NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

September 18, 2024

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #24-0066
Non-Institutional Services

Dear Director Scott:

The State requests approval of the enclosed amendment #24-0066 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective August 1, 2024 (Appendix I). This amendment is being submitted based on enacted legislation. 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 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.

A copy of pertinent sections of enacted legislation is 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 July 31, 2024, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions and the standard access questions are also enclosed (Appendix V and VI, respectively).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

[redacted]

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0066

2. STATE: NY

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
§1945 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 08/01/24-09/30/24 $ (1,391,667)
b. FFY 10/01/24-09/30/25 $ (8,350,000)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment: MacPro Portal SPA

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment: MacPro Portal SPA

9. SUBJECT OF AMENDMENT
CCO Health Home Budget Cut

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

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
September 18, 2024

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

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

NY - Submission Package - NY2024MS0006O - (NY-24-0066) - Health Homes

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2024MS0006O
Program Name	NYS CCO/HHs Serving Individuals with I/DD
SPA ID	NY-24-0066
Version Number	1
Submitted By	Jennifer Yungandreas
Submission Type	Official
State	NY
Region	New York, NY
Package Status	Submitted
Submission Date	9/18/2024
Regulatory Clock	90 days remain
Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2024MS0006O
SPA ID NY-24-0066
Submission Type Official
Initial Submission Date 9/18/2024
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

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 | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2024MS0006O
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Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID NY-24-0066

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	8/1/2024	23-0062

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2024MS0006O
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Approval Date N/A
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Superseded SPA ID N/A
Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to reduce Care Coordination Organizations (CCO's) reimbursement in accordance with the Fiscal Year 2025 Enacted Budget.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
Second	2025	$-8350000

Federal Statute / Regulation Citation

§1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (24-0066) (7-31-24)	8/1/2024 1:16 PM EDT	
Authorizing Provisions (24-0066) (7-31-24)	8/1/2024 1:16 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006O	**SPA ID**	NY-24-0066
Submission Type	Official	**Initial Submission Date**	9/18/2024
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | 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	Included in Another Submission Package	Source Type
[ ]	Health Homes Intro	( )	APPROVED
[ ]	Health Homes Geographic Limitations	( )	APPROVED
[ ]	Health Homes Population and Enrollment Criteria	( )	APPROVED
[ ]	Health Homes Providers	( )	APPROVED
[ ]	Health Homes Service Delivery Systems	( )	APPROVED
[ ]	Health Homes Payment Methodologies	(•)	APPROVED
[ ]	Health Homes Services	( )	APPROVED
[ ]	Health Homes Monitoring, Quality Measurement and Evaluation	( )	APPROVED

1 – 8 of 8

- [ ] 1945A Health Home Program

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2024MS0006O
SPA ID NY-24-0066
Submission Type Official
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Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

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 (7-31-24)	7/31/2024 10:21 AM EDT	

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2024MS0006O
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Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

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

Date of solicitation/consultation:	Method of solicitation/consultation:
9/3/2024	paper mailing/electronic mailing.

☐ 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

Date of consultation:	Method of consultation:
9/3/2024	paper mailing/electronic mailing.

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	
Tribal Consultation (24-0066) (Summary) (9-3-24)	9/3/2024 1:07 PM EDT	

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 | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID	NY2024MS0006O	**SPA ID**	NY-24-0066
Submission Type	Official	**Initial Submission Date**	9/18/2024
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

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
4/1/2022

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

Package ID NY2024MS0006O
SPA ID NY-24-0066
Submission Type Official
Initial Submission Date 9/18/2024
Approval Date N/A
Effective Date 8/1/2024
Superseded SPA ID 23-0062

User-Entered

Reviewable Unit Instructions

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

This State Plan Amendment proposes to reduce Care Coordination Organizations (CCO's) reimbursement in accordance with the Fiscal Year 2025 Enacted Budget.

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 | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

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User-Entered

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

Describe below

see text box below regarding rates.

