NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 26, 2014

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #13-19

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #13-19 to the Title XIX (Medicaid) State Plan effective April 1, 2014.

The proposed amendment is being submitted to provide harm reduction program services to Medicaid eligible individuals and reimburse such services through Medicaid.

In keeping with our continued agreement, this amendment is being sent to you prior to the end of the first quarter, 2014.

If you or your staff have any questions or need any assistance, please contact Karla Knuth of my staff, at (518) 474-1673.

Sincerely,

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: **13-19**	2. STATE **New York**
	3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE **April 1, 2014**	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: **Section 1902(a) of the Social Security Act & 42 CFR 447.204**	7. FEDERAL BUDGET IMPACT: **a. FFY 04/01/14-09/30/14 $ 110,000** **b. FFY 10/01/14-09/30/15 $ 220,000**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 4.19-B: Page 11(h), 11(i)** **Supplement to Attachment 3.1-A: Pages 1-N1, 1-N2, 1-N3, 1-N4, 1-N5, 1-N6, 1-N7, 1-N8, 1-N9, 1-N10, 1-N11**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

10. SUBJECT OF AMENDMENT:
Harm Reduction Program Services
(FMAP = 50%)

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: **New York State Department of Health** **Bureau of Federal Relations & Provider Assessments** **99 Washington Ave – One Commerce Plaza** **Suite 1430** **Albany, NY 12210**
13. TYPED NAME: **Jason A. Helgerson**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: March 26, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

Appendix I
2014 Title XIX State Plan
Second Quarter Amendment
Non-Institutional Services
Amended SPA Pages

New York
11(h)

Method of Reimbursement:

The proposed methodology includes the following characteristics:

- A regionally based monthly payment structure;
- Direct service cost components are established with a fixed percentage allowance for indirect costs; and
- An annual trend factor approved by the State Division of Budget is applied in subsequent years.
- The proportion of staff time that are devoted to billable activities. The procedure used to calculate billable activities recognizes non-billable responsibilities and other activities that encourage improved service quality, such as chart documentation, staff training, phone calls to medical and other providers on behalf of clients.

No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

Regional Rates

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region.

Direct Service Cost Components

The rate structure is based on the identification of direct service components and incorporates an allowance for other non-personal services direct costs.

The following are the direct service components of the rate:

Personal Services: Salaries for direct service staff such as harm reduction counselors; peers; case managers and service coordinators; and program directors/supervisors, as appropriate for a specific region.

***Fringe Benefits*:** Rates were established at the average fringe rates for the New York City region and the rest of the state.

***Other Non-Personal Services Direct Costs*:** Space, utilities, phone, equipment, maintenance, supplies, and travel cost for direct service staff, as appropriate.

Indirect Cost Component

Indirect costs are included in the rate at 10% of total direct costs.

The Rate Calculation Formula:

(Direct costs + Indirect costs) / Adjustment to account for billable/non-billable activities

(Billable activities encompass those components of harm reduction attributable to direct client service, such as intake/screening, assessment, crisis intervention, supportive counseling, opioid overdose prevention training, and reassessment.)

New York
11(i)

Trend Factor:

The rate will be adjusted annually by application of a trend factor approved by the New York State Department of Health Office of Health Insurance Programs.

New York

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
CASE MANAGEMENT SERVICES

Target Group: N (Harm Reduction Program Services)

The target group consists of any individual who meets one or more of the following criteria:

- Individual who is a substance user - heroin, crack, cocaine, methamphetamine, oxycontin or other addictive substances. Route of administration of substance does not determine eligibility (i.e., injecting, smoking, sniffing);
- Individual living with HIV/AIDS or hepatitis C, or at high risk of contracting HIV/AIDS or hepatitis C because of substance use or sexual risks such as sex work and unprotected sex-related to substance use; and/or
- Pregnant and post-partum women living with substance use, including those who deliver without pre-natal care.

