



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 30, 2019

National Institutional Reimbursement Team
Attention: Mark Cooley
CMS, CMCS
7500 Security Boulevard, M/S S3-14-28
Baltimore, MD 21244-1850

Re: SPA #19-0045
Inpatient Hospital Services

Dear Mr. Cooley:

The State requests approval of the enclosed amendment #19-0045 to the Title XIX (Medicaid) State Plan for inpatient hospital services to be effective August 1, 2019 (Appendix I). This amendment is being submitted based upon enacted legislation. A summary of the proposed amendment is contained in Appendix II.

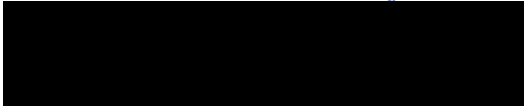
This amendment is submitted pursuant to §1902(a) of the Social Security Act (42 USC 1396a(a)) and Title 42 of the Code of Federal Regulations (CFR), Part 447, Subpart C.

Notice of the changes in the methods and standards for setting payment rates for general hospital inpatient services were given in the New York State Register on May 15, 2019 and clarified on July 10, 2019.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

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,


Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures
cc: Mr. Ricardo Holligan
Mr. Tom Brady

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 9 — 0 0 4 5</u>	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 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 August 1, 2019
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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 §1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>08/01/19-09/30/19</u> \$ <u>485.79</u> b. FFY <u>10/01/19-09/30/20</u> \$ <u>2,915.50</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment: 4.19-A: Page 119	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment: 4.19-A: Page 119
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10. SUBJECT OF AMENDMENT
Kids DD IP
(FMAP=50%)

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 New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED September 30, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED
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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
2019 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

**New York
119**

12. *New hospitals and new hospital units.* The operating cost component of rates of payment for new hospitals, or hospital units, without adequate cost experience will be computed based on either budgeted cost projections, subsequently reconciled to actual reported cost data, or the regional ceiling calculated in accordance with paragraph (10) of this section, whichever is lower. The capital cost component of such rates will be calculated in accordance with the capital cost provisions of this Attachment.
13. Effective July 1, 2018, Hospitals that have been approved by the Office of Mental Health to operate distinct units to provide specialized inpatient psychiatric care to stabilize adults with co-morbid mental illness and intellectual developmental disability diagnoses as defined in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, will be reimbursed a flat per diem operating rate of \$1,177.11, and the rate-setting methodology provided in paragraph 8 of this section will not apply to services furnished in such units. Capital costs will be reimbursed on a per diem basis for the cost of capital in accordance with paragraph 11 of this section. Specialized inpatient psychiatric units are a new approach to treating dually-diagnosed individuals. The units are physically distinct and have been approved by the State to provide such care and services based on a review of the unit's physical plant specifications, enhanced staffing, and adherence to specialized clinical protocols, which demonstrate sufficient specialization in the assessment and treatment of adults with co-occurring intellectual or developmental disability, including autism spectrum disorder, and mental illness diagnoses, who exhibit destructive behaviors, or an acute safety risk or decrease in functioning.
14. Effective August 1, 2019, Hospitals that have been approved by the Office of Mental Health to operate distinct units to provide specialized inpatient psychiatric care to stabilize children with co-morbid mental illness and intellectual developmental disability diagnoses as defined in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, will be reimbursed a flat per diem operating rate of \$1,792.50, and the rate-setting methodology provided in paragraph 8 of this section will not apply to services furnished in such units. Capital costs will be reimbursed on a per diem basis for the cost of capital in accordance with paragraph 11 of this section. Specialized inpatient psychiatric units are a new approach to treating dually-diagnosed individuals. The units are physically distinct and have been approved by the State to provide such care and services based on a review of the unit's physical plant specifications, enhanced staffing, and adherence to specialized clinical protocols, which demonstrate sufficient specialization in the assessment and treatment of adults with co-occurring intellectual or developmental disability, including autism spectrum disorder, and mental illness diagnoses, who exhibit destructive behaviors, or an acute safety risk or decrease in functioning.

TN #19-0045

Approval Date _____

Supersedes TN #18-0001

Effective Date _____

Appendix II
2019 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #19-0045

This State Plan Amendment proposes a flat per-diem fee as reimbursement of the operating costs for specialized hospital-based inpatient psychiatric units dedicated solely to the treatment of children with diagnoses of both developmental disability and serious emotional disturbance.

Appendix III
2019 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 19-0045

Mental Hygiene

§ 41.35 Demonstration programs.

* (a) The commissioners of the offices in the department shall cause to be developed plans for three or more time-limited demonstration programs, the purpose of which shall be to test and evaluate new methods or arrangements for organizing, financing, staffing and providing services for the mentally disabled in order to determine the desirability of such methods or arrangements. Subject to regulations established by the commissioners and notwithstanding section one hundred sixty-three of the state finance law and section one hundred forty-two of the economic development law, or any other provision of law, such programs may include but shall not be limited to comprehensive organizational structures to serve all mentally disabled persons within the purview of a local governmental unit, innovative financing and staffing arrangements and specific programs to serve the mentally disabled. Such demonstration programs shall be consistent with established statewide goals and objectives and local comprehensive plans, shall be developed in conjunction with the local comprehensive planning process, and shall be submitted to the single agent jointly designated by the commissioners of the department for review and approval by the commissioner or commissioners having jurisdiction of the services.