- ☐ Comprehensive Methodology Included in the Plan
- ☐ Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided
see text below

☐ PCCM (description included in 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)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2024MS0006O | NY-24-0066 | 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

8/1/2024

Website where rates are displayed

https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/

Health Homes Payment Methodologies

Package Header

Package ID	NY2024MS0006O	**SPA ID**	NY-24-0066
Submission Type	Official	**Initial Submission Date**	9/18/2024
Approval Date	N/A	**Effective Date**	8/1/2024
Superseded SPA ID	23-0062		
	User-Entered		
Reviewable Unit Instructions			

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 | NY2024MS0006O | NY-24-0066 | NYS CCO/HHs Serving Individuals with I/DD

Package Header

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Superseded SPA ID	23-0062		
	User-Entered		
Reviewable Unit Instructions			

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	
Standard Access Questions - NI (24-0066) (7-30-24)	9/18/2024 8:19 AM EDT	

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

This view was generated on 9/18/2024 8:23 AM EDT

Appendix II
2024 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #24-0066

This State Plan Amendment proposes to reduce Care Coordination Organizations (CCO's) reimbursement in accordance with the Fiscal Year 2025 Enacted Budget.

Appendix III
2024 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 24-0066

Social Services Laws 365-L

§ 365-l. Health homes. 1. Notwithstanding any law, rule or regulation to the contrary, the commissioner of health is authorized, in consultation with the commissioners of the office of mental health, office of alcoholism and substance abuse services, and office for people with developmental disabilities, to (a) establish, in accordance with applicable federal law and regulations, standards for the provision of health home services to Medicaid enrollees with chronic conditions, (b) establish payment methodologies for health home services based on factors including but not limited to the complexity of the conditions providers will be managing, the anticipated amount of patient contact needed to manage such conditions, and the health care cost savings realized by provision of health home services, (c) establish the criteria under which a Medicaid enrollee will be designated as being an eligible individual with chronic conditions for purposes of this program, (d) assign any Medicaid enrollee designated as an eligible individual with chronic conditions to a provider of health home services. 2. In addition to payments made for health home services pursuant to subdivision one of this section, the commissioner is authorized to pay additional amounts to providers of health home services that meet process or outcome standards specified by the commissioner. Such additional amounts may be paid with state funds only if federal financial participation for such payments is unavailable. 2-a. Up to fifteen million dollars in state funding may be used to fund health home infrastructure development. Such funds shall be used to develop enhanced systems to support Health Home operations including assignments, workflow, and transmission of data. Funding will also be disbursed pursuant to a formula established by the commissioner to be designated health homes. Such formula may consider prior access to similar funding opportunities, geographic and demographic factors, including the population served, and prevalence of qualifying conditions, connectivity to providers, and other criteria as established by the commissioner. 2-b. The commissioner is authorized to make lump sum payments or adjust rates of payment to providers up to a gross amount of five million dollars, to establish coordination between the health homes and the criminal justice system and for the integration of information of health homes with state and local correctional facilities, to the extent permitted by law. Such rate adjustments may be made to health homes participating in a criminal justice pilot program with the purpose of enrolling incarcerated individuals with serious mental illness, two or more chronic conditions, including substance abuse disorders, or HIV/AIDS, into such health home. Health homes receiving funds under this subdivision shall be required to document and demonstrate the effective use of funds distributed herein. 2-c. The commissioner is authorized to make grants up to a gross amount of one million dollars for certified application counselors and assistors to facilitate the enrollment of persons in high-risk populations, including but not limited to persons with mental health and/or substance abuse conditions that have been recently discharged or are pending release from state and local correctional facilities. Funds allocated for certified application counselors and assistors shall be expended through a request for proposal process. 2-d. The commissioner shall establish reasonable targets for health home participation by enrollees of special needs managed care plans designated pursuant to subdivision four of section three hundred sixty-