Areas of state in which services will be provided:

X Entire State

__ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of Services:

__ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

__ Services are not comparable in amount duration and scope.

Definition of Harm Reduction Services:

Harm reduction programs will provide the following:

1. Intake and comprehensive risk assessment
2. Supportive Counseling
3. Client navigation
4. Referrals
5. Support groups
6. Wellness services
7. Peer training
8. Opioid overdose prevention training
9. Monitoring and follow-up
10. Crisis intervention
11. Reassessment
12. Case closure
13. Client Advocacy and Interagency Coordination Activities
14. Supervisory oversight/case-specific supervision

New York

1. Intake and Comprehensive Risk Assessment

Intake and comprehensive risk assessment may be distinct or concurrent services. Intake is a low-threshold, short assessment of a client's behavioral risk level and need for Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD)/Hepatitis C Virus (HCV) testing and screening for program enrollment. A comprehensive risk assessment is a higher threshold activity that occurs when clients are engaged and interested in receiving more in-depth services. Referrals may be made for more intensive behavioral interventions, support groups, wellness services, substance use disorder (SUD) treatment, and overdose prevention as needed.

2. Supportive Counseling

Supportive counseling services are furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, housing, and other services including SUD treatment. Effective supportive counseling is concerned with the quality, adequacy and continuity of service, and with cost-effectiveness to ensure each eligible individual receives the HIV/STD/HCV risk and harm reduction/prevention interventions he/she needs to maximize safer sex and safer injection practices to reduce or prevent transmission of HIV/STD/HCV. Supportive counseling includes the following activities:

a. Recovery Readiness

Recovery readiness is based on the transtheoretical model of behavior change (Stages of Change) and includes the provision of individual and group counseling, support groups and mental health services to encourage clients to identify their position within the stages of change relative to their substance use and other life areas and engage them in a process of moving toward improving health and reduced harm from SUDs. This counseling assists clients in addressing issues that contribute to or exacerbate their substance use and identify achievable goals and strategies that reduce risk behavior, reduce substance use, and improve functional living skills. Services offered may be low-, moderate-, or higher threshold depending on an individual's stage, motivation and willingness to engage in the process, and work to progress toward the goal of recovery. It also includes support groups for people who are on medication maintenance for opioid dependence to reduce related risk behaviors in order to support long term recovery goals and improved overall health and social functioning.

b. HIV/STD/HCV Risk Reduction Education

HIV/STD/HCV risk reduction education consists of activities conducted in venues where the target populations congregate in order to engage clients in services. Face-to-face client recruitment/case finding generally includes an introduction to agency services, brief discussion related to HIV/STD/HCV prevention/risk reduction techniques including safer sex, safer injection practices, HIV counseling and testing, STD and HCV screening, provision of male and female condoms, opioid overdose prevention and referrals for other needed services. Auricular acupuncture and acupressure services will be offered.

New York

c. Comprehensive Risk Counseling Service (CRCS)

Comprehensive risk counseling service (CRCS) is a counseling service provided by CRCS counselors, health educators, and/or prevention specialists and consists of intake and assessment; plan development; plan implementation including HIV/STD/HCV risk reduction counseling and skills building; care coordination; reassessment; and case closure. The desired outcome of this service is to improve awareness of factors that contribute to risk behaviors and to address those factors to reduce risks and HIV/STD/HCV acquisition and/or transmission. This is accomplished through CRCS counseling and skills-building to work on stabilizing housing, finances, health, and other quality of life issues.

d. HIV/STD/HCV Prevention Counseling

HIV/STD/HCV prevention counseling is provided to the target population, focusing on HIV/STD/HCV risk reduction and prevention through the promotion of safer injection and safer sex practices to foster behavioral changes. Included in discussions on safer injection are the use of new, sterile syringes and new works for each injection; syringe access and disposal; not sharing of syringes and works; vein care; use of alcohol pads; preferred injection sites; rotation of injection sites; and reduction in overall substance use. Included in discussions on safer sex are male and female condom use, condom negotiation, distribution and demonstration; dental dams and demonstration for use; HIV/STD/HCV screening, testing and treatment; and referrals for needed services to support behavior change.

