty Facilities	34,522,731	38,026,730	0.9079				
2007 Base Year Case N (50% NSHB/NS300-	0.9085						
	2007 Base Year Case Mix = NS300- (50% NS300- / 50% Statewide)						

^{*}Count is defined as the number of patients in each Resource Utilization Group and Weight is calculated and defined as described above in paragraph g(1) and g(2).

- 4) (a) Subsequent case mix adjustments to the direct component of the price for rate periods effective after January 1, 2012, will be made in July and January of each calendar year and will use Medicaid-only case mix data applicable to the previous case mix period (e.g., July 1, 2012, case mix adjustment will use January 2012 case mix data, and January 1, 2013, case mix adjustment will use July 2012 case mix data).
- 4) (b) The case mix adjustment to the direct component of the price for rate periods effective July 1, 2021, and thereafter, will be made in January and July of each calendar year and will use all Medicaid-only case mix data submitted to CMS applicable to the previous six-month period (e.g., April – September for the January case mix adjustment; October – March for the July case mix adjustment).
 - (c) The case mix adjustment to the direct component of the price for the rate periods effective January 1, 2024, and thereafter, will not be calculated or applied. The case mix adjustment for the prior rate period (effective July 1, 2023) will remain in effect until such time as the case mix adjustment methodology can be revised in statute, regulation, and the State Plan, to leverage acuity data from the Patient Driven Acuity Model (PDPM).

TN#24-0043		Approval Date	_
Supersedes TN _	#21-0050	Effective Date <u>April 1, 2024</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

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 April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0044

This State Plan Amendment proposes to provide funding to increase psychiatric inpatient service capacity, improve staff recruitment and retention, and promote fiscal viability at Glens Falls Hospital Inc.



New York 136(b.2)

1905(a)(1) Inpatient Hospital Services

Hospitals (Continued):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
	\$861,356	04/01/2018 – 03/31/2019
Bassett Medical Center	\$861,356	04/01/2019 - 03/31/2020
	\$861,360	04/01/2020 - 03/31/2021
	. ,	
	\$ 250,000	01/01/2020 – 03/31/2020
Clautan Hambuma Madiaal Cantan	\$1,000,000	04/01/2020 - 03/31/2021
Claxton Hepburn Medical Center	\$1,000,000	04/01/2021 - 03/31/2022
	\$ 750,000	04/01/2022 – 12/31/2022
	\$3,695,809	04/01/2024 - 03/31/2025
Glens Falls Hospital, Inc.	<u>\$3,627,515</u>	04/01/2025 - 03/31/2026
·	\$2,355,120	04/01/2026 - 03/31/2027
	\$250,000	02/01/2015 - 03/31/2015
	\$1,00 0, 0 00	04/01/2015 - 03/31/2016
	\$ 1,000,000	04/01/2016 – 03/31/2017
Oswego Hospital	\$750,000	04/01/2017 - 06/30/2017
	\$3 87,520	04/12/2018 - 03/31/2019
	\$7 37,626	04/01/2019 - 03/31/2020
	\$3 <mark>74,854</mark>	04/01/2020 - 03/31/2021
	\$1,553,578	09/11/2014 – 03/31/2015
	\$1,773,128	04/01/2015 – 03/31/2016
Arnot Health, Inc/St. Joseph's	\$1,710,279	04/01/2016 – 03/31/2017
Hospital Elmira	\$ 301,744	12/01/2017 – 03/31/2018
Hospital Eliflia	\$ 618,290	04/01/2018 – 03/31/2019
	\$ 590,069	04/01/2019 – 03/31/2020
	\$ 289,897	04/01/2020 – 03/31/2021
	\$ 200,000	09/01/2021 – 12/31/2021
	\$ 52,500	01/01/2022 – 03/31/2022
	\$1,208,552	04/01/2022 – 12/31/2022
SUNV Unstate Medical University	\$402,851	01/01/2023 - 03/31/2023
SUNY Upstate Medical University	\$1,000,352	04/01/2023 - 12/31/2023
	\$333,451	01/01/2024 - 03/31/2024
	\$751,721	04/01/2024 - 12/31/2024
	\$250,573	01/01/2025 – 03/31/2025

TN <u>#24-0044</u>	Approval Date				
Supersedes TN <u>#21-0020</u>	Effective Date _April 1, 2024				

access to care. In the event of a change of ownership of the entire FQHC or RHC entity that was eligible for a payment under this APM, the new owner will retain the most recently approved payment of the former owner.

There is no estimated change to the annual 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 non-institutional services to comply with NYS Social Services Law Section 365-a (2)(kk). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, NYS Medicaid will reimburse Federally Qualified Health Centers a separate payment in lieu of the Prospective Payment System Rate for services rendered by Community Health Workers when it is the only service provided.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$386,622.

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 Office of Mental Health and the Department of Health hereby give 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 the New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after April 1, 2024, this proposal relates to temporary rate adjustments to Article 28 Hospitals that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers.

Additional temporary rate adjustments have been reviewed and approved for the following hospitals:

• Glens Falls Hospital, Inc.

The aggregate payment amounts total up to \$3,695,809 for the period April 1, 2024, through March 31, 2025.

The aggregate payment amounts total up to \$3,627,515 for the period April 1, 2025, through March 31, 2026.

The aggregate payment amounts total up to \$2,355,120 for the period April 1, 2026, through March 31, 2027.

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

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will also 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 1460, Albany, NY 12210, spa inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the 2023-24 enacted State budget. The following changes are proposed:

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

SUMMARY SPA #24-0047

This State Plan Amendment proposes to provide a 2.84% COLA effective April 1, 2024 for OASAS Residential Rehabilitation Services for Youth (RRSY) services.



