

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

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

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

September 30, 2020

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
2020 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

[Records](#) / [Submission Packages - Your State](#)

NY - Submission Package - NY2020MS0005O - (NY-20-0054) - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2020MS0005O	Submission Type	Official
Program Name	NYS CCO/HHs Serving Individuals with I/DD	State	NY
SPA ID	NY-20-0054	Region	New York, NY
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2020MS00050	SPA ID	NY-20-0054
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2020MS00050	SPA ID NY-20-0054
Submission Type Official	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NY-20-0054

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	7/1/2020	NY-17-0025
Health Homes Payment Methodologies	7/1/2020	NY-17-0025

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Executive Summary

Summary Description Including Goals and Objectives Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$-10280762
Second	2021	\$-36586341

Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA Materials - Fiscal Calculations Template - DOH Submit	8/12/2020 2:08 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2020MS00050	SPA ID	NY-20-0054
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

NYS CCO/HHs Serving Individuals with I/DD

Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

	Reviewable Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type
<input checked="" type="checkbox"/>	Health Homes Intro	<input checked="" type="radio"/>	APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	<input type="radio"/>	APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	<input checked="" type="radio"/>	APPROVED
<input type="checkbox"/>	Health Homes Providers	<input checked="" type="radio"/>	APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	<input type="radio"/>	APPROVED
<input checked="" type="checkbox"/>	Health Homes Payment Methodologies	<input checked="" type="radio"/>	APPROVED
<input type="checkbox"/>	Health Homes Services		APPROVED

		<input type="radio"/>	
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	<input type="radio"/>	APPROVED
			1 - 8 of 8

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header


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Superseded SPA ID	N/A		

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

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

Upload copies of public notices and other documents used

Name	Date Created	
FPN-NYS Register (5-27-20)	8/12/2020 2:13 PM EDT	

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Name of Health Homes Program:

NYS CCO/HHs Serving Individuals with I/DD

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

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
No items available	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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SAMHSA Consultation

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

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

Date of consultation
7/20/2017

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2020MS00050	SPA ID	NY-20-0054
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2020
Superseded SPA ID	NY-17-0025 System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

NYS CCO/HHs Serving Individuals with I/DD

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies

Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

The New York State Department of Health (DOH), in collaboration with the New York State Office for People With Developmental Disabilities (OPWDD), is seeking a new Health Home State Plan, effective July 1, 2018, to create and authorize Health Home care management for individuals with intellectual and/or developmental disabilities (I/DD). The goal of establishing Health Homes to serve the I/DD population is to provide a strong, stable, person-centered approach to holistic service planning and coordination required to ensure the delivery of quality care that is integrated and supports the needs of individuals with I/DD chronic conditions. The Health Home program authorized under this State Plan shall be known as the NYS Care Coordination Organizations/Health Homes (CCO/HHs) Serving Individuals with Intellectual and Developmental Disabilities (I/DD) Program (NYS CCO/HHs Serving I/DD) and Health Homes authorized under this State Plan shall be known as Care Coordination Organizations/Health Homes (CCO/HHs). As described in more detail, this SPA will establish requirements for the NYS CCO/HHs Serving I /DD Program, including establishing eligible I/DD Health Home chronic conditions; transitioning Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to Health Homes; establishing per member per month rates for Health Homes designated to serve members with I/DD; defining CCO/HHs core requirements, including Health Information Technology (HIT) requirements; establishing the processes for referring Medicaid members to CCO/HHs ; and defining the requirements for providers to be eligible to be designated as CCO/HHs. The State Plan authorizes the statewide enrollment of individuals with eligible Developmental Disability conditions in designated CCO/HHs.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2020MS00050	SPA ID	NY-20-0054
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Superseded SPA ID	NY-17-0025 System-Derived		

Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
 - Individual Rates Per Service
 - Per Member, Per Month Rates
 - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement
- Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below
- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Describe below
see text box below regarding rates.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Agency Rates

Describe the rates used

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

Effective Date

7/1/2020

Website where rates are displayed

https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/index.htm

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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	System-Derived		

Rate Development

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

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

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

Care Coordination Organization/Health Home (CCO/HH) Program Improvements and Efficiencies Effective July 1, 2020, certain rate setting provisions in the approved 2020-2021 New York State Budget are being changed to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Care Management Fee

