

NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sally Dreslin, M.S., R.N.
Executive Deputy Commissioner

DEC 29 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 #14-027
Non-Institutional Services

Dear Mr. Melendez:

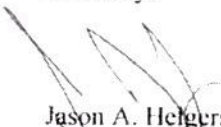
The State requests approval of the enclosed amendment #14-027 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2014 (Appendix I). This amendment is being submitted based on enacted State statute. A summary of the plan amendment is provided in Appendix II.

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

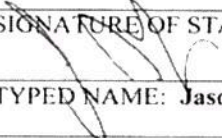
Copies of pertinent sections of State statute are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on March 26, 2014, August 13, 2014, and September 24, 2014, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting at (518) 474-6350.

Sincerely,


Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-027	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 October 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (<i>in thousands</i>) a. FFY 10/01/14-09/30/15 \$ 6,250 b. FFY 10/01/15-09/30/16 \$ 3,750	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att 4.19-B: Page: 1(p.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Collaborative Care (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: DEC 29 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
Fourth Quarter Amendment
Amended SPA Pages

**Appendix II
2014 Title XIX State Plan
Fourth Quarter Amendment
Summary**

SUMMARY
SPA #14-027

This State Plan Amendment proposes to provide additional reimbursement to Article 28 clinics that provide depression screening and treatment through the Collaborative Care clinic delivery model, effective October 1, 2014.

Appendix III
2014 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

CHAPTER 60 OF THE LAWS OF 2014

§ 12. Notwithstanding any law, rule, or regulation to the contrary, the commissioner of health, in consultation with the commissioner of the office of mental health and the commissioner of the office of alcoholism and substance abuse services, is authorized to establish an evidence-based, collaborative care clinical delivery model in clinics licensed under article 28 of the public health law, for the purpose of improving the detection of depression and other diagnosed mental or substance use disorders and the treatment of individuals with such conditions in an integrated manner. Such commissioner shall be authorized to develop criteria for the designation of clinics to be providers of collaborative care services. At a minimum, such designated clinics shall provide screening for depression and substance use disorders, medical diagnosis of patients who screen positive, evidence-based depression care and substance use disorder referrals, ongoing tracking of patient progress, care management, and a designated behavioral health practitioner who consults with the care manager and primary care physician. The rates of payment and billing rules for this service will be developed by the commissioner of health, in consultation with the commissioner of the office of mental health and the commissioner of the office of alcoholism and substance abuse services, and with the approval of the director of the budget. Such commissioners are authorized to waive any duplicative regulatory requirements as may be necessary to allow this service to function in an effective and efficient manner; provided, however, that regulations pertaining to patient safety may not be waived, nor shall any regulation be waived if such waiver would risk patient safety. Such waiver shall not exceed the life of the project, or such shorter time period as the authorizing commissioner may determine. The commissioner of health shall include details regarding the implementation of the collaborative care clinical delivery model, including any regulations waived and the frequency and rationale for such waivers, in the annual report under section 45-c of part A of chapter 56 of the laws of 2013.

**Appendix IV
2014 Title XIX State Plan
Fourth Quarter Amendment
Public Notice**

633 Third Ave.
37th Fl. Conference Rm.
New York, NY

Identification and sign-in are required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, contact:* Catherine White, Division of Criminal Justice Services, Office of Forensic Services, 80 S. Swan St., Albany, NY (518) 485-5052

PUBLIC NOTICE

Department of Environmental Conservation

Pursuant to Title 3, Article 49 of the Environmental Conservation Law, the Department of Environmental Conservation hereby gives public notice of the following:

Notice is hereby given, pursuant to Section 49-0305 (9) of the Environmental Conservation Law, of the Department's intent to acquire a Conservation Easement from A.H. Mathias Zahniser, Esther Zahniser Gillies, Karen Zahniser Bettacchi, and Edward Zahniser, over certain lands located in the Town of Johnsbury, Warren County, New York.