New York 12

1905(a)(16): IMD under age 21

Statewide RRSY Fees:

Bed Size	RRSY Fees										
14	\$418.43	22	\$374.90	30	\$347.69	38	\$328.28	46	\$313.39	54	\$301.41
15	\$411.47	23	\$370.88	31	\$344.93	39	\$326.21	47	\$311.75	55	\$300.07
16	\$405.07	24	\$367.06	32	\$342.28	40	\$324.21	48	\$310.16	56	\$298.76
17	\$399.14	25	\$363.44	33	\$339.73	41	\$322.27	49	\$308.61	57	\$297.48
18	\$393.64	26	\$359.99	34	\$337.27	42	\$320.39	50	\$307.10	58	\$296.22
19	\$388.50	27	\$356.70	35	\$334.90	43	\$318.56	51	\$305.63	59	\$294.99
20	\$383.69	28	\$353.57	36	\$332.62	44	\$316.79	52	\$304.19	60+	\$293.79
21	\$379.17	29	\$350.56	37	\$330.41	45	\$315.06	53	\$302.78		

The geographic regions and regional cost factors applicable to the statewide RRSY fees from the first table are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange
4	1.1009	Dutchess, Putnam
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, rates in the table above will receive a cost-of-living adjustment of 5.4%, followed on January 1, 2023, by a 5.0% rate increase. Effective April 1, 2023, these programs will receive a cost-of-living adjustment of 4.0%. Effective April 1, 2024, the April 1, 2023 rates will receive a cost-of-living adjustment of 2.84%. All rates are published at the following link:

https://oasas.ny.gov/reimbursement/non-ambulatory

TN <u>#24-0047</u>		Approval Date	
Supersedes TN	#23-0069	Effective Date April 1, 2024	

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0048

This State Plan Amendment proposes to provide a 2.84% COLA effective April 1, 2024, for OASAS freestanding outpatient services, Part 820 residential services, freestanding residential medically supervised withdrawal, and freestanding residential rehabilitation.



New York 10(a.1)(b)

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

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective March 1, 2023, the downstate region fee for Residential Stabilization will receive a 5.6% rate increase for parity to the upstate region. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

Effective April 1, 2023, all three elements of the Part 820 service will receive a 4.0% cost-of-living adjustment. Effective April 1, 2024, all three elements of the Part 820 service will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN <u>#24-00</u>	48	Approval Date
Supersedes TN _	#23-0070	Effective Date _April 1, 2024

New York 10(a.3.ii)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services Reimbursement methodology (cont.)

Effective January 1, 2024, the freestanding Ambulatory Patient Group base rates are as follows:

Service	Region	1.	/1/2024
Addiction Rehab	Upstate	\$	172.78
Addiction Rehab	Downstate	\$	202.16
Addiction Day Rehab	Upstate	\$	172.78
Addiction Day Rehab	Downstate	\$	202.16
Opioid Treatment Program (OTP)	Upstate	\$	172.78
Opioid Treatment Program (OTP)	Downstate	\$	202.16
Offsite - Rehab and Day Rehab	Upstate	\$	241.89
Offsite - Rehab and Day Rehab	Downstate	\$	283.02
Offsite - OTP	Upstate	\$	241.89
Offsite - OTP	Downstate	\$	283.02

The fee schedule rates in the table above apply to both governmental and private providers.

The rates in the table above are posted at:

https://oasas.ny.gov/reimbursement/ambulatory-providers

Effective April 1, 2024, freestanding Ambulatory Patient Group base rates will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN <u>#24-00</u>	48	Approval Date
Supersedes TN _	#24-0013	Effective Date _April 1, 2024

New York 10(a.5)

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

Statewide RMSW fees:

Bed Size	RMSW Fees
6	\$ 408.97
7	\$ 401.53
8	\$ 395.20
9	\$ 389.70
10	\$ 384.85
11	\$ 380.51
12	\$ 376.59
13	\$ 373.01
14	\$ 369.74
15	\$ 366.72
16	\$ 363.91

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

Region	Factor	Counties
1	1.2267	Bronx, Kings, New York, Richmond, Queens
2	1.2001	Westchester
3	1.1825	Nassau, Suffolk, Rockland, Orange, Putnam
4	1.1009	Dutchess
5	1.0317	Erie, Niagara
6	0.9710	Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida
7	0.9192	Rest of State

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective January 1, 2023, the RMSW, fees will receive a 5.0% rate increase. Effective April 1, 2023, RMSW fees will receive a 4.0% cost-of-living adjustment. All fees will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

Effective April 1, 2024, RMSW fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN #24-0	048	Approval Date
Cum area da a TN	#22 0070	
Supersedes TN	#23-0070	Effective Date April 1, 2024

New York 10(a.6)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services
Chemical Dependence Freestanding Residential Rehabilitation Services (cont.)

Effective April 1, 2022, the January 1, 2019, fees for Freestanding Residential Rehabilitation Services will receive a 5.4% cost-of-living adjustment (COLA). Effective January 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 5.0% rate increase. Effective April 1, 2023, fees for Freestanding Residential Rehabilitation Services will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/non-ambulatory

Effective April 1, 2024, fees for Freestanding Residential Rehabilitation Services will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN #24-00	48	Approval Date	
Supersedes TN	#23-0070	Effective Date April 1, 2024	

New York 10(a.7)(a)

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

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Freestanding Weekly Bundles (cont.)

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective January 1, 2023, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. Effective April 1, 2023, freestanding OTP weekly bundle fees will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

https://oasas.ny.gov/reimbursement/ambulatory-providers

Effective April 1, 2024, freestanding OTP weekly bundle fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above.

TN <u>#24-00</u>	48	Approval Date
Supersedes TN _	#23-0070	Effective Date April 1, 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0049

This State Plan Amendment proposes to provide a 2.84% COLA effective April 1, 2024, for OASAS Hospital-Based Outpatient Services.



New York 1(e)(6.1)

1905(a)(2)(A) Outpatient Hospital Services Dually Licensed Article 28 & Article 32 Outpatient Programs

Effective January 1, 2024, the hospital-based Ambulatory Patient Group base rates are as follows:

Service	Region	1/1/2024	
Clinic	Upstate	\$	197.45
Clinic	Downstate	\$	231.02
Outpatient Rehab	Upstate	\$	197.45
Outpatient Rehab	Downstate	\$	231.02
Opioid Treatment Program (OTP)	Upstate	\$	197.45
Opioid Treatment Program (OTP)	Downstate	\$	231.02

The fee schedule rates in the table above apply to both governmental and private providers. <u>Effective April 1, 2024, these rates will receive a cost-of-living adjustment of 2.84%.</u>

The rates in the table above are posted at:

https://oasas.ny.gov/reimbursement/ambulatory-providers

TN#24-0049		Approval Date		
Supersedes TN _	#24-0012	Effective Date _April 1, 2024		

New York 1(p)(iv)

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

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Hospital Weekly Bundles (continued)

Each program furnishing OTP bundled services shall will keep those records necessary to disclose the extent of services the program furnishes to beneficiaries and, on request, furnish to OASAS that information. Such information shall will include, at minimum, the following: date of service; name of recipient; Medicaid identification number; name of practitioner providing each service; exact nature of the service, extent or units of service; and the place of service. OASAS will review such data in order to revise, as necessary, the bundled payments described herein.