e. Medication Management and Treatment Adherence Counseling

Medication management and treatment adherence counseling assists clients to recognize the need for medication to address substance use or psychiatric issues, navigate systems to secure appropriate medications and/or treatment, reinforce the importance of adherence to treatment regimens, and identify tools to follow the prescribed regimens. Although the primary focus of sessions is medication management and treatment adherence, counseling on HIV/STD/HCV prevention including safer sex and safer injection practices may also be included. Counseling may be offered on a one-time, low-threshold basis or ongoing at a moderate- or higher-threshold level. Low-threshold counseling is provided by outreach workers, community health workers, information and referral specialists, or peer to members of the targeted community. Moderate and higher threshold counseling is offered by health educators, prevention specialists, or counselors.

New York

3. Client Navigation

Client navigation is a service provided by peers and/or client navigators to guide the client through systems of care, facilitate access to services and identify barriers to care such as: language, transportation, knowledge, fears, etc. This service includes coordination of services, escort, follow-up and support, as well as providing opportunities to address treatment adherence and medication counseling for all health-related issues. The desired outcome is an improvement in coordination of care of quality services for injection drug users and other substance users.

4. Referrals

Referrals enable the program to address client needs for services that are not available in the agency being accessed by the client. Referrals are best practices to ensure high rates of linkage to enhanced health and HIV/STD/HCV prevention efforts.

5. Support Groups

Support groups are stand-alone services that may also be used to supplement individual and/or group supportive counseling. Support groups focus on group members' issues and experiences relative to substance use, finances, medical/health care, support system, incarceration history and other factors that contribute to risk behaviors for HIV/STD/HCV. Support groups may be facilitated by a counselor, mental health practitioner, health educator, prevention specialist or co-facilitated by a peer. Referrals will be made for more intensive behavioral interventions, support groups, wellness services, SUD treatment, or overdose prevention training as needed.

6. Wellness Services

Wellness plan development and implementation is a higher-threshold service that supplements and enhances individual supportive counseling by identifying and addressing various factors that interact and impede a client's progress towards goals. A wellness plan enables clients and providers to address issues relative to mental health, substance use, finances, medical/health care, support system, incarceration history, and other factors that contribute to increased risk for HIV/STD/HCV. The plan might incorporate phone/email contacts with other providers, escorts to appointments, and follow-up on referrals to ensure coordination of care and assisting clients in taking steps toward goals and engaging in more-intensive behavioral interventions as needed.

New York

7. Peer Training (Self-Management and Skills-Building)

Peer training is designed for the personal and professional development of individuals representative of targeted communities who express interest and motivation to become a program peer. Individual sessions focus on strategies to create and implement an HIV/STD/HCV sexual and/or substance use risk-reduction plan. Concurrently, enhancement of knowledge and skills is incorporated into the training curriculum for vocational purposes. Sessions vary in intensity, depth and content to fit the clients' needs and goals.

8. Opioid Overdose Prevention Training

Opioid overdose prevention training is offered to individuals through New York State (NYS) Department of Health's Opioid Overdose Prevention Program. It includes lifesaving methods such as rescue breathing, sterna rub and administration of naloxone injection to prevent a fatal overdose. The desired outcomes are individuals who are Trained Responders and are provided with prescriptions and Opioid Overdose Prevention Program kits in order to prevent fatal overdoses. In NYS, naloxone can be administered nasally or by injection.

9. Monitoring and Follow-Up

Monitoring and follow-up activities will include, with client consent, contact and coordination with the client's HIV primary care, Health Home, medical case managers, SUD treatment provider, and other service providers with the intention of supporting client engagement and the regular receipt of HIV care in order to delay HIV disease progression, prevent HIV transmission, and maximize client health status. These activities include exchange of relevant information on a client's medical and treatment status, periodic case conferencing, and activities to remove client barriers to receipt of care and services and to support client adherence to treatment.