For further information contact: Robert A. Burgher, Superintendent, Bureau of Real Property, Department of Environmental Conservation, 625 Broadway, Albany, NY 12233-4256, (518) 402-9442

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 State regulations. The following changes are proposed:

Effective October 1, 2014, the State will make disproportionate share hospital (DSH) payments to Terence Cardinal Cooke Health Care Center, which is a privately operated specialty hospital certified by the New York State Office for People With Developmental Disabilities (OPWDD). The annual amount of the payment will be \$10,000. Any amount in excess of Terence Cardinal Cooke Health Care Center's DSH limits, calculated pursuant to 42 CFR 447, will be reallocated to other non-governmental hospitals, pursuant to the Indigent Care Pool Reform methodology which was effective January 1, 2013.

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.

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 & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), e-mail: spa_inquiries@health.state.ny.us

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 with enacted statutory provisions. The following clarifications are proposed:

As previously noticed on March 26, 2014 and August 27, 2014, the Commissioner of Health, in consultation with the Commissioner of the Office of Mental Health, will update rates paid to clinics licensed under Article 28 of the Public Health Law who provide collaborative care services. The collaborative care clinical delivery model is an evidence-based service to improve detection of depression and provide treatment to such individuals in an integrated manner. Designated clinics will provide, at minimum, screening for depression, medical diagnosis of patients who screen positive, evidence-based depression care, ongoing tracking of patient progress, care management, and a designated psychiatric practitioner who will consult with the care manager and primary care physician. This provision will now be effective October 1, 2014.

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 \$10 million dollars.

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.

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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 & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1460, Albany, NY 12210, spa_inquiries@health.state.ny.us

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 Agriculture and Markets

In the Matter of Considering the Continuation of the New York State Apple Research and Development Program. Pursuant to Article 25 of the Agriculture and Markets Law and 1 NYCRR section 204.12

DETERMINATION

PRELIMINARY STATEMENT

Section 204.12 of Title One of the Official Compilation of Codes, Rules and Regulations of the State of New York (1 NYCRR), relating to the New York State Apple Research and Development Program (Program), provides that once during each six year period the Program is in effect, the Commissioner shall conduct a referendum of eligible New York State apple growers to determine whether they approve the continuation of the Program. Continuation of the Program is subject to the approval of not less than 50 percent of such growers voting in the referendum. Upon such approval, a new six-year period begins as of the first of April of the year following the date on which approval of continuation of the Program is certified.

FINDINGS AND CONCLUSIONS

Pursuant to a Notice of Referendum, dated April 28, 2014, a referendum of eligible New York State apple growers was conducted through June 15, 2014 to determine whether such growers approve continuation of the Program. The results of the referendum have been duly recorded and verified as follows:

In favor--	188 (85.5%)
In opposition--	28 (12.7%)

Total eligible ballots counted and verified: 216
In addition, four ballots were declared ineligible, as follows:
2 ballots were not marked "yes" or "no"
2 ballots were received after the deadline date

CERTIFICATION

Upon the results of the referendum as set forth above, I hereby certify, pursuant to Agriculture and Markets Law section 294(2) and 1 NYCRR section 204.12 that the percentage of eligible New York State apple growers required to approve the continuation of the Apple Research and Development Program has been met, with 85.5 percent of such apple growers participating in the referendum voting in favor of continuation of the Program.

NOW, THEREFORE, upon the findings and conclusions herein, I determine that the Apple Research and Development Program (1 NYCRR Part 204) should be and hereby is continued until April 1, 2021, pursuant to and subject to Article 25 of the Agriculture and Markets Law and 1 NYCRR section 204.12.

RICHARD A. BALL
Commissioner of Agriculture and
Markets of the State of New York

PUBLIC NOTICE County of Suffolk

The Suffolk County (NY) Public Employees Deferred Compensation Board is soliciting proposals from qualified providers for investment services, record-keeping and other plan services. The plan has approximately 9,000 participants with assets in excess of \$1.1 billion. Proposed services and products must meet the requirements of Section 457 of the Internal Revenue Code and The New York State Model Plan, as amended April 25, 2012. Responses are due no later than 4:00 p.m. Eastern Daylight Time on Monday, September 22, 2014. To obtain a copy of the Request for Proposal, please visit the Plan's website at www.scddeferredcomp.org. The RFP will be available on the website beginning August 8, 2014.