OASAS will conduct regular programmatic reviews for compliance with state regulations and Federal law and issue corrective actions plans for any noted deficiencies. In addition, service frequency and utilization data will be collected and tracked by OASAS.

The bundled payments shown for April 1, 2021 were calculated by regionalizing the statewide COVID bundled payments approved in the NYS disaster relief SPA, which are the 2019 base (unregionalized) Medicare bundled payments, using the OASAS OTP regional factor of 1.1700 (Downstate relative to Upstate) for freestanding facilities. The calculated payments are the same for hospitals and freestanding programs. The regional factor was applied assuming that the Downstate region would continue to have 94.41% of the methadone bundle service volume, which is the value found in the initial service period COVID bundle data used for the rate calculation. The pre-April 1, 2021 statewide bundled payments for rate code 7973 and 7975 were \$207.49 and \$258.47 respectively. The April 1, 2021 medication take home fees are identical to those of Medicare, which are not regionalized.

Effective April 1, 2022, the rates for April 1, 2021 will receive a cost-of-living adjustment of 5.4%. Effective January 1, 2023, the April 1, 2022, rates will receive a 5.0% rate increase. Effective April 1, 2023, the January 1, 2023 rates will receive a 4.0% cost-of-living adjustment. Effective April 1, 2024, the April 1, 2023 rates will receive a cost-of-living adjustment of 2.84%. All OTP Weekly Bundles rates can be found at the link below:

https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm

TN <u>#24-004</u>	9	Approval Date
Supersedes TN	#23-0071	Effective Date April 1, 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0050

This State Plan Amendment proposes to add an across-the-board adjustment of a 2.84% Cost of Living Adjustment (COLA) per the enacted 2025 Budget to the following inpatient service, Specialty Hospitals.



New York 2(b)

1905(a)(1) Inpatient Hospital Services

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

Rate period	Rate
On and After 10/01/2023	\$943.09
04/01/2024 and forward	\$969.87

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

TN <u>#24-0050</u>	Approval Date
Supersedes TN <u>#23-0096</u>	Effective Date April 1, 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0051

This State Plan Amendment proposes to add an across-the-board adjustment of a 2.84% Cost of Living Adjustment (COLA) per the enacted 2025 budget for the following inpatient service, Psychiatric Residential Treatment Facilities (PRTFs).



New York 4

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, operating rates of payment will receive an eight percent (8.0%) increase. This increase will be included until such a time when the Department of Health has determined costs associated with the increase are reflected in the cost reports used for rate setting.

Effective April 01, 2023, through March 31, 2024, operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a four percent (4%) increase until such time as the COLA increase is reflected in the base period cost reports.

Effective April 01, 2024, through March 31, 2025, operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a two-point eight four percent (2.84%) increase until such time as the COLA increase is reflected in the base period cost reports.

TN #24-0051	Approval Date
Supersedes TN <u>#23-0055</u>	Effective Date _April 1, 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0052

This State Plan Amendment proposes to revise the State Plan for an across-the-board adjustment of a 2.84% Cost of Living Adjustment (COLA) to the following non-institutional services; Day Treatment, Article 16, Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD) and Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD).



New York 2(t.6)

1905(a)(9) Clinic Services, 1905(a)(2) Outpatient Hospital Services

VI. APG Base Rates for OPWDD certified or operated clinics.

Peer Group	Base Rate	Effective Date of Base Rate
Peer Group A	\$180.95	7/1/11
Peer Group B	\$186.99	7/1/11
Peer Group C	\$270.50	7/1/11
Peer Group A	\$182.21	4/1/15
Peer Group B	\$189.07	4/1/15
Peer Group C	\$272.70	4/1/15
Peer Group A	\$182.57	4/1/16
Peer Group B	\$189.45	4/1/16
Peer Group C	\$273.24	4/1/16
Peer Group A	\$184.65	4/1/18
Peer Group B	\$192.90	4/1/18
Peer Group C	\$276.88	4/1/18
Peer Group A	\$185.97	4/1/20
Peer Group B	\$195.09	4/1/20
Peer Group C	\$279.20	4/1/20
Peer Group A	\$188.45	7/1/21
Peer Group B	\$197.69	7/1/21
Peer Group C	\$282.92	7/1/21
Peer Group A	\$197.97	4/1/22
Peer Group B	\$207.68	4/1/22
Peer Group C	\$297.22	4/1/22
Peer Group A	\$205.89	4/1/23
Peer Group B	\$215.99	4/1/23
Peer Group C	\$309.11	4/1/23
Peer Group A	<u>\$211.74</u>	<u>4/1/24</u>
Peer Group B	\$222.12	<u>4/1/24</u>
Peer Group C	\$317.89	<u>4/1/24</u>

TN	<u>#24-0052</u>	<u> </u>	Approval Date	
Supersed	es TN	#23-0054	Effective Date	April 1, 2024

New York Page 3(h.14)

1905(a)(13) Rehabilitative Services

Rate Setting

1. The method of reimbursement for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	\$ <u>63.46<mark>61.70</mark></u>	\$ <u>73.01</u> 71.00	Monthly
Mild	2	\$ <u>423.04</u> 411.36	\$ <u>486.73</u> 473.29	Monthly
Moderate	3	\$ <u>456.88</u> 444.26	\$ <u>525.67</u> 511.15	Monthly
Intensive	4	\$ <u>901.08</u> 976.19	\$ <u>1,036.71</u> 1008.08	Monthly

i. Payment Levels

- a. Stable periodic (quarterly) intervention At least one month in each quarter requires the delivery of a service.
- b. Mild monthly intervention Provider will bill the monthly unit of service when CSIDD services are rendered and at a minimum one service is delivered in the month.
- c. Moderate multiple outreaches per month Provider will bill the monthly unit of service when CSIDD services are rendered, and more than one service is delivered per month.
- d. Intensive weekly or more outreach Provider will bill the monthly unit of service when CSIDD services are rendered, and services are provided on a weekly basis.