These activities should be conducted as necessary to ensure that:

- services are being delivered according to the harm reduction plan;
- services are appropriate and adequate; and
- positive outcomes are being achieved.

Contacts may include encounters by phone, or in person at the:

- provider agency;
- client's home;
- hospital or outpatient department;
- SUD treatment program; or
- another community setting.

Harm Reduction staff may engage in contacts with non-eligible individuals/support systems that are directly related to identifying the needs and supports for helping the eligible individual to access services. Problems with service access or delivery noted during monitoring and follow-up contacts will be addressed immediately by harm reduction staff.

New York

10. Crisis Intervention

Crisis intervention activities include development of a crisis intervention plan with each client as well as assessment and intervention to address a client's acute medical, social, physical or emotional distress during a crisis. Crisis services may be needed in response to an emergency medical need, domestic violence, substance use, or child abuse situation, for example. Irrespective of the nature of the crisis, the provider agency is responsible for assisting the client, family, or partner in obtaining the appropriate response to the situation, keeping in mind the need to maintain the client's dignity and rights to privacy and confidentiality. In addition, crisis intervention activities are designed to decrease inappropriate utilization of emergency rooms by targeting a response more appropriate to the identified crisis.

11. Reassessment

A reassessment is a scheduled or event-generated formal re-examination of the client's situation, functioning, substance use, and medical and psychosocial needs to identify changes which have occurred since the initial or most recent assessment. The reassessment measures progress toward the desired goals and is used to prepare a new or revised harm reduction program plan or confirm that current services remain appropriate.

12. Case Closure

Case closure procedures are initiated when a client:

- dies;
- loses Medicaid or programmatic eligibility;
- declines harm reduction program services;
- desires to be referred to a different harm reduction service agency;
- no longer qualifies for services due to termination of substance use and on-going recovery;
- will be institutionalized for greater than 180 days and discharge to community-based care is not anticipated; or
- relocates out of the provider's service area.

In all cases, except where the client dies, case closure consists of:

- referral by the provider to link the client with appropriate on-going necessary services to meet their care needs;
- with the client's consent, completion of a case summary to be forwarded if a new provider is chosen;
- preparation of a summary noting client disposition and measures of progress toward identified goals placed in the their final case record; and
- notification of the local Department of Social Services of the case closure or transfer.

New York

13. Client Advocacy and Interagency Coordination Activities

Targeted individuals report enormous barriers to care, such as continuing drug and alcohol use and/or their associated medical and social problems, including, but not limited to, domestic violence, mistrust of medical care and other services, fear of losing their children to foster care, fear of HIV infection and its consequences, lack of transportation and child care services, and a lack of support in accessing care for their sexual partner and/or co-residents.

Harm Reduction Program staff serve as advocates for clients to assist them to become self-sufficient in the community, secure needed resources and services, and avoid premature or unnecessary institutionalization. Staff facilitates service acquisition and frequent follow-up discussions with community medical, mental health, substance use and social service providers to ensure service is delivered and meets identified needs and to ensure that clients are able to comply with provider recommendations or requirements. Harm reduction staff network with community providers through discussion or correspondence to complete service requests and, if necessary, intervene if there is inadequate provider response.

Case coordination includes Harm Reduction Program staff's regular communication, information sharing and collaboration that occur regularly with other providers serving the client in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities.

Harm Reduction Program staff assist clients to engage and remain in care for on-going medical intervention and adhere to treatment. This empowers clients to experience positive outcomes. This dialogue and communication provides information needed to monitor and make decisions in response to emerging need or other barriers identified by clients and/or providers.

14. Supervisory Oversight/Case Specific Supervision

Harm Reduction Programs are required to implement quality assurance plans that allows for supervisory review of documentation of activities. Supervisory review of each client record by the designated supervisor or agency director is conducted when the original plan is developed and every 180 days thereafter. The Harm Reduction Program must establish a peer review process wherein all staff present and discuss client specific client cases with other counselors in the agency at least once annually.