* NB Effective until March 31, 2021

* (a) The commissioners of the offices in the department shall cause to be developed plans for three or more time-limited demonstration programs, the purpose of which shall be to test and evaluate new methods or arrangements for organizing, financing, staffing and providing services for the mentally disabled in order to determine the desirability of such methods or arrangements. Subject to regulations established by the commissioners and notwithstanding any other provision of law, such programs may include but shall not be limited to comprehensive organizational structures to serve all mentally disabled persons within the purview of a local governmental unit, innovative financing and staffing arrangements and specific programs to serve the mentally disabled. Such demonstration programs shall be consistent with established statewide goals and objectives and local comprehensive plans, shall be developed in conjunction with the local comprehensive planning process, and shall be submitted to the single agent jointly designated by the commissioners of the department for review and approval by the commissioner or commissioners having jurisdiction of the services.

* NB Effective March 31, 2021

(b) The demonstration programs required to be developed pursuant to this section shall include at least one single system program for comprehensive services for all mentally disabled persons or all services to one or more of the following classes of mentally disabled: persons with mental illness, a developmental disability; those suffering from alcohol abuse or alcoholism; or alcoholics, alcohol abusers and substance abusers. Such comprehensive services provided pursuant to a single system program shall be provided by a local governmental unit or group of local government units or an approved non-governmental agent or a combination of providers of service and a local governmental unit or units.

(1) A local governmental unit or group of local governmental units may propose that such unit or units, or a non-governmental agent designated

by such unit or units, or a combination of providers of service and a local governmental unit assume responsibility for provision of comprehensive services. A plan embodying such a proposal shall be submitted to the single agent jointly designated by the commissioners of the offices of the department in accordance with regulations of the commissioners. Such a plan shall provide that the local governmental unit or units or a designated non-governmental agent, or a combination of providers of service and local governmental unit or units shall be responsible for the provision of and shall direct the operation of all facilities and programs or portions thereof serving the class or classes of mentally disabled in the area for whom the unit or non-governmental agent proposes to provide comprehensive services.

(2) A proposed plan submitted in accordance with the provisions of this subdivision shall contain at least the following with respect to the class or classes of mentally disabled covered by the plan:

A. a commitment to provide necessary comprehensive services for all residents, regardless of diagnostic category or severity of disability or ability to pay, subject to availability of funds, of the local government or local governments submitting such plan throughout the course of their mental disability.

B. a commitment to provide comprehensive services which shall include, but not be limited to, preventive services, emergency services, acute, intermediate and long-term services, including both hospital and non-hospital based inpatient and outpatient services, day care, night care and weekend care services, diagnostic and referral services, residential and non-residential services, vocational, educational and training programs, staff training, consultive services, necessary manpower and support services.

C. an assurance that comprehensive services will be provided to all mentally disabled residents regardless of age, income or area of residence in all age and population groups, including all such residents receiving service irrespective of the location and auspices under which such services are provided at the time of the plan's submission.

D. a statement describing the proposed administrative organization of the system under which comprehensive services to mentally disabled residents of the locality or localities are to be provided, including a description of the respective roles and relationships of all providers, governmental and non-governmental.

E. an inventory of all public and private resources available to the class or classes of mentally disabled residents of the local area and a statement of their responsibilities.

F. a proposed fiscal plan for comprehensive services during the next local and state fiscal years, which proposed fiscal plan shall include, but not be limited to, all projected needs; a breakdown of services to be provided by disability and service category; estimated expenditures by purpose; estimated revenues by source and amounts, including estimated local, state and federal government funds; and a comparison of proposed expenditures and revenues with those of the existing year.

G. a projected utilization rate of services and programs of facilities of the offices of the department including any planned expansion or contraction of such services and programs.

H. a plan, developed in consultation with the recognized representative of employees of the offices of the department, for the retraining and continuation of employment of persons whose employment in a program of a facility of an office may be terminated because of planned contraction of such program, and for the continuation of all employment-related benefits vested by contract, by state or local law,

or by rule or regulation in the persons employed by the offices in the department in facilities to be transferred to the control of the local governmental unit or units or the non-governmental agent of such unit or units, as long as those persons shall continue to be employed pursuant to the single system plan or until such employment-related benefits are modified or superseded pursuant to law or successor agreements.

I. a commitment that all facilities will comply with all applicable state and federal standards, including accreditation standards and standards required to be met as a condition for eligibility for federal funds.

J. a statement of the mechanisms to be utilized in evaluating the effectiveness of comprehensive services to the mentally disabled and describing the conditions and procedures under which responsibility for programs and services of facilities in the offices of the department at the time of submission of the plan shall revert to the state.