The same monthly rate will be used to reimburse CSIDD services delivered in a face-to-face manner or via telehealth in accordance with State guidance.

II.	requirements

a. Providers will be required to complete cost reports on an annual basis.

TN #24-00	052	Approval Date		
Supersedes TN	#23-0054	Effective Date _April 1, 2024_		

New York 3h12.3

1905(a)(9) Clinic Services

Effective April 1, 2023, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

				Rate Code	s	
Corp Name	Site	4170	4171	4172	4173	4174
	Site	Full Day	Half Day	Collocated Model	Intake	Diagnosis &
						Evaluation
UCP Suffolk	250 Marcus Boulevard	\$242.49	\$121.25	\$0.00	\$242.49	\$242.49

Effective April 1, 2024, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

		Rate Codes				
Corn Name	Sito	<u>4170</u>	4171	<u>4172</u>	<u>4173</u>	<u>4174</u>
Corp Name	<u>Site</u>	Full Day	<u>Half Day</u>	Collocated Model	<u>Intake</u>	Diagnosis &
						<u>Evaluation</u>
UCP Suffolk	250 Marcus Boulevard	<u>\$249.38</u>	<u>\$124.69</u>	<u>\$0.00</u>	<u>\$249.38</u>	<u>\$249.38</u>

TN <u>#24-005</u>	52	Approval Date
Supersedes TN _	#23-0054	Effective Date <u>April 1, 2024</u>

New York 5(a)(ii)

1905(a)(6) Medical Care, or Any Other Type of Remedial Care Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

- (A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.
 - (1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:
 - (i) IPSIDD fee schedule effective April 1, 2016, through December 31, 2016: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
 - (ii) IPSIDD fee schedule effective January 1, 2017, through December 31, 2017: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_o1_ipsidd.htm
 - (iii) IPSIDD fee schedule effective January 1, 2018, through December 31, 2018: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_i psidd.htm
 - (iv) IPSIDD fee schedule effective January 1, 2019, through December 31, 2019: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm
 - (v) IPSIDD fee schedule effective January 1, 2020, through June 30, 2021: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_i psidd.htm
 - (vi) IPSIDD fee schedule effective July 1, 2021, through March 31,2022: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2021/2021_07_01_ipsidd.htm
 - (vii) IPSIDD fee schedule effective April 1, 2022, through March 31, 2023: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2022/2022_04_01_i psidd.htm
 - (viii) IPSIDD fee schedule effective April 1, 2023, through March 31, 2024and-forward: https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2023/2023_04_01_ipsidd.htm
 - (2) IPSIDD is available for the following services:
 - (i) Occupational Therapy;
 - (ii) Physical Therapy:
 - (iii) Speech and Language Pathology;
 - (iv) Psychotherapy.

TN <u>#24-00</u>	052	Approval Date	
Supersedes TN	#23-0054	Effective Date April 1, 2024	

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$18 million.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, this amendment proposes to revise the payment eligibility criteria, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), that are eligible for the Alternative Payment Methodology (APM) which provides for an additional payment annually to preserve and improve beneficiary

SUMMARY SPA #24-0053

This State Plan Amendment proposes to implement a 2.84 percent Cost of Living Adjustment to the reimbursement fees for NYS Office of Mental Health Outpatient and Rehabilitative programs, effective April 1, 2024. This amendment also proposes to authorize statutorily enacted minimum wage increases for the following services: Assertive Community Treatment (ACT), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), Personalized Recovery Oriented Services (PROS) and Comprehensive Psychiatric Emergency Program (CPEP) Services.



New York 2(ao)

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

42 C.F.R. § 440.20

Comprehensive Psychiatric Emergency Program (CPEP) hospital outpatient services are reimbursed on a daily basis. A CPEP provider may receive reimbursement for one Triage and Referral visit or one Full Emergency visit service in one calendar day.

Effective October 1, 2023 April 1, 2024, statewide fees for Comprehensive Psychiatric Emergency Program Services are available at the following Office of Mental Health website link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

TN <u>#24-00</u> !	53	Approval Date	
Supersedes TN	#23-0103	Effective Date April 1, 2024	

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 October 1, 2023 April 1, 2024, 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>#24-0053</u>	Approval Date	
Supersedes TN #23		

New York 3(j.2)

1905(a)(9) Clinic Services

Continuing Day Treatment Services:

Reimbursement Methodology for Outpatient Hospital Services

Definitions:

- **Group Collateral** A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit 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 October 1, 2023 April 1, 2024, 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/medicald_reimbursement/excel/cdt-base-rate.xlsx

TN <u>#24-00</u>	53	Approval Date	
Supersedes TN _	#23-0103	Effective Date <u>April 1, 2024</u>	

New York 3k(1a)

1905(a)(9) Clinic Services

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

The agency's fee schedule rate was set as of October 1, 2023 April 1, 2024, 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 <u>#24-0053</u>		Approval Date
Supersedes TN _	#23-0103	Effective Date <u>April 1, 2024</u>

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 October 1, 2023 April 1, 2024, 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



N <u>#24-0053</u>		Approval Date	
Supersedes TN _	#23-0103	Effective Date April 1, 2024	

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 October 1, 2023 April 1, 2024, 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 <u>#24-00</u> !	53	Approval Date	
Supersedes TN _	#23-0103	Effective Date <u>April 1, 2024</u>	

New York 3L-4

1905(a)(13) Rehabilitative Services

Intensive Rehabilitation (IR):

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

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

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

Ongoing Rehabilitation and Support (ORS):

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

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

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month.