New York

Due to the complexity of cases and multiple diagnoses of clients (i.e., substance abuse, mental illness) programs are required to provide case specific supervision. Supervisors provide specialized information, case specific analysis and guidance to move clients forward and assist client engagement and follow through with clinical referrals or treatment adherence. The availability of these structured problem-focused and solution oriented discussions between supervisors and counselors are required on an as-needed basis. The discussions are intended to provide actual tasks to be carried out in an attempt to foster collaboration, facilitate care and correct identified problems that impede a client's progress. Details of case specific supervision are documented and included in the client chart as an update to the care plan. Recommendations made during case specific supervision are reflected in client records.

When providing any of the aforementioned harm reduction (HR) services, the HR staff assists the client and family with contacting the support persons and other service providers necessary to facilitate the delivery of services. The type or focus of the HR services may be modified to accommodate the client, family members, support persons, and service providers. All medium- and high-threshold activities are documented in progress notes in the client's record by the individual providing the service. Lower-threshold services are documented in service logs, activity summary forms and data collection forms.

The harm reduction program or designated appropriate staff or peer will, in accordance with the client's assessed abilities:

- develop a harm reduction care plan based on the client's assessed needs;
- contact providers in compliance with 42 CFR Part 2, including support persons and SUD treatment programs, by phone, in writing or in person;
- assist the client and family members in engaging in a case management program to apply for services and entitlements, including basic needs such as transportation and child care, when completing those documents are not included as a component of the counseling program;
- confirm service delivery dates with providers and supports;
- document services that are not available or cannot be accessed;
- gain assurance from other care providers that services will be initiated, and confirm the delivery of these services;
- decide, with the client and other providers, on the on-going responsibilities of each provider;
- give other service providers accurate and complete information about the service(s) they are expected to provide and the services provided by others;
- ensure that there is coordination of all services with other providers to avoid duplication; and
- case conference with providers at reassessment and/or as needed.

New York

Harm Reduction Program services begin immediately with intake as service needs are assessed. The determination of the type, frequency, and intensity of service is an on-going responsibility of the HR staff. HR services continue until the staff determine that the service goals have been met or if the client decided he/she no longer wants to participate in programming. Documentation of progress, referral for higher threshold or substance use treatment or client directed termination of services is required.

The type or intensity of Harm Reduction Program services provided is changed to accommodate the client's progress, changing needs or as barriers are identified. This will occur when changes are not sufficiently significant to require a formal reassessment. HR services are based on the client's current status and abilities while addressing the barriers to accessing services or accomplishing goals. HR program goals are developed with input from all members of the harm reduction team and with client consent.

Qualifications of Providers:

Applications will be accepted from community-based organizations approved by the Commissioner of Health with a waiver to conduct a comprehensive harm reduction program, including syringe exchange. Qualifications of providers are:

- two years' experience in the counseling of active substance users or persons living with a history of substance use; or
- three years' experience providing community-based social services to active substance users or persons living with history of substance use; or
- three years' experience providing harm reduction or community-based social services to women, children and families; substance users; mentally-ill chemical abusing clients; homeless persons; adolescents; parolees and other high-risk populations, and includes one year of HIV-related experience.

Freedom of Choice – Access to Services:

The State assures that the provision of harm reduction services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Access to services will be limited to the authorized syringe exchange programs.
2. Eligible recipients will have free choice of the providers of harm reduction services within the specified geographic area identified in this plan.
3. Eligible recipients will have free choice of the providers of other medical care under the plan.
4. Eligible recipients who refuse harm reduction services will not be denied access to other services offered under the plan.

New York

Access to Services:

The State assures that Harm Reduction Program services will not be used to restrict an individual's access to other services under the Plan.