(3) Each commissioner of an office in the department shall review the portion of the single system plan for comprehensive services to the mentally disabled over which his office has jurisdiction and approve or disapprove such portion of the plan. In acting upon such portion of the plan, each commissioner shall consider whether it offers a reasonable expectation of improved services to the particular class of the mentally disabled over which his office has jurisdiction; whether the plan as a whole assures comprehensive services to mentally disabled persons who suffer from more than one disability; whether the plan provides for the efficient use of available funds and existing services; and whether such plan adequately meets the conditions set forth in paragraph two of this subdivision.

(4) Each commissioner of an office in the department who has approved a single system plan is authorized to take such actions as may be necessary, in accordance with applicable state law, including, but not limited to, the delegation of administrative responsibility to a director of community services in order to facilitate the implementation of the approved single system plan. If a commissioner of an office in the department and one or more local governmental units mutually agree, state facilities of such office may, in whole or in part, be used by, leased, or rented, to such local governmental unit or units, to an approved non-governmental agent, or to a combination of providers of service and the local governmental unit or units in accordance with applicable state law, for operation by or through it pursuant to the single system plan approved in accordance with the provisions of this article. Such local governmental unit or units or an approved non-governmental agent or combination of providers of service and the local governmental unit or units may lease a facility or facilities from an office in the department, if the program to be housed in such facility is part of the single system plan for comprehensive services to the mentally disabled approved in accordance with the provisions of this article.

(5) Each commissioner of an office in the department shall conduct evaluation studies of approved single system plans, or portions thereof, over which his office has jurisdiction to determine the relative costs and effectiveness of different types and patterns of services being provided under such plans. The results of such studies shall be used to determine standards for statewide program requirements and priorities.

(c) Upon approval of a plan for a demonstration program by a commissioner or commissioners of the office having jurisdiction over the services, said commissioner or commissioners shall, in cooperation with the appropriate representative or representatives of the local

governmental unit or units, prepare for submission to the director of the budget for inclusion in the executive budget, a request for the appropriations of funds and authorization for implementation of the demonstration program.

(d) Quarterly reviews and evaluations of the program shall be undertaken and a final report shall be developed by representatives of the commissioner or commissioners having jurisdiction over the services and the local governmental unit assessing the program, indicating its potential for continuation or use elsewhere, and making any further recommendations related to the program. Copies of such quarterly evaluations and final reports shall be sent to the director of the division of the budget, and the chairmen of the senate finance committee and the assembly committee on ways and means.

(e) A local governmental unit may file a notice of intent to submit a single system plan with the single agent jointly designated by the commissioners of the offices. The commissioner or commissioners having jurisdiction of the services are authorized to make grants of funds, from appropriations specifically made for such purpose, to any such local governmental unit in an amount not to exceed seventy-five percentum of the local government costs approved by the commissioner and the director of the budget, of preparing a single system plan; provided, however, that in the case of a local government receiving state aid at the rate of seventy-five percent of its approved net operating costs, such grant of funds may not exceed ninety percent of the approved local government's costs of preparing the single system plan.

**Appendix IV
2019 Title XIX State Plan
Third Quarter Amendment
Public Notice**

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 Services Law 365-a. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2019, Medical assistance shall include the coverage of Applied Behavior Analysis, as defined in section eighty-eight hundred one of the education law, where such service is provided by a licensed behavior analyst or certified behavior analyst assistant, licensed or certified under article one hundred sixty-seven of the education law, for the treatment of autism spectrum disorders and related disorders.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$6.4 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with a joint policy objective of the Office for Persons with Developmental Disabilities, the Office of Mental Health and the Department of Health. The following changes are proposed:

Institutional Services

Effective on or after October 1, 2019, the Department of Health, in conjunction with the Office of Mental Health, will certify specialized inpatient psychiatric units that focus on the treatment of adolescents and children with a diagnosis of both developmental disability and serious emotional disturbance. Special admission criteria and rates will be created.

The costs associated with these specialized inpatient units are expected to be fully offset by reduction in lengths of inpatient stays of the adolescent and child populations, therefore it is anticipated there will be no net increase to aggregate Medicaid spending.

The estimated aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is \$2,928,720. The annualized aggregate increase attributable to this initiative is \$5,857,436.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011, are also available for viewing on this website.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan & NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from insurance consultants or brokers to provide a range of consulting services in the area of cyber insurance. The Request for Proposals ("RFP") will be available beginning on Thursday, April 18, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Thursday, May 23, 2019. To obtain a copy of the RFP, please visit www1.nyc.gov/site/olr/about/about-rfp.page and download the RFP along with the applicable documents.

If you have any questions, please submit them by fax to Georgette Gestely, Director, at (212) 306-7376.

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide U.S. Treasury Inflation Protected

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

Office of General Services

Interagency Committee on Sustainability and Green
Procurement

Pursuant to Executive Order No. 4: Establishing a State Green Procurement and Agency Sustainability Program, April 24, 2008 ("EO 4"), the Interagency Committee on Sustainability and Green Procurement hereby gives public notice of the following:

13 green specifications were tentatively approved by