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 with enacted statutory provisions. The following clarifications are proposed:

As previously noticed on March 26, 2014, the Commissioner of Health, in consultation with the Commissioner of the Office of Mental Health, will update rates paid to clinics licensed under Article 28 of the Public Health Law who provide collaborative care services. The collaborative care clinical delivery model is an evidence-based service to improve detection of depression and other diagnosed mental or substance use disorders and provide treatment to such individuals in an integrated manner. Designated clinics will provide, at minimum, screening for depression, medical diagnosis of patients who screen

positive, evidence-based depression care, ongoing tracking of patient progress, care management, and a designated psychiatric practitioner who will consult with the care manager and primary care physician. This provision will now be effective August 14, 2014.

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 \$10 million dollars.

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.

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

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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 & Provider Assessments, 99 Washington Ave. - One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (FAX), e-mail: spa_inquiries@health.state.ny.us

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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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 2014 will be conducted on April 8 and April 9 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.

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 Division of Criminal Justice Services Commission on Forensic Science

Pursuant to Public Officers Law section 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Commission on Forensic Science to be held on:

DATE: Wednesday, March 26, 2014
TIME: 1:00-5:00 p.m.
PLACE: Division of Criminal Justice Services
80 S. Swan St.
Albany, NY 12210
CrimeStat Rm. 118

Sign-in is required at this location. For further information, or if you need a reasonable accommodation to attend this meeting, contact: Cathy White, Division of Criminal Justice Services, Office of Forensic Services, 80 Swan St., Albany NY 12210, (518) 485-5052

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 inpatient, long term care, and non-institutional services and prescription drugs to comply with recently proposed statutory provisions. The following significant changes and clarifications are proposed:

All Services

- For all non-exempt Medicaid payments subject to the uniform reduction by two percent, such reduction will terminate on March 31, 2014. Alternative methods of cost containment shall continue to be applied and maintained for periods on and after April 1, 2014, provided, however, the Commissioner of Health, in consultation with the Director of the Budget, is authorized to terminate such alternative methods upon a finding that they are no longer necessary to maintain essential cost savings.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$714 million.

Institutional Services

- For the state fiscal year beginning April 1, 2014 through March 31, 2015, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2013, 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. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- Effective April 1, 2014, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals of \$339 million annually.

- Effective April 1, 2014, the Commissioner may make adjustments to inpatient and outpatient Medicaid rates of payment for general hospital services and to the methodology for computing such rates as is necessary to achieve no aggregate, net growth in overall Medicaid expenditures related to the implementation of the International Classification of Diseases Version 10 (ICD-10) coding system on or about October 1, 2014, as compared to such aggregate expenditures from the period immediately prior to such implementation.

- Effective April 1, 2014, regulations for per diem rates for inpatient services of a general hospital or a distinct unit of a general hospital for services such as psychiatric, medical rehabilitation, chemical dependency detoxification, chemical dependency rehabilitation, Critical Access Hospitals, specialty long term acute care hospitals, cancer hospitals and exempt acute care children's hospitals may provide for periodic base year cost and statistic updates used to compute rates of payment. The first such base year update shall take effect no later than January first, two thousand fifteen, however, the Commissioner may make adjustments to the utilization and methodology for computing these rates as is necessary to achieve no aggregate, net growth in overall Medicaid expenditures related to these rates, as compared to the aggregate expenditures from the prior year. In determining the updated base years to be utilized, the Commissioner shall take into account the base years determined in accordance with Section 2807-c(35)(c).

There is no annual increase or decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015.

- Extends the mandated cost savings associated with the current methodology establishing quality related measures, including, but not limited to potentially preventable re-admissions (PPRs) and providing for rate adjustments or payment disallowances related to PPRs and other potentially preventable negative outcomes (PPNOs). Such mandated cost savings of no less than \$51 million a year are extended for the period April 1, 2014 through March 31, 2017.

- Such aggregate reductions shall be offset by Medicaid payment reductions occurring as a result of decreased PPRs during the period April 1, 2014 through March 31, 2017 and as a result of decreased PPNOs during the period April 1, 2014 through March 31, 2017. Such rate adjustments or payment disallowances will not apply to behavioral health PPRs or to readmissions that occur on or after 15 days following an initial admission.