The State assures that individuals will not be compelled to receive Harm Reduction Program services; condition receipt of harm reduction services on the receipt of other Medicaid services; or condition receipt of other Medicaid services on receipt of harm reduction services.

The State assures that individuals will receive comprehensive, Harm Reduction Program services, on a one-to-one basis, through one staff or team of staff when deemed in the interest of the client.

The State assures that providers of Harm Reduction Program services do not exercise the agency's authority to authorize or deny the provision of other services under the Plan.

For plans that provide Harm Reduction Program services to assist individuals who reside in rehabilitation or medical institutions to transition to the community, Harm Reduction Program services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities within 180 days of discharge.

The State assures that the amount, duration, and scope of the Harm Reduction Program activities would be documented in an individual's plan of care which includes activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that Harm Reduction Program services are only provided by and reimbursed to community Harm Reduction Program providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

Case Records:

Providers maintain case records that document for all individuals receiving medium- or high-threshold level services the following: the name of the individual; dates of the services; the name of the provider agency (if relevant) and the person providing the service; the nature, content, units of the services received and whether goals have been achieved; whether the individual has declined services; the need for, and occurrences of, coordination with other providers; the timeline for obtaining needed services; and a timeline for reevaluation of the client's progress toward service goals.

New York

Payment:
Payment for Harm Reduction Program services under the Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Limitations:
Harm Reduction Program services do not include the following:

- case management activities that are an integral component of another covered Medicaid service;
- the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred;
- activities integral to the administration of foster care programs;
- activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, that is included in an individualized education program or individualized family; service plan consistent with section 1903(c) of the Social Security Act;
- payment for services under the Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose; and
- substance use disorder treatment services.

Harm Reduction Program Services:

- must not be utilized to restrict the choice of services a recipient can obtain, including medical care or services from any provider participating in the Medical Assistance program that is qualified to provide such or who undertakes to provide such care or service(s) including an organization which provides such care or services or which arranges for the delivery of such care or services on a prepayment basis; and
- must not duplicate certain services currently provided under the Medical Assistance Program or other funding sources such as the Long Term Home Health Care program, AIDS Home Care program under 622 of the Laws of 1988, and the Care at Home Program (Katie Beckett Model Waivers).

Appendix II
2014 Title XIX State Plan
Second Quarter Amendment
Non-Institutional Services
Summary

SUMMARY
SPA #13-19

This State Plan Amendment proposes to promote and address health care needs of persons with chemical dependency including allowing medical providers to prescribe syringes to prevent disease transmission; allowing harm reduction therapy as an appropriate and reimbursable treatment modality in OASAS facilities; and by authorizing New York State AIDS Institute Syringe Exchange providers to be reimbursed by Medicaid for harm reduction/syringe exchange program services provided to Medicaid eligible individuals.

Appendix III
2014 Title XIX State Plan
Second Quarter Amendment
Non-Institutional Services
Public Notice

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

Division of Criminal Justice Services
Motor Vehicle Theft and Insurance Fraud Prevention Board

Pursuant to Public Officers Law Section 104, the Division of Criminal Justice Services gives notice of a meeting of the Motor Vehicle Theft & Insurance Fraud Prevention Board:

DATE: Tuesday, March 25, 2014

TIME: 10:00 a.m.

PLACE: NYS Division of Criminal Justice Services
Office of Program Development and Funding
Alfred E. Smith Office Building
80 South Swan Street
Albany, NY 12210

If you have any questions regarding the meeting, please contact: Paula Raiti, Division of Criminal Justice Services, Office of Program Development and Funding, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, (518) 457-8404

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 Office of General Services has declared the air rights and reverter interests at 121 West 125th Street in the City and County of New York, New York State, surplus, 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: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831 phone, (518) 473-4973 fax

PUBLIC NOTICE

Department of Health

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

The Department of Health (DOH) proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with 2012-13 enacted budget statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after April 1, 2014, the following is a new category of service for monthly payments for harm reduction counseling and other services for active injection drug users at authorized NYS DOH AIDS Institute Syringe Exchange Program providers (community-based organizations). The intention is to improve high-risk drug user health leading to a reduction in emergency department and inpatient care from drug overdose, injection site infections, and the related disease transmission costs (HIV, HBV, and HCV) resulting from active injection drug use. Evidence has shown harm reduction programs as effective in targeted outreach activities to engage high-risk populations and serve as a bridge for entry into drug treatment and other health and social services.