CCO/HH providers that meet State and federal standards will be paid a per member per month care management fee that is based on region, assessment data, residential status and other functional indicators. A unit of service will be defined as a billable unit per service month. To be reimbursed for a billable unit of service per month, CCO/HH providers must, at a minimum, provide active care management by providing at least one of the core health home services per month. Once an individual has been assigned a care manager and is enrolled in the CCO/HHs program, the active care management per member per month (PMPM) may be billed. Care managers must maintain the CCO/HHs consent forms and document all services provided to the member in the member's life plan. Upon enrollment in the program, Care Managers will attest in the State system the individual's consent to enroll in Health Homes. The CCO will maintain the consent form electronically within the individual's record in the Care Coordination system.

As described in the attachment CCO/HH Rate Setting Methodology, the care management PMPM will include four rate tiers. The rate tier of an individual is determined by region, the intensity of care coordination required to serve the individual and the residential/living setting of the individual. For enrollees who are new to the OPWDD service delivery system, there will be a separate tiered CCO/HH care management PMPM that may be billed for the first month of enrollment in CCO/HH for individuals who have never received a Medicaid-funded long-term service. The separate tiered rate includes costs related to preparing an initial life plan; an initial Medicaid application, if needed; and gathering documentation and records to support the I/DD diagnosis, that such I/DD condition results in substantial handicap and the individual's ability to function normally in society and level of care determination. The PMPM rate tiers are calculated based on total costs relating to the care manager (salary, fringe benefits, non-personal services, capital and administration costs) and, for each tier, caseload assumptions. The State will periodically review the CCO/HH payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services. In addition, based on operating experience, the State will make adjustments, as appropriate, to the PMPM.

Medicaid Service Coordinators (MSC) and Plan of Care Support Services (PCSS)

CCO/HH MSC and PCSS agencies that provide care management to individuals with developmental disabilities under the State Plan that convert to a CCO/HH or become part of a CCO/HHs will be paid the care management PMPMs described above.

All payment policies have been developed to assure that there is no duplication of payment for CCO/HH services.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2020MS00050 | NY-20-0054 | NYS CCO/HHs Serving Individuals with I/DD

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Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.





Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
CCO.HH Rates Methodology for SPA submission 2.25.18	2/28/2018 8:53 AM EST	
Standard Access Questions (20-0054) 8-6-20	8/12/2020 3:06 PM EDT	
Standard Funding Questions (20-0054) 8-6-20	8/12/2020 3:07 PM EDT	
Auth Provisions (20-0054) C53 L2020 - Appropriation for OPWDD Non Profit Medicaid	8/12/2020 3:17 PM EDT	

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 8/12/2020 4:06 PM EDT

Appendix II
2020 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #20-0054

This amendment proposes to amend the State Plan for non-institutional and long-term care services and to change certain rate setting provisions in the approved 2020-2021 New York State Budget to reflect historical utilization and efficiencies related to the transition to CCO/HHs.

Appendix III
2020 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

STATE OF NEW YORK

S. 7503--C

A. 9503--C

SENATE - ASSEMBLY

January 21, 2020

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

IN ASSEMBLY -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT making appropriations for the support of government

AID TO LOCALITIES BUDGET

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. a) The several amounts specified in this chapter for aid to
 2 localities, or so much thereof as shall be sufficient to accomplish the
 3 purposes designated by the appropriations, are hereby appropriated and
 4 authorized to be paid as hereinafter provided, to the respective public
 5 officers and for the several purposes specified.
 6 b) Where applicable, appropriations made by this chapter for expendi-
 7 tures from federal grants for aid to localities may be
 8 allocated for spending from federal grants for any grant period begin-
 9 ning, during, or prior to, the state fiscal year beginning on April 1,
 10 2020 except as otherwise noted.
 11 c) The several amounts named herein, or so much thereof as shall be
 12 sufficient to accomplish the purpose designated, being the undisbursed

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
 [-] is old law to be omitted.

LBD12653-11-0

DEPARTMENT OF MENTAL HYGIENE

OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

AID TO LOCALITIES 2020-21

1 which are pending recertification as
2 intermediate care facilities for people
3 with developmental disabilities.