Long Term Care Services

- Effective April 1, 2014, medical assistance shall be furnished without consideration of the income and resources of an applicant's legally responsible relative if the applicant's eligibility would normally be determined by comparing the amount of available income and/or resources of the applicant, including amounts deemed available to the applicant from legally responsible relatives, to an applicable eligibility standard, and:
 - The legally responsible relative is a community spouse;
 - Such relative is refusing to make his/her income and/or resources available to meet the cost of necessary medical care, services and supplies; and
 - The applicant executes an assignment of support from the community spouse in favor of the social services district and the Department of Health, unless the applicant is unable to execute such assignment due to physical or mental impairment or to deny assistance would create an undue hardship, as defined by the Commissioner of Health; or
 - The legally responsible relative is absent from the applicant's household, and fails or refuses to make his/her income and/or resources available to meet the cost of necessary medical care, services and supplies.

- The legally responsible relative is a community spouse;
- Such relative is refusing to make his/her income and/or resources available to meet the cost of necessary medical care, services and supplies; and

- The applicant executes an assignment of support from the community spouse in favor of the social services district and the Department of Health, unless the applicant is unable to execute such assignment due to physical or mental impairment or to deny assistance would create an undue hardship, as defined by the Commissioner of Health; or

- The legally responsible relative is absent from the applicant's household, and fails or refuses to make his/her income and/or resources available to meet the cost of necessary medical care, services and supplies.

In such cases, however, the furnishing of such assistance shall create an implied contract with such relative, and the cost thereof may be recovered from such relative in accordance with Title 6 of Article 3 and other applicable provisions of law.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$20 million.

- For residential health care facilities (RHCs), adjustments to Medicaid rates of payment base on changes to a facility's case mix index shall not reflect any change in such case mix index in excess of two percent for any six month period prior to periods beginning January 1, 2016, or such earlier date as determined by the Commissioner.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$42.9 million.

- For state fiscal years beginning April 1, 2014, 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 excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$300 million. The amount allocated to each eligible public RHC 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 2012 and each representative succeeding year as applicable. Payments to eligible RHCs may be added to rates of payment or made as aggregate payments.

Non-institutional Services

- For state fiscal year beginning April 1, 2014 through March 31,

2015, continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments 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 eligibility criteria remain unchanged. The amount to be paid will be up to \$287 million. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- Effective for the period April 1, 2014 through March 31, 2015, and annually thereafter, upon the election of the social services district in which an eligible diagnostic and treatment center (DTC) is physically located, up to \$12.6 million in additional annual Medicaid payments may be paid to public DTCs operated by the New York City Health and Hospitals Corporation. Such payments will be 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. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible DTCs.

- Effective for the periods April 1, 2014 through March 31, 2015, and annually thereafter, up to \$5.4 million in additional annual Medicaid payments may be paid 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.

- Effective April 1, 2014, the Commissioner of Health, in consultation with the Commissioner of the Office of Mental Health, will update rates paid to clinics licensed under Article 28 of the Public Health Law who provide collaborative care services. The collaborative care clinical delivery model is an evidence-based service to improve detection of depression and other diagnosed mental or substance use disorders and provide treatment to such individuals in an integrated manner. Designated clinics will provide, at minimum, screening for depression, medical diagnosis of patients who screen positive, evidence-based depression care, ongoing tracking of patient progress, care management, and a designated psychiatric practitioner who will consult with the care manager and primary care physician.

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 \$10 million dollars.

- The current authority to adjust Medicaid rates of payment for personal care services provided in local social services districts which shall not include a city with a population of over one million persons, for purpose of supporting recruitment and retention of personal care service workers has been extended for the period April 1, 2014 through March 31, 2017. Payments for the period April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; and April 1, 2016 through March 31, 2017 shall be up to \$28.5 million for each applicable period.