Regional monthly rates will be established for New York City and the rest of the state and are based on the expected direct service costs in each region. Billable activities encompass those components of harm reduction attributable to direct client service, such as intake/screening, assessment, crisis intervention, supportive counseling, opioid overdose prevention training, and reassessment. Direct and indirect costs are budgeted as part of the rate. No funds shall be used to carry out the purchase or distribution of sterile needles or syringes for the hypodermic injection of any illegal drug.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is $440,000.

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York State and Local Retirement Systems
Unclaimed Amounts Payable to Beneficiaries

Pursuant to the Retirement and Social Security Law, the New York State and Local Retirement Systems hereby gives public notice of the amounts payable to beneficiaries.

The State Comptroller, pursuant to Sections 109(a) and 409(a) of the Retirement and Social Security Law has received, from the New York State and Local Retirement Systems, a listing of beneficiaries or estates having unclaimed amounts in the Retirement System. A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement Systems located at 110 State St., in the City of Albany, New York.

Set forth below are the names and addresses (last known) of beneficiaries and estates appearing from the records of the New York State and Local Retirement Systems, entitled to the unclaimed benefits.

At the expiration of six months from the date of publication of this list of beneficiaries and estates, unless previously paid to the claimant, the amounts shall be deemed abandoned and placed in the pension accumulation fund to be used for the purpose of said fund.

Any amounts so deemed abandoned and transferred to the pension accumulation fund, may be claimed by the executor or administrator of the estates or beneficiaries so designated to receive such amounts, by filing a claim with the State Comptroller. In the event such claim is properly made, the State Comptroller shall pay over to the estates or to the person or persons making such claim, the amount without interest.