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

PROS Rates of Payment: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is adjusted as of July 1, 2024, however the statutory minimum wage increases will be effective October 1, 2023 and April 1, 2024, and a cost of living adjustment will be effective April 1, 2024; and such rates are is effective for services provided on or after that those dates. All rates are published on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/pros.xlsx

TN <u>#24-0053</u>		Approval Date		
Supersedes TN _	#23-0098	Effective Date <u>April 1, 2024</u>		

New York 3M

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13d. Rehabilitative Services

Assertive Community Treatment (ACT) Reimbursement

ACT services are reimbursed regional monthly fees per individual for ACT teams corresponding to the number of individuals served, as defined in the fee schedule. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. The agency's fee schedule rate is adjusted, including changes for the statutory minimum wage increase, as of October 1, 2023 April 1, 2024, and such rate is effective for services provided on or after that date. All rates are published at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx

Monthly fees are based on projected costs necessary to operate an ACT team of each size and are calculated by dividing allowable projected annual costs by 12 months and by team size. Such monthly fee is then adjusted by a factor to account for fluctuations in case load or when the provider cannot submit full or partial month claims because the minimum contact threshold cannot be met. No costs for room and board are included when calculating ACT reimbursement rates.

ACT services are reimbursed either the full or partial/stepdown fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided during a month. Providers may not bill more than one monthly fee for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. ACT services are also reimbursed the partial/stepdown fee for a maximum of five months for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full fee may be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of six contacts per month, of which up to two contacts may be provided while the individual was in the hospital. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge.

N <u>#24-0053</u>		Approval Date	
Supersedes TN	#23-0100	Effective Date _April 1, 2024_	_

New York 3N

13d. Rehabilitative Services:

1905(a)(13) Other diagnostic, screening, preventative and rehabilitative services
Outpatient and Residential Crisis Intervention Services
42 CFR 440.130(d)

Reimbursement for Outpatient and Residential Crisis Intervention Services as outlined in item 13.d of Attachments 3.1-A and B are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed fees are the same for both governmental and private providers. Provider agency fees were set as of April 1, 2023 2024, for Outpatient and Residential Crisis Intervention Services and are effective for these services provided on or after that date. Provider agency rates were set as of April 1, 2023 2024, for Mobile Crisis Intervention Services provided by Comprehensive Psychiatric Emergency Programs and are effective for these services provided on or after that date. All fees are published on the Office of Mental Health website.

Mobile Crisis Intervention Services are reimbursed regional fees determined by contact type, practitioner qualifications, and duration of services. Services are reimbursed in either 15 minutes unit increments or daily fees, published on the Office of Mental Health website at: https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_mobile_telephonic.xlsx

Mobile Crisis Intervention Services Provided by Comprehensive Psychiatric Emergency Programs: https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

Crisis Residential Services are reimbursed regional daily fees per individual. Crisis residential services are limited to 28 days per admission, except services for recipients may be reimbursed beyond 28 days if medically necessary and approved by the state. Fees are published on the Office of Mental Health website at:

https://www.omh.ny.gov/omhweb/med_caid_reimbursement/excel/crisis_residential.xlsx

Crisis Stabilization Services are reimbursed a regional daily brief or full fee per individual. Reimbursement is limited to one brief or full claim reimbursement per recipient per day. Fees are published on the Office of Mental Health website at:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_stabilization.xlsx

The reimbursement methodology is composed of provider cost modeling, consistent with New York State certified financial reporting and Bureau of Labor Statistics wage data. The following list outlines the major components of the provider cost model:

- Staffing assumptions and staff wages
- Employee-related expenses benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation)
- Program-related expenses (e.g., supplies)
- Provider overhead expenses, and
- Program billable units.

Fees are developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN <u>#24-00</u>	53	Approval Date		
Supersedes TN _	#23-0068	Effective Date _April 1, 2024		

New York 3P

1905(a)(13) Other diagnostic, screening, preventative, and rehabilitative services

13.d Rehabilitative Services Coordinated Specialty Care Services

Reimbursement Methodology for Coordinated Specialty Care Services

Effective July 1, 2023, for services provided by OMH licensed providers, reimbursement for Coordinated Specialty Care (CSC) services will be made in the form of a monthly fee if the minimum number of services, as defined herein is provided. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

Monthly fees were calculated using provider-submitted Consolidated Fiscal Reports (CFR) for Coordinated Specialty Care services and were calculated by dividing allowable annual costs by 12 months and by provider case size. Such monthly fees are then adjusted by a factor to account for fluctuations in case load and the expected frequency of full or partial month claims based on established minimum contact thresholds.

CSC services are reimbursed either the full or half month fee based on the number of discrete contacts of at least 15 minutes in duration in which CSC services are provided. Providers will not bill more than one monthly fee, including the full or half month fee, for the same individual in the same month.

CSC services are reimbursed the full month fee for a minimum of four contacts per month, at least two of which must be with the individual. CSC services are reimbursed the half month fee for a minimum of two and fewer than four contacts per month, of which one must be with the individual. CSC services are also reimbursed the half-month fee for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full monthly fee will be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of four contacts per month, of which two contacts will be provided while the individual is admitted to the hospital. Such reimbursement for individuals admitted to a general hospital is limited to five continuous months. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge. No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one contact with an individual and one collateral contact. Services provided using telehealth technology and services with collateral contacts are included for purposes of determining total monthly visits.

OMH Coordinated Specialty Care providers will maintain complete case records which form the basis of all claims and statistical and financial reports for at least six years from the date of service. All such records will be subject to audit for six years from the date the claim was submitted. Providers must also submit annual cost reports. The State periodically reviews case records, claims data, and provider cost reports to evaluate the adequacy and efficiency of bundled reimbursement rates.

The State also monitors the provision of CSC services to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their needs through services and provider monitoring tools including required client and program-level data reporting and annual fidelity assessment. Providers of CSC services are also required to perform patient-specific reporting to the State at routine intervals as a condition of authorization to provide CSC services.

The agency's fee schedule rate is adjusted as of April 1, 2024, and such rate is effective for services provided on or after that date. Fees for CSC Services are available on the OMH website at: http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

ΓN <u>#24-0053</u>		Approval Date
Supersedes TN	#23-0075	Effective Date April 1, 2024

New York 8a

1905(a)(13) Rehabilitative Services

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

- I. **Definitions:** The list of definitions in the "Ambulatory Patient Group System freestanding clinic" section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:
 - After hours means outside the time period 8:00 am 6:00 pm on weekdays or any time during weekends.