five-m of this title and by high-risk enrollees of other Medicaid managed care plans operating pursuant to section three hundred sixty-four-j of this title, and shall encourage both the managed care providers and the health homes to work collaboratively with each other to achieve such targets. The commissioner may assess penalties under this subdivision in instances of failure to meet the participation targets established pursuant to this subdivision, where the department has determined that such failure reflected the absence of a good faith and reasonable effort to achieve the participation targets, except that managed care providers shall not be penalized for the failure of a health home to work collaboratively toward meeting the participation targets and a health home shall not be penalized for the failure of a managed care provider to work collaboratively toward meeting the participation targets. 3. Until such time as the commissioner obtains necessary waivers and/or approvals of the federal social security act, Medicaid enrollees assigned to providers of health home services will be allowed to opt out of such services. In addition, upon enrollment, an enrollee shall be offered an option of at least two providers of health home services, to the extent practicable. 4. Payments authorized pursuant to this section will be made with state funds only, to the extent that such funds are appropriated therefore, until such time as federal financial participation in the costs of such services is available. 5. The commissioner is authorized to submit amendments to the state plan for medical assistance and/or submit one or more applications for waivers of the federal social security act, to obtain federal financial participation in the costs of health home services provided pursuant to this section, and as provided in subdivision three of this section. 6. Notwithstanding any limitations imposed by section three hundred sixty-four-l of this title on entities participating in demonstration projects established pursuant to such section, the commissioner is authorized to allow such entities which meet the requirements of this section to provide health home services. 7. Notwithstanding any law, rule, or regulation to the contrary, the commissioners of the department of health, the office of mental health, the office for people with developmental disabilities, and the office of alcoholism and substance abuse services are authorized to jointly establish a single set of operating and reporting requirements and a single set of construction and survey requirements for entities that: (a) can demonstrate experience in the delivery of health, and mental health and/or alcohol and substance abuse services and/or services to persons with developmental disabilities, and the capacity to offer integrated delivery of such services in each location approved by the commissioner; and (b) meet the standards established pursuant to subdivision one of this section for providing and receiving payment for health home services; provided, however, that an entity meeting the standards established pursuant to subdivision one of this section shall not be required to be an integrated service provider pursuant to this subdivision. In establishing a single set of operating and reporting requirements and a single set of construction and survey requirements for entities described in this subdivision, the commissioners of the department of health, the office of mental health, the office for people with developmental disabilities, and the office of alcoholism and substance abuse services are authorized to waive any regulatory requirements as are necessary to avoid duplication of requirements and to allow the integrated delivery of services in a rational and efficient manner. 8. (a) The commissioner of health is authorized to

contract with one or more entities to assist the state in implementing the provisions of
this section. Such entity or entities shall be the same entity or entities chosen to assist in the implementation of the multipayor patient centered medical home program pursuant to section twenty-nine hundred fifty-nine-a of the public health law. Responsibilities of the contractor shall include but not be limited to: developing recommendations with respect to program policy, reimbursement, system requirements, reporting requirements, evaluation protocols, and provider and patient enrollment; providing technical assistance to potential medical home and health home providers; data collection; data sharing; program evaluation, and preparation of reports. (b) Notwithstanding any inconsistent provision of sections one hundred twelve and one hundred sixty-three of the state finance law, or section one hundred forty-two of the economic development law, or any other law, the commissioner of health is authorized to enter into a contract or contracts under paragraph (a) of this subdivision without a competitive bid or request for proposal process, provided, however, that: (i) The department of health shall post on its website, for a period of no less than thirty days: (1) A description of the proposed services to be provided pursuant to the contract or contracts; (2) The criteria for selection of a contractor or contractors; (3) The period of time during which a prospective contractor may seek selection, which shall be no less than thirty days after such information is first posted on the website; and (4) The manner by which a prospective contractor may seek such selection, which may include submission by electronic means; (ii) All reasonable and responsive submissions that are received from prospective contractors in timely fashion shall be reviewed by the commissioner of health; and (iii) The commissioner of health shall select such contractor or contractors that, in his or her discretion, are best suited to serve the purposes of this section. 9. The contract entered into by the commissioner of health prior to January first, two thousand thirteen pursuant to subdivision eight of this section may be amended or modified without the need for a competitive bid or request for proposal process, and without regard to the provisions of sections one hundred twelve and one hundred sixty-three of the state finance law, section one hundred forty-two of the economic development law, or any other provision of law, excepting the responsible vendor requirements of the state finance law, including, but not limited to, sections one hundred sixty-three and one hundred thirty-nine-k of the state finance law, to allow the purchase of additional personnel and services, subject to available funding, for the limited purpose of assisting the department of health with implementing the Balancing Incentive Program, the Fully Integrated Duals Advantage Program, the Vital Access Provider Program, the Medicaid waiver amendment associated with the public hospital transformation, the addition of behavioral health services as a managed care plan benefit, the delivery system reform incentive payment plan, activities to facilitate the transition of vulnerable populations to managed care and/or any workgroups required to be established by the chapter of the laws of two thousand thirteen that added this subdivision. The department is authorized to extend such contract for a period of one year, without a competitive bid or request for proposal process, upon determination that the existing contractor is qualified to continue to provide such services; provided, however, that the department of health shall submit a request for applications for such contract during the time period specified in this subdivision and may

terminate the contract identified herein prior to expiration of the extension authorized by this subdivision.

Chapter 53 of the Laws of 2024

General Fund

Local Assistance Account - 10000

For services and expenses of the community services program, net of disallowances, for community programs for people with developmental disabilities pursuant to article 41 of the mental hygiene law, and/or chapter 620 of the laws of 1974, chapter 660 of the laws of 1977, chapter 412 of the laws of 1981, chapter 27 of the laws of 1987, chapter 729 of the laws of 1989, chapter 329 of the laws of 1993 and other provisions of the mental hygiene law. Notwithstanding any inconsistent provision of law, the following appropriation shall be net of prior and/or current year refunds, rebates, reimbursements, and credits.

Notwithstanding any other provision of law, advances and reimbursement made pursuant to subdivision (d) of section 41.15 and section 41.18 of the mental hygiene law shall be allocated pursuant to a plan and in a manner prescribed by the agency head and approved by the director of the budget. The moneys hereby appropriated are available to reimburse or advance localities and voluntary non-profit agencies for expenditures made during local fiscal periods commencing January 1, 2024, April 1, 2024 or July 1, 2024, and for advances for the 3 month period beginning January 1, 2025.

Notwithstanding the provisions of article 41 of the mental hygiene law or any other inconsistent provision of law, rule or regulation, the commissioner, pursuant to such contract and in the manner provided therein, may pay all or a portion of the expenses incurred by such voluntary agencies arising out of loans which are funded from the proceeds of bonds and notes issued by the dormitory authority of the state of New York.

Notwithstanding any other provision of law, the money hereby appropriated may be transferred to state operations and/or any appropriation of the office for people with developmental disabilities with the approval of the director of the budget.

Notwithstanding any inconsistent provision of law, moneys from this appropriation may

be used for state aid of up to 100 percent of the net deficit costs of day training programs and family support services.

Notwithstanding the provisions of section 16.23 of the mental hygiene law and any other inconsistent provision of law, with relation to the operation of certified family care homes, including family care homes sponsored by voluntary not-for-profit agencies, moneys from this appropriation may be used for payments to purchase general services including but not limited to respite providers, up to a maximum of 14 days, at rates to be established by the commissioner and approved by the director of the budget in consideration of factors including, but not limited to, geographic area and number of clients cared for in the home and for payment in an amount determined by the commissioner for the personal needs of each client residing in the family care home.

Notwithstanding the provisions of subdivision 12 of section 8 of the state finance law and any other inconsistent provision of law, moneys from this appropriation may be used for expenses of family care homes including payments to operators of certified family care homes for damages caused by clients to personal and real property in accordance with standards established by the commissioner and approved by the director of the budget.

Notwithstanding any inconsistent provision of law, moneys from this appropriation may be used for appropriate day program services and residential services including, but not limited to, direct housing subsidies to individuals, start-up expenses for family care providers, environmental modifications, adaptive technologies, appraisals, property options, feasibility studies and preoperational expenses.

Notwithstanding any inconsistent provision of law except pursuant to a chapter of the laws of 2024 authorizing a 2.84 percent cost of living adjustment, for the period commencing on April 1, 2024 and ending March 31, 2025 the commissioner shall not apply any other cost of living adjustment for the purpose of establishing rates of payments, contracts or any other form of reimbursement; provided that this shall not prevent the commissioner from applying prior adjustments for the purpose of establishing rates resulting from a rebas-

ing of base year costs.

Notwithstanding section 6908 of the education law and any other provision of law, rule or regulation to the contrary, direct support staff in programs certified or approved by the office for people with developmental disabilities, including the home and community based services waiver programs that the office for people with developmental disabilities is authorized to administer with federal approval pursuant to subdivision (c) of section 1915 of the federal social security act, are authorized to provide such tasks as OPWDD may specify when performed under the supervision, training and periodic inspection of a registered professional nurse and in accordance with an authorized practitioner's ordered care.

Notwithstanding any other provision of law to the contrary, and consistent with section 33.07 of the mental hygiene law, the directors of facilities licensed but not operated by the office for people with developmental disabilities who act as federally appointed representative payees and who assume management responsibility over the funds of a resident may continue to use such funds for the cost of the resident's care and treatment, consistent with federal law and regulations.

Funds appropriated herein shall be available in accordance with the following:

Notwithstanding any inconsistent provision of law, the director of the budget is authorized to make suballocations from this appropriation to the department of health medical assistance program.

Notwithstanding any inconsistent provision of law, and pursuant to criteria established by the commissioner of the office for people with developmental disabilities and approved by the director of the budget, expenditures may be made from this appropriation for residential facilities which are pending recertification as intermediate care facilities for people with developmental disabilities.

Notwithstanding the provisions of section 41.36 of the mental hygiene law and any other inconsistent provision of law, moneys from this appropriation may be used for payment up to $250 per year per client, at such times and in such manner as determined by the commissioner on the basis of financial need for the personal needs of each client residing in voluntar-

y-operated community residences and voluntary-operated community residential alternatives, including individualized residential alternatives under the home and community based services waiver. The commissioner shall, subject to the approval of the director of the budget, alter existing advance payment schedules for voluntary-operated community residences established pursuant to section 41.36 of the mental hygiene law.

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

For the state share of medical assistance services expenses incurred by the department of health for the provision of medical assistance services to people with developmental disabilities (37835) 4,432,207,000

Appendix IV
2024 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
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 Health Home Services Provided by Care Coordination Organization services to comply with the Fiscal Year 2025 Enacted Budget. The following changes are proposed:

Non-Institutional Services

Effective on or after August 1, 2024, the reimbursements for Health Home Services Provided by Care Coordination Organizations (CCO's) will be reduced in accordance with the Fiscal Year 2025 Enacted Budget.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative for State Fiscal Year 2025 is ($12.7M).

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

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

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

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

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

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

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

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

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Social Security Act Section 1905(a)(12), 42 Code Federal Regulation Section 440.120. The following changes are proposed:

Non-Institutional Services

Effective on or after August 1, 2024, the New York State Plan will allow the coverage of certain imported drugs deemed medically necessary per 21 United States Code Section 381(d)(1)(B).

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

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

2024-0104 Matter of EXP, Volodymyr Lytvyn, 1170 Route 22, Suite 103, Bridgewater, NJ 08807, for a variance concerning safety requirements, including dead-end corridors. Involved is an elevated signal tower building known as Beach 105th Station located at Beach 105th Street and Rockaway Freeway in the Borough of Queens, City of New York, State of New York.

2024-0332 Matter of Emerald Point Developers, LLC, 3850 Buffalo Road, Rochester, NY 14624, for a variance concerning safety requirements, including fire apparatus access roads. Involved is an addition to an existing building located at 3841 Buffalo Road, Town of Ogden, County of Monroe, State of New York.

2024-0340 Matter of MTA Construction and Development, 2 Broadway, 8th Floor, New York, NY 10004, for a variance concerning safety requirements, including Wide Aisle Gates. Involved is an existing transit station, known as the Kingsbridge Road Station, located in the City of New York, Borough of the Bronx, County of Bronx, State of New York.

PUBLIC NOTICE

Department of State
Uniform Code Variance / Appeal Petitions

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

2024- 0341 Matter of Blue Line 9 Inc., Angel Aponte, 1330 Washington Avenue, Bayshore, NY 11706, for a variance concerning safety requirements, including height under projection. Involved is an existing dwelling located at 149 Hilltop Drive, Town of Brentwood, County of Suffolk, State of New York.

2024-0342 Matter of Captain Permit, Mike Arato, 245 NY-109, Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 50 Sunset Blvd.; Town of Oyster Bay, County of Nassau, State of New York.

2024-0344 Matter of Jose David Ventura, 52 Long Drive, Hempstead, NY 11550, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 52 Long Drive, Village of Hempstead, County of Nassau, State of New York.

2024-0346 Matter of Captain Permit, Mike Arato, 245 NY-109, Suite D, West Babylon, NY 11704, for a variance concerning safety requirements, including ceiling height requirements. Involved is an existing dwelling located at 703 Provost Avenue, Town of Brookhaven, County of Suffolk, State of New York.

2024-0348 Matter of Arpitha Chakalakal, 1653 Highland Ave., New Hyde Park, NY 11040, for a variance concerning safety requirements, including basement ceiling height requirements. Involved is an existing dwelling located at 1653 Highland Avenue, Town of North Hempstead, County of Nassau, State of New York.

PUBLIC NOTICE

Susquehanna River Basin Commission
General Permit Notice

SUMMARY: This notice lists General Permits approved by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: June 1-30, 2024

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax (717) 238-2436; e-mail: joyler@srbc.gov. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists General Permits for projects, described below, pursuant to 18 CFR § 806.17(c)(4), for the time period specified above.

1. Lear Corporation Pine Grove – Penn Dye and Finishing Plant, General Permit Approval of Coverage No. GP-01-20240606, Pine Grove Borough, Schuylkill County, Pa.; groundwater remediation system withdrawal approved up to 0.297 mgd (30-day average); Approval Date: June 13, 2024.

Authority: Public Law 91-575, 84 Stat. 1509 et seq., 18 CFR parts 806 and 808.

Dated: July 11, 2024.

Jason E. Oyler,

General Counsel and Secretary to the Commission.

PUBLIC NOTICE

Susquehanna River Basin Commission
Projects Approved for Consumptive Uses of Water

SUMMARY: This notice lists Approvals by Rule for projects by the Susquehanna River Basin Commission during the period set forth in DATES.

DATES: June 1 - 30, 2024.

ADDRESSES: Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, PA 17110-1788.

FOR FURTHER INFORMATION CONTACT: Jason E. Oyler, General Counsel and Secretary to the Commission, telephone: (717) 238-0423, ext. 1312; fax: (717) 238-2436; e-mail: joyler@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR § 806.22(e) and (f) for the time period specified above.

Water Source Approval - Issued Under 18 CFR 806.22(e):

1. Cargill Cocoa & Chocolate, Inc. - Hazleton Plant; ABR-202406002; Hazle Township, Luzerne County, Pa.; Consumptive Use of Up to 0.0800 mgd; Approval Date: June 14, 2024.

2. Hershey Creamery Co. – Middletown Manufacturing, ABR-202406003; Lower Swatara Township, Dauphin County, Pa.; Consumptive Use of Up to 0.0500 mgd; Approval Date: June 14, 2024.

Water Source Approval - Issued Under 18 CFR 806.22(f):

1. RENEWAL - Chesapeake Appalachia, L.L.C.; Pad ID: Chancellor; ABR-20090532.R3; Asylum Township, Bradford County, Pa.; Consumptive Use of Up to 7.5000 mgd; Approval Date: June 5, 2024.

Appendix V
2024 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #24-0066

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.

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 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 receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

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 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 government 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: The Non-Federal share Medicaid provider payment is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program.

		4/1/24 – 3/31/25	
Payment Type	**Non-Federal Share Funding**	**Non-Federal**	**Gross**
Normal Per Diem	General Fund; County Contribution	$250M	$500M

A. **General Fund:** Revenue resources for the State's General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). Medicaid expenditures from the State's General Fund are authorized from Department of Health Medicaid.

1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State's General Fund to offset Medicaid costs.

   In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

B. Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State "capped" the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three precent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

Entity	Annual Amount
New York City	$5.210B
Suffolk County	$243M
Nassau County	$231M
Westchester County	$215M
Erie County	$205M
Rest of State (53 Counties)	$1.260B
Total	**$7.364B**

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above.

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 Medicaid payments under this State Plan Amendment are not supplemental 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. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

   Response: The Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

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: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

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 complies 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
2024 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Access Questions

APPENDIX VI
NON-INSTITUTIONAL SERVICES
State Plan Amendment # 24-0066

CMS Standard Access Questions

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 (CCO's) are required to meet health home licensure and certification requirements to ensure providers are qualified to deliver services to Medicaid patients. These requirements as well as other methods and procedures the state has to assure efficiency, economy and quality of care are not impacted in anyway by the amendment. Secondly, all licensed CCOs currently participate in the New York's Medicaid program and are located all across the state so that Medicaid recipients in any geographic area have choice and access to services that are available to the general population in those communities. This amendment seeks to update the reimbursements to accurately pay providers for the service they performed.

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. Finally, providers cannot discriminate based on source of payment.

   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.

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 proposed by the Executive and enacted by the State Legislature as part of the negotiation of the 2024-25 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.

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 essential community provider experience Medicaid or other revenue issues that would prevent access to needed community services, 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: No.