AARON, MARYLYNN M	SANBORN	NY
ABDOU, NICK	NEW HARTFORD	NY
ABRAHAM, EDITH T ESTATE OF	GREENLAWN	NY
ABRAHAMSEN, JASON	CASTLETON	NY
ABRAHAMSEN, STANLEY P, JR	CASTLETON	NY
ABRAMS, CAROL M	UTICA	NY
ADAMS, THOMAS P	LATHAM	CO
ADLER, SELMA	BROOKLYN	NY
ALEXANDER, CORNELL	KENNESAW	NY
ALEXIS, LUNIE	BROOKLYN	NY
ALMONTE, WINSTONS	READING	PA
AMATI, RICHARD A	SPENCERPORT	NY
AMODEO, MELISSA	ELWOOD	NY
ANGELL-GREENE, JENNIFER L	HASTINGS ON HUDSON	NY
ANGELL, RUSTY LEE	ONEIDA	NY
ANNUICH, ROSE M	NEW HARTFORD	NY
ARCHER, EVELYN M	CARIBOU	AZ
ARDUINO, IDA A	TARRYTOWN	NY
ARNOLD, LESLIE M	GREENVILLE	SC
AUGUSTYNE, EDWARD A	CAZENOVIA	NY
AUSTIN, RUSSELL L	HOMER	NY
AVILAS, REBECCA	FAIRPORT	NY
BABCOCK, H ARNOLD ESTATE OF	WOODHULL	NY
BAER, ELLEN D ESTATE OF	GLENWOOD	NY
BAILEY, KATHRYN	POMONA	NY
BAKER, FRANCES H ESTATE OF	SYRACUSE	NY
BALL, REVA M ESTATE OF	WARRENSBURG	NY
BANAS, ROBERTA	N TONAWANDA	NY
BATEMAN, HERBERT ESTATE OF	BYRON	NY
BATES, HARRY P ESTATE OF	LIVERPOOL	NY
BEAL, NIZARIAH A	SYRACUSE	NY
BEALS, JUANITA	KERHONKSON	NY
BEALS, KENNETH	KERHONKSON	NY
BEAUCHAMP, ZUSAME	NEW YORK	NY
BEAUDET, JUDITH	BONNERS FERRY	ID
BECKER, MARGO	GERMANY	...
BELL JR, OSIE LEE	UTICA	NY
BELL, EDWINA	YONKERS	NY
BELL, YAHUMO	YONKERS	NY
BELLOWS, RAY WILLIAM, JR	WATKINS GLEN	NY
BENOWSKI, JOHN	BINGHAMTON	NY
BERGER, JOSEPH	ALBANY	NY
BERING, RAYMOND	LINDENHURST	NY
BERNARD, JUDY ANN	BROOKLYN	NY
BERNARD, RACQUEL	HARTSDALE	NY
BEULER, MARY C	OAKFIELD	NY
BIANCANELLO JR, DENNIS	NORTHPORT	NY
BLAKEMAN, EVE ESTATE OF	OVIEDO	FL
BLAU, ROBYN	WEST BABYLON	NY
BOLIVAR, NICOLE M ESTATE OF	WEST PALM BEACH	FL
BOLTON, PENELOPE	OXFORD	MS
BONK, GERALDINE	DEPEW	NY
BONNER, JAMES G	MIDDLE ISLAND	NY
BOONE, ROBERT	WHITE PLAINS	NC
BORG, ROGER	E NORTHPORT	NY
BOUTON, APRIL	PORT ORANGE	NY
BRANCH, ROBERT K	BROOKLYN	NY
BREYETTE, ARTHUR ESTATE OF	PLATTSBURGH	NY
BRITO, BRIDGET	BUSHKILL	PA
BROOKS, TORRIAN R	CAMBRIA HEIGHTS	NY
BROWN, BERNICE M	S FRANKLINVILLE	NY
BROWN, EARL M ESTATE OF	ITHACA	MI
BURGUNDER, LOUIS R ESTATE OF	OCALA	FL
BUTTS, LINDSEY ANN	JAMESTOWN	NY
CAIN, STACY	AMENIA	NY
CALANDRILLO, BERNADETTE	GARDEN CITY	NY

Attachment 1 to SPA #13-19

Harm Reduction Program (HR) services represent a fully integrated client oriented approach to care. Harm reduction effectively engages people who use drugs in holistic health promotion and risk education services without requiring abstinence from drug use as a criterion for enrollment or ultimate goal. Harm reduction services pursue incremental change and progress towards individual goals identified and set by the client. Finally, harm reduction practices are informed by a keen sensitivity towards drug use and addiction, particularly in its intersection with trauma, social exclusion, and other structural forms of marginalization. HR services are not substance use disorder (SUD) treatment services which require certification by the New York State Office of Alcoholism and Substance Abuse Services (NYSOASAS). Harm Reduction Programs are not regulated by NYSOASAS and do not require NYSOASAS certification.

The HR Program works with agency staff to coordinate all necessary services along the continuum of care, both institutional and community-based by identifying and accessing services and by establishing linkages with other service programs, including those under the jurisdiction of the local Department of Social Services. The role of the Harm Reduction Program is to work with clients to achieve stability, reduce risk of harm to themselves and/or reduce use of addictive substances while ensuring that clients obtain needed services at the appropriate time by assessing and reducing any barriers to accessing these services, regardless of whether the barrier is systemic, bureaucratic or client-related. Services accessed for the client include institutional and non-institutional medical and non-medical services; social and other support services; substance use disorder treatment referrals; and linkages to existing community resources. The Harm Reduction Program staff communicates and coordinates services with Health Homes and Medical Case Managers who may also serve the client.