II. Quality Improvement (QI) Program

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

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

III. Minimum Wage Increases

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

IV. Reimbursement Rates: Effective for dates of service on or after October 1, 2023 April 1, 2024, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including changes for the statutory minimum wage increase, and base rates for providers participating in the OMH Quality Improvement program. Effective October 1, 2023, APG base rates for hospital-based mental health outpatient treatment and rehabilitative services providers are eligible to include a Quality Improvement Supplement. In addition, APG peer group base rates are adjusted, effective October 1, 2023, for the statutory minimum wage increase. Also, effective April 1, 2023, APG peer group base rates for services provided in OMH-approved school-based satellites will be increased by 25 percent. Base rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx

N <u>#24-0053</u>		Approval Date	_
Supersedes TN	#23-0101	Effective Date <u>April 1, 2024</u>	

Institutional Services

Effective on or after January 1, 2024, the Department of Health will adjust Medicaid rates for hospital-based Chemical Dependence Inpatient Rehabilitation, Medically Managed and Medically Supervised Inpatient Withdrawal and Stabilization programs. Hospital-based Chemical Dependence Inpatient Rehabilitation programs will receive an across the board increase of 7.9%. Hospital-based Medically Managed Inpatient Withdrawal and Stabilization and Medically Supervised Inpatient Withdrawal and Stabilization programs will receive an across the board increase of 4.7%.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$969,000.

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

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Public Health Law Section 2808 (2-c)(d). The following changes are proposed:

Long Term Care Services

Effective on or after January 1, 2024, the quality incentive program for non-specialty nursing homes will continue to recognize improvement in performance and provide for other minor modifications in the measurement set. The following measure will be removed from the measurement set: Percent of Long Stay Residents with Dementia Who Received an Antipsychotic Medication (PQA). The following measure will be added to the measurement set: Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines.

There is no estimated change to the annual aggregate 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 non-institutional services to comply with the enacted New York State budget. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2024, the Department of Health will adjust rates statewide to reflect the impact of New York State Minimum Wage increases for Office of Mental Health (OMH) Outpatient Services, Clinic Services and Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$312,000.

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

Department of State F-2023-0839

Date of Issuance – December 27, 2023

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

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

In F-2023-0839, Chelsea Piers, LP is proposing the Chelsea Piers NYC Public Access Improvements. The project calls for the removal of the walkway and replacing it with a pile supported walkway. The new walkway will be wider at the eastern end to meet the existing shoreline esplanade (Hudson River Greenway) to the southeast and will cover an area of 5,447 SF (2,474 SF more). The new walkway will be supported by 36 - 10.75-inch hollow steel pipe piles. Where the new platform meets the granite block seawall, a new vertical 29.5' x 3.83' concrete seawall extension will be installed to meet the existing grade. The project site is located on the Hudson River at Pier 59, New York, NY 10011.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/system/files/documents/2023/12/f-2023-0839.pdf or at https://dos.ny.gov/public-notices

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice or January 26, 2024.

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

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

PUBLIC NOTICE

Department of State

Not-For-Profit Financial Reports Must Be Filed by January 31, 2024 If your not-for-profit organization is required to register with the New York State Attorney General's Charities Bureau and is

- \bullet a 501(c)(3) organization that provides support for a 501(c)(4) organization engaging in lobbying OR
- a 501(c)(4) organization that spends on advocacy related media, you may be required by law to file financial reports with the New York State Department of State.

Reports for the period of July 1, 2023 – December 31, 2023 are due no later than January 31, 2024.

The reporting requirement applies to:

501(c)(3) organizations that:

- Share staff, staff time, personnel, or other resources
- totaling more than \$10,000 in a six-month period
- with a 501(c)(4) organization that files a source of funding report with the Commission on Ethics and Lobbying in Government

501(c)(4) organizations that:

- Spend more than \$10,000 a year on communications
- distributed to 500 or more members of a general public audience
- that refer to and advocates for/against individuals, issues or government bodies

If you believe your organization might fall within either of these categories, please make sure you are complying with the law. For more information on the filing requirements and how to file reports, please visit our website at: https://dos.ny.gov/financial-reports-be-filed-certain-not-profit-organizations

PUBLIC NOTICE

Department of State

Uniform Code Variance/Appeal Petitions

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

2023-0615 Matter of Costa Vincent, 63 Soundview Dr., Pt. Washington, NY 11050, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 63 Soundview Dr., Village of Pt. Washington, County of Nassau, State of New York.

2023-0627 Matter of Gray Architectural Svs, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located Two Greenhouse Lane, Village of Brookville, County of Nassau, State of New York.

2023-0628 Matter of Yaron Levy, 38 Hawthorne Lane, Great Neck, NY 11023, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located 38 Hawthorne Lane, Great Neck, Town of North Hempstead, County of Nassau, State of New York.

2023-0629 Matter of Guilor Architects P.C., Edna Guilor, 17 Ravine Road, Great Neck, NY 11023, for a variance concerning stairway width and landing requirements. Involved is the alteration of an existing dwelling located at 80 Hicks Lane, Village of Great Neck, County of Nassau, State of New York.

PUBLIC NOTICE

Department of State Uniform Code Variance/Appeal Petitions

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

2023-0633 in the Matter of James Behrens, 31 Parkway Drive South, Orangeburg, NY 10962, for a variance concerning safety requirements, including ceiling height. Involved is a one family dwelling located in the County of Rockland, State of New York.

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

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 April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

This State Plan Amendment proposes to revise the State Plan for an across-the-board adjustment of a 2.84% Cost of Living Adjustment (COLA) to the following institutional service, Intermediate Care Facility (ICF/IID).



New York 22(a)

1905(a)(15) ICF/IID

- a. The applicable trend factor effective July 01, 2021, through March 31, 2022, will be calculated as follows. 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.
- b. The applicable trend factor effective April 01, 2022, through March 31, 2023, will be calculated as follows. 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.
- c. The applicable trend factor effective April 01, 2023, through March 31, 2024, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a four percent (4.0%) increase until such time as the COLA increase is reflected in the base period cost reports.
- d. The applicable trend factor effective April 01, 2024, through March 31, 2025, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a two-point eight four percent (2.84%) increase until such time as the COLA increase is reflected in the base period cost reports.

N #24-0054		Approval Date
Supersedes TN	#23-0097	Effective Date <u>April 1, 2024</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

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 April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

This State Plan Amendment proposes to implement a 2.84 percent Cost of Living Adjustment to the reimbursement fees paid to reimburse Comprehensive Psychiatric Emergency Program (CPEP) extended observation bed (EOB) services, effective April 1, 2024.



New York 117(m)

1905(a)(1) Inpatient Hospital Services

- i. Eligible hospitals will be those general hospitals which receive approval for certificate of need applications submitted to the Department of Health between April 1, 2010 and March 31, 2011 for adding new behavioral health inpatient beds in response to the decertification of other general hospital behavioral health inpatient beds in the same service area, or which the Commissioner of Health, in consultation with the Commissioner of Mental Health, has determined to have complied with Department of Health requests to adjust behavioral health service delivery in order to ensure access.
- ii. Eligible hospitals will, as a condition of their receipt of the rate adjustments, submit to the Department of Health proposed budgets for the expenditure of the additional Medicaid payments for the purpose of providing inpatient behavioral health services to Medicaid eligible individuals. The budgets must be approved by the Department of Health, in consultation with the Office of Mental Health, prior to the rate adjustments being issued.
- iii. Distributions will be made as add-ons to each eligible facility's inpatient Medicaid rate and will be allocated proportionally utilizing the proportion of each approved hospital budget to the total amount of all approved hospital budgets. Distributions will be subsequently reconciled to ensure that actual aggregate expenditures are within available aggregate funding.
- I. For purposes of this section, the downstate region of New York State will consist of the following 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.
- m. Reimbursement equivalent to the inpatient hospital per diem rate of reimbursement will be made for extended observation bed (EOB) services in hospital-based comprehensive psychiatric emergency programs (CPEP), subsequent to a CPEP full or triage and referral visit and where the beneficiary remains in the CPEP for longer than 24 hours. Such reimbursement will be limited to 72 hours. Effective April 1, 2023 4, inpatient hospital rates for EOB services are available at the following Office of Mental Health website link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

TN #24-0055	Approval Date
Supersedes TN <u>#23-0084</u>	Effective Date April 1, 2024

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311 or visit our web site at: www.osc.state.ny.us

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

PUBLIC NOTICE

Department of Civil Service

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

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2024 will be conducted on April 17 and April 18 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. 1, Albany, NY 12239 (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Department of Environmental Conservation has determined that:

Address: .21 acres of land, Plank Road

Berlin, NY

Rensselaer County

 $.21\pm$ acres of land, known as a portion of the Cowee State Forest, is surplus and no longer useful or necessary for state program purposes and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Frank Pallante, Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

PUBLIC NOTICE

Department of Health

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

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

All Services

Effective on or after April 1, 2024, the Department of Health will adjust rates statewide to reflect a 1.5% percent Cost of Living Adjustment for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children Family Treatment Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Outpatient Addiction Services, OASAS Freestanding (non-hospital) Inpatient Rehabilitation Services, OASAS Freestanding Inpatient Detox Services, OASAS Addiction Treatment Centers, OASAS Part 820 Residential Services, OASAS Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$25.1 million.

Non-Institutional Services

Effective on or after April 1, 2024, noticed provision for a rate change regarding Emergency Medical Services will be revised. All such Emergency Medical Services will be paid established fees for ambulance services providing treatment in place (TIP) without transport, a base fee without a mileage charge. This change will reduce unnecessary Emergency Department (ED) trips, thus relieving ED wait times, improving overall ED and EMS care and reducing Medicaid costs.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$1.2 million).

Effective on or after April 1, 2024, the reimbursement rate for Early Intervention services will increase by 5%. These rates are being increased to address capacity issues that municipalities are facing statewide.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$12 million.

Effective on or after April 1, 2024, rates of payment for Early and Periodic Screening Diagnosis and Treatment (EPSDT) related to behavioral health services provided by Health Facilities licensed under Article 29-I of the Public Health Law to individuals under age 21 years, will be increased to account for enhanced programmatic requirements related to delivery of care in Qualified Residential Treatment Facilities.

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

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



Page 1(a)(i)

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

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

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

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019, for Other Licensed Practitioner, and are effective for these services provided on or after that date.

Effective 4/01/<u>20</u>21 through 9/30/<u>20</u>22 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

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

Effective 10/01/2022 the 25% rate increase has been permanently extended.

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

Effective 11/01/<u>20</u>23, new rates were created to implement Evidenced Based Practices reimbursement, including:

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

Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).

All Other Licensed Practitioner rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf

TN <u>#24-0056</u>	Approval Date
Supersedes TN <u>#23-0094</u>	Effective Date April 1, 2024

Page 1(a)(iii)

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

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

Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2019, for Community Psychiatric Support and Treatment and Psychosocial Rehabilitation Supports, and are effective for these services provided on or after that date.

Provider agency's rates were set as of July 1, 2019, for Family Peer Support Services and are effective for these services provided on or after that date. Additionally, the agency's rates were set as of January 1, 2020, for Crisis Intervention and Youth Peer Supports and Training and are effective for these services provided on or after that date.

Effective 4/01/2021 through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled CFTSS Rate Adjustments.

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

Effective 10/01/2022 the 25% rate increase has been permanently extended.

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

Effective 11/01/<u>20</u>23, Evidenced Based Practices are added to the fee schedule including: Family Functional Therapy (FFT).

Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).

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

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf

TN #24-0056	Approval Date
Supersedes TN #23-0094	Effective Date April 1, 2024

1916 Monterey Avenue Bronx, New York 10457

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the 2023-24 enacted State budget. The following changes are proposed:

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

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

All Services

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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



New York 2(c)(iv)(f)

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers(FQHC)

APM: Payment in Addition to Pre-existing PPS Rate

Effective April 1, 2023, eligible Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be designated as eligible by the Department to receive the additional payment under this section in order to preserve and improve beneficiary access to care and avoid loss of services in areas of concern.

The Department will routinely review eligible providers under this section and obtain information as it deems necessary to evaluate and determine need and effectiveness of previous payments. In the event of a change of ownership of the entire FQHC or RHC entity, the new owner will retain the most recently approved payment of the former owner.

For eligible providers, the annual amount of the additional payment that will be paid each state fiscal year, which runs April 1st through March 31st, on or before June 30th will be listed in the table which follows and will not be subject to subsequent adjustment or reconciliation. Furthermore, the FQHC/RHC payments made pursuant to this section are considered an alternative payment methodology (APM) and will be made in addition to the FQHC/RHC Prospective Payment System (PPS) rate. The APM will be agreed to by the Department of Health and the FQHC/RHC and will result in payment to the FQHC/RHC of an amount that is at least equal to the PPS rate. FQHCs/RHCs that do not choose an APM will be paid at their PPS per visit rate.

Additional payments have been approved for the following providers for the amounts listed:

Provider Name	Gross APM Payment Amount
Anthony L Jordan Health Center	\$6,515,434.43
APICHA Community Health Center	\$9,800,000.00
Beacon Christian Community Health Center	\$50,000.00
Bedford Stuyvesant Family HIth Center	\$2,268,696.78
Betances Health Center	\$4,112,760.34
BronxCare Dr. Martin Luther King, Jr. Health Center	\$6,292,863.53
Brooklyn Plaza Medical Center	\$1,269,587.58
Brownsville Multi-Service Family Health Center	\$6,020,157.32
Care For The Homeless, Inc.	\$1,077,951.00
Community Health Center of Buffalo	\$2,255,800.00
Community Health Center of Richmond, Inc.	\$165,000.00
Community Health Initiatives Inc.	\$424,823.00
Community Healthcare Network	\$6,100,059.42
Cornerstone Family Healthcare	\$3,807,391.81
Cumberland Diagnostic & Treatment Center	\$2,247,276.86

TN <u>#24-0057</u>	Approval Date
Supersedes TN <u>#23-0039</u>	Effective Date April 1, 2024

New York 2(c)(iv)(g)

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers (FQHC)

Providers (continued)

Provider Name	Gross APM Payment Amount
Damian Family Care Center	\$12,047,724.11
East Harlem Council for Human Services Inc.	\$2,380,215.86
East Hill Family Medical Inc.	\$399,946.08
East NY Diagnostic & Treatment Center	\$3,231,301.64
EHS, Inc.	\$15,251,688.05
Ezras Choilim Health Center Inc.	\$1,132,228.17
Finger Lakes Migrant Health	\$863,409.74
Floating Hospital	\$1,100,000.00
Gouverneur Diagnostic and Treatment Center	\$5,598,364.58
HASC Diagnostic & Treatment Ctr Inc.	\$330,000.00
Healthcare Choices NY, Inc.	\$100,000.00
Hempstead Community Health Center	\$500,000.00
Heritage Health Care	\$3,100,000.00
His Branches Inc	\$173,130.00
Hometown Health Centers	\$2,765,458.17
Housing Works East New York	\$10,805,223.00
Institute for Urban Family Health	\$13,667,424.59
Jericho Road Community Health Center	\$5,230,204.31
Joseph P Addabbo Family Health Center	\$5,759,415.57
<u>La Casa De Salud, Inc.</u>	<u>\$2,540,748.91</u>
Lasante Health Center	\$584,736.43
Long Island Select Healthcare	\$3,889,256.51
L'Refuah Medical & Rehabilitation Center	\$2,404,086.96
Michael Callen-Audre Lorde Community Health Center	\$16,833,184.55
Morris Heights Health Center	\$8,114,863.90
Morrisania Diagnostic & Treatment Center	\$1,886,219.55
Neighborhood Health Center of WNY, Inc.	\$4,945,114.91
Oak Orchard Community Health Center	\$2,559,330.00
ODA Primary Health Care Network, Inc.	\$2,365,531.36
Open Door Family Medical Center, Inc.	\$3,150,473.99
Premium Health	\$1,500,000.00
PROMESA Inc.	\$2,540,748.91

TN <u>#24-0057</u>	Approval Date
Supersedes TN <u>#23-0039</u>	Effective Date April 1, 2024

Effective on April 1, 2024, conflicts of interest between Consumer Directed Personal Assistance Program (CDPAP) CDPAP Fiscal Intermediaries (FIs) and Licensed Home Care Service Agencies (LHCSAs) will be eliminated.

Effective on October 1, 2024, consumer self-direction will be required in the CDPAP program, and proposed regulation authority relating to quality-of-care standards and labor protections for the CDPAP and Personal Care programs shall take effect.

Effective on or after January 1, 2025, FI procurement will be repealed and replaced with an authorization process.

Effective on or after April 1, 2025, conflicts of interest between CDPAP Fis, Managed Long-term Care Plans (MLTCs), and Health Maintenance Organizations will be eliminated.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2025 is (\$200 million) and for state fiscal year 2026 is (\$400 million).

Long Term Care Services

Effective on or after April 1, 2024, the case mix adjustment from the operating component of the rates for skilled nursing facilities shall remain unchanged from the July 2023 rates during the development and until full implementation of a new case mix methodology in accordance with Federal acuity data.

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

Effective on or after April 1, 2024 and each SFY thereafter, the Department proposes to reduce funding associated with residential health care facilities' capital reimbursement by 10 percent.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is (\$57 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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Service

Effective on or after April 1, 2024, the Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services related to temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions. The temporary rate adjustments will be reviewed and approved by the CINERGY Collaborative.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$30 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 to comply with statutory provisions. The following changes are proposed:

Non-Institutional Services

access to care. In the event of a change of ownership of the entire FQHC or RHC entity that was eligible for a payment under this APM, the new owner will retain the most recently approved payment of the former owner.

There is no estimated change to the annual 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 non-institutional services to comply with NYS Social Services Law Section 365-a (2)(kk). The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2024, NYS Medicaid will reimburse Federally Qualified Health Centers a separate payment in lieu of the Prospective Payment System Rate for services rendered by Community Health Workers when it is the only service provided.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2024-2025 is \$386,622.

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 Office of Mental Health and the Department of Health hereby give 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 the New York Public Health Law. The following changes are proposed:

Institutional Services

Effective on or after April 1, 2024, this proposal relates to temporary rate adjustments to Article 28 Hospitals that are undergoing a closure, merger, consolidation, acquisition or restructuring of themselves or other health care providers.

Additional temporary rate adjustments have been reviewed and approved for the following hospitals:

• Glens Falls Hospital, Inc.

The aggregate payment amounts total up to \$3,695,809 for the period April 1, 2024, through March 31, 2025.

The aggregate payment amounts total up to \$3,627,515 for the period April 1, 2025, through March 31, 2026.

The aggregate payment amounts total up to \$2,355,120 for the period April 1, 2026, through March 31, 2027.

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

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

For the New York City district, copies will also 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