4 Notwithstanding the provisions of section
5 41.36 of the mental hygiene law and any
6 other inconsistent provision of law,
7 moneys from this appropriation may be used
8 for payment up to \$250 per year per
9 client, at such times and in such manner
10 as determined by the commissioner on the
11 basis of financial need for the personal
12 needs of each client residing in voluntar-
13 y-operated community residences and volun-
14 tary-operated community residential alter-
15 natives, including individualized
16 residential alternatives under the home
17 and community based services waiver. The
18 commissioner shall, subject to the
19 approval of the director of the budget,
20 alter existing advance payment schedules
21 for voluntary-operated community resi-
22 dences established pursuant to section
23 41.36 of the mental hygiene law.

24 Notwithstanding any inconsistent provision
25 of law, moneys from this appropriation may
26 be used for the operation of clinics
27 licensed pursuant to article 16 of the
28 mental hygiene law including, but not
29 limited to, supportive and habilitative
30 services consistent with the home and
31 community based services waiver.

32 For the state share of medical assistance
33 services expenses incurred by the depart-
34 ment of health for the provision of
35 medical assistance services to people with
36 developmental disabilities (37835) 2,014,478,000

37 For additional state share medical assist-
38 ance services expenses incurred by the
39 department of health for the provision of
40 medical assistance services to people with
41 developmental disabilities, related to the
42 development of new service opportunities
43 for individuals with disabilities that are
44 currently living at home and whose care-
45 givers are unable to continue caring for
46 them (37818) 2,000,000

47 For services and expenses of the office for
48 people with developmental disabilities to
49 implement subdivision 3-f of section 1 of
50 part C of chapter 57 of the laws of 2006

**Appendix IV
2020 Title XIX State Plan
Third Quarter Amendment
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
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: June 5, 2020
Time: 9:00 a.m. - 1:00 p.m.

Video Conference Only: The webcast information for this meeting will be posted on the Division of Criminal Justice website under the Newsroom, Open Meeting/ Webcasts.

<https://www.criminaljustice.ny.gov/pio/openmeetings.htm>

PUBLIC NOTICE

Division of Criminal Justice Services
Law Enforcement Agency Accreditation Council

Pursuant to Public Officers Law § 104, the NYS Division of Criminal Justice Services gives notice of a virtual meeting of the Law Enforcement Agency Accreditation Council to be held on:

Date: Thursday, June 4, 2020
Time: 10:00 a.m.

For further information, please contact: Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, 518-457-2667

Live Webcast will be available as soon as the meeting commences at: <http://www.criminaljustice.ny.gov/pio/openmeetings.htm>

PUBLIC NOTICE

Division of Criminal Justice Services
Municipal Police Training Council

Pursuant to Public Officers Law § 104, the NYS Division of Criminal Justice Services gives notice of a virtual meeting of the Municipal Police Training Council to be held on:

Date: Wednesday, June 3, 2020

Time: 10:00 a.m.

For further information, please contact: Division of Criminal Justice Services, Office of Public Safety, Alfred E. Smith Office Bldg., 80 S. Swan St., Albany, NY 12210, 518-457-2667

Live Webcast will be available as soon as the meeting commences at: <http://www.criminaljustice.ny.gov/pio/openmeetings.htm>

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 and long term care services. Proposed changes are being made to effect certain rate setting provisions in the approved 2020-2021 New York State Budget, to reflect historical utilization and efficiencies, and to make other operational, technical and streamlining changes. The following changes are proposed:

Non-Institutional Services:

Effective on or after July 1, 2020 the Commissioner of Health in consultation with the Commissioner of the Office for People With Developmental Disabilities (OPWDD), will amend the State Plan for Health Home services to adjust reimbursement to reflect historical utilization and other efficiencies related to the transition to CCOs.

Long Term Care Services:

Effective on or after October 1, 2020, DOH and OPWDD propose to amend the State Plan, to revise the rate setting methodology for calculating the occupancy adjustment for Intermediate Care Facilities for Individuals with Intellectual Disabilities by limiting or eliminating the adjustment based on a system-wide assessment of vacancy utilization, impose a limit on the amount of administration that is recognized in the rate methodology, as well as consider other actions to limit reimbursement where individuals are not in residence.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to these initiatives contained in the budget for state fiscal year 2020-2021 is approximately (\$ 75.2 million).

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

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

New York County
250 Church Street
New York, NY 10018

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

114 Willoughby Street
Brooklyn, New York 11201

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health (DOH) proposes to amend the Office for People With Developmental Disabilities (OPWDD) 1915(c) Home and Community-Based Services Comprehensive Waiver (NY.0238). Proposed changes are being made to effect certain rate setting provisions in the approved 2020-2021 New York State Budget and to make other operational changes and streamlining changes.

The Amendment will revise the rate setting methodology for calculating the occupancy adjustment for Supervised Residential Habilitation services by limiting or eliminating the adjustment based on a system-wide assessment of vacancy utilization, as well as consider other actions to limit reimbursement where individuals are not in residence. The rate setting regions for Community Prevocational Services will be realigned with the rate settings regions already in use for Community Habilitation services.

The description of Community Habilitation will be updated to reflect that OPWDD will implement clinical review tools to formalize a three-step review process for consistency and efficiency of decision making and fairness and equity of service authorizations for Community Habilitation. This amendment will also implement technical changes to streamline the completion of the Documentation of Choices form by eliminating the need for Regional Office staff to sign the form.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2020-2021 is approximately \$103.8 million.

The public is invited to review and comment on this proposed HCBS Waiver Amendment, a copy of which will be available for public review on the OPWDD's website at: <https://opwdd.ny.gov/providers/home-and-community-based-services-waiver> as of June 1, 2020. Individuals without Internet access may view the proposed Amendment at any local (county) social services district.

Copies will be also be available at local Developmental Disabilities Regional Offices (DDRO) at the following addresses:

Finger Lakes DDRO
620 Westfall Rd./326 Sun St.
Rochester, NY 14620

Western NY DDRO
1200 East and West Rd., Building 16
West Seneca, NY 14224

Broome DDRO
249 Glenwood Rd.
Binghamton, NY 13905
Central NY DDRO
187 Northern Concourse

North Syracuse, NY 13212

Sunmount DDRO
2445 State Route 30
Tupper Lake, NY 12986

Capital District DDRO
500 Balltown Rd.
Schenectady, NY 12304

Hudson Valley DDRO
9 Wilbur Rd.
Thiells, NY 10984

Taconic DDRO
38 Firemens Way
Poughkeepsie, NY 12603

Bernard Fineson DDRO
80-45 Winchester Blvd, Building 80, 2nd Floor Administrative Suite
Queens Village, NY 11427

Metro NY DDRO/Bronx
2400 Halsey St.
Bronx, NY 10461

Brooklyn DDRO
888 Fountain Ave.
Bldg. 1, 2nd Floor
Brooklyn, NY 11239

Metro NY DDRO/Manhattan
25 Beaver St., 7th Floor
New York, NY 10004

Staten Island DDRO
930 Willowbrook Rd.
Staten Island, NY 10314

Long Island DDRO
415-A Oser Ave.
Hauppauge, NY 11788

Written comments will be accepted by email at peoplefirstwaiver@opwdd.ny.gov or by mail at Office for People With Developmental Disabilities, Division of Policy and Program Development, 44 Holland Avenue, Albany, NY 12229. All comments must be postmarked or emailed by July 1, 2020. Please indicate "OPWDD 1915(c) October 2020 Waiver Amendment Comments" in the subject line.

PUBLIC NOTICE

Department of State
F-2020-0084

Date of Issuance – May 27, 2020

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

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP).

Appendix V
2020 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES State Plan Amendment #20-0054

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. 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 2 CFR 200 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 and regulates the Care Coordination Organizations (CCOs), which is the Office for People With Developmental Disabilities (OPWDD). The New York State Department of Health maintains certain CCO oversight responsibilities with respect to the larger Medicaid Health Home program.

The source of the funding is the General Fund Local Assistance Account, which is an appropriation made available to OPWDD for Medicaid expenses of services delivered by its network of provider agencies, including CCOs.

There have been no new provider taxes and no existing taxes have been established or modified.

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: Health Home payments are not subject to UPL requirements.

- 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: The rate methodology included in the State Plan for health home services is a per member per month (PMPM) case management that is based on region, assessment data, residential status and other function indicators. This methodology is being adjusted to reflect operating experience (service utilization on an annual per member basis) and other efficiencies relate to the transition to a health home model. We are unaware of any requirement under current federal law or regulation that limits individual provider's payments to their actual costs.

ACA Assurances:

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

MOE Period.

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

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

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

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

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

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

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

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments

- waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
 - c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

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

**Appendix VI
2020 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Access Questions**

**APPENDIX VI
NON-INSTITUTIONAL SERVICES
State Plan Amendment # 20-0054**

CMS Standard Access Questions – Health Home

The following questions have been asked by CMS and are answered by the State in relation to all payments made to all providers under Attachment 4.19-B of the state plan.

- 1. Specifically, how did the State determine that the Medicaid provider payments that will result from the change in this amendment are sufficient to comply with the requirements of 1902(a)(30)?**

Response: First, Care Coordination Organizations (CCOs) are required to undergo the Department of Health's (DOH) Designation/Redesignation surveys for Health Home services. In addition, newly enacted New York State legislation requires the New York State Office for People with Developmental Disabilities (OPWDD) to oversee the provision of State Plan services targeted to people with intellectual and/or developmental disabilities. As such, OPWDD will now require CCOs to meet licensure and certification requirements for provision of I/DD care management services in addition to the Health Home surveys implemented by the DOH. These processes ensure providers are qualified to deliver services to Medicaid patients across multiple standards that address quality of care from a Health Home perspective and from an I/DD service perspective. These requirements, as well as other methods and procedures the state has ensures efficiency, economy and quality of care are not impacted in anyway by the amendment. Second, the underlying fee methodology is being adjusted to reflect historic utilization levels on a per member per year basis. Third, all CCOs currently participate in the New York's Medicaid program and coverage is available across the state so that Medicaid recipients in any geographic area have access to care management services and can choose between at least two CCO providers. Through the various oversight mechanisms established, the State will be able to monitor that there continues to be no impact on efficiency, economy and quality of care as a result of this amendment.

- 2. How does the State intend to monitor the impact of the new rates and implement a remedy should rates be insufficient to guarantee required access levels?**

Response: The State has various ways to ensure that access levels in the Medicaid program are retained and is currently not aware of any access issues. The State monitors and considers requests in the context of access as they approve/deny changes in services. Providers cannot discriminate based on source of payment. Furthermore, through new legislation passed this year, additional oversight and monitoring of service quality will be implemented including a review of historic utilization levels on a per member per year basis and additional safeguards such as

cost reporting and statistical sampling of care management records to ensure full access and quality of services.

For providers that are not subject to an approval process, the State will continue to monitor provider complaint hotlines to identify geographic areas of concern and/or service type needs. If Medicaid beneficiaries begin to encounter access issues, the Department would expect to see a marked increase in complaints. These complaints will be identified and analyzed in light of the changes proposed in this State Plan Amendment.

Finally, the State ensures that there is sufficient provider capacity for Medicaid Managed Care plans as part of its process to approve managed care rates and plans. Should sufficient access to services be compromised, the State would be alerted and would take appropriate action to ensure retention of access to such services.

3. How were providers, advocates and beneficiaries engaged in the discussion around rate modifications? What were their concerns and how did the State address these concerns?

Response: This change was enacted by the State Legislature as part of the negotiation of the 2020-21 Budget. The impact of this change was weighed in the context of the overall Budget in the State. The legislative process provides opportunities for all stakeholders to lobby their concerns, objections, or support for various legislative initiatives. In addition, NY published notice in the state register of the proposed policy and did not receive any comment.

4. What action(s) does the State plan to implement after the rate change takes place to counter any decrease to access if the rate decrease is found to prevent sufficient access to care?

Response: Should any Care Coordination Organization experience Medicaid or other revenue issues that would prevent access to needed care management service, per usual practice, the State would meet with them to explore the situation and discuss possible solutions, if necessary.

5. Is the State modifying anything else in the State Plan which will counterbalance any impact on access that may be caused by the decrease in rates (e.g. increasing scope of services that other provider types may provide or providing care in other settings)?

Response: The State has undertaken a massive reform initiative to better align reimbursement with care. When fully implemented, the initiative will invest over \$600 million in the State's ambulatory care system (outpatient, ambulatory surgery, emergency department, clinic and physicians) to incentivize care in the most appropriate setting. The State has also increased its physician reimbursement schedule to resemble Medicare payments for similar services, thus ensuring continued access for Medicaid beneficiaries. While some of these initiatives are

outside the scope of the State Plan, they represent some of the measures the State is taking to ensure quality care for the State's most vulnerable population.