- Effective April 1, 2014, the Commissioner is authorized, within amount appropriated, to distribute funds to local governmental units, pursuant to Mental Hygiene Law, to Medicaid managed care plans certified by the Department, health homes designated by the Department, and individual behavioral health providers and consortiums of such providers licensed or certified by the Office of Mental Health (OMH) or the Office of Alcoholism and Substance Abuse Services (OASAS) to prepare for the transition of adult and children's behavioral health providers and services into managed care.

- The use of such funds may include, but not be limited to, infrastructure and organizational modifications and investments in health information technology and training and technical assistance. Such funds shall be distributed pursuant to a plan to be developed by the Commissioner of Health, along with the Commissioners of the OMH and OASAS, taking into account the size and scope of a grantee's operations as a factor relevant to eligibility for, and the amount of, such funds.

- The Commissioner of Health is authorized to audit recipients of funds to ensure compliance and to recoup any funds determined to have been used for purposes other than previously described or otherwise approved by such Commissioners.

The estimated annual net increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2014/15 is \$20 million.

- Effective April 1, 2014, Medicaid payments for services provided by Certified Home Health Agencies (CHHAs), except for such services provided to children under 18 years of age and those services provided to a special needs population of medically complex and fragile children, adolescents and young disable adults by a CHHA operating under a pilot program approved by the Department, for the purposes of improving recruitment, training and retention of home health aides or other personnel with direct patient care responsibility will cease.

There is no annual increase or decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015.

- Effective April 1, 2014, the Commissioner may adjust Health Home payments to provide resources to Health Homes for the following purposes: (1) member engagement and promotion of Health Homes; (2) workforce training and retraining; (3) health information technology (HIT) and clinical connectivity; and (4) joint governance technical assistance, start-up and other implementation costs, and other such purposes as the Commissioner of Health, in consultation with the Commissioners of the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, determines are necessary to facilitate the transition of Health Homes beyond their early stages of development. Total payments are estimated not to exceed \$525 million. Health Homes will be required to submit reports, as required by the Department, on the uses of such funds.

- Effective April 1, 2014, the Commissioner will expand access to tobacco counseling by reimbursing dentists. This program will provide greater access to effective, high quality smoking cessation treatment for members. Various analyses have found that smoking interventions delivered by non-physician clinicians are effective in increasing abstinence rates among smokers, which are associated with better health and lower cost.

The estimated annual net increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2014/15 is \$3 million.

The overall estimated annual net aggregate increase in gross Medicaid expenditures attributable to reform and other initiatives contained in the budget for state fiscal year 2014/2015 is \$528 million; and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to an extension upper payment limit (UPL) payments for state fiscal year 2013/2014 is \$2.0 billion.

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.

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 & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (Fax), e-mail: spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Department of State
F-2014-0063 (DA)

Date of Issuance - March 11, 2014

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 United States Coast Guard has determined that the proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the New York State Coastal Management Program. The applicant's consistency determination and accompanying supporting 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.

Re-establish the beach profile along the eroded shoreline to the profile prior to damage sustained from Post-Tropical Storm Sandy. An existing upland and on site pile of material will be utilized for beach reconstruction. The new beach profile will be constructed between the mean high water (MHW) line and the upland grass area. The proposed activity will utilize approximately 1430 cubic yards of material. Following the reconstruction, american beach grass will be planted to facilitate shoreline stabilization.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, March 26, 2014.

Comments should be addressed to: Department of State, Office of Coastal, Local Government and Community Sustainability, One Commerce Plaza, 99 Washington Ave., Suite 1010, Albany, NY 12231, (518) 474-6000, (518) 473-2464 (Fax)

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

Appendix V
2014 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #14-027

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

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

Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular A-87 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

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

Response: Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. The source of the appropriation is the Local Assistance Account under the General Fund/Aid to Localities.

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

Response: The payments authorized for this provision are not supplemental or enhanced payments.

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated,**

non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

Response: The State submitted the 2012 and 2013 hospital outpatient UPL demonstration on September 30, 2013, and both State and CMS staff are working to finalize these demonstrations, which the 2014 UPL is contingent on.

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

Response: Not applicable.

ACA Assurances:

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

MOE Period.

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

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

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

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act,

it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

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

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

Response: This SPA does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

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

IHCIA Section 2107(e)(1) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

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

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 11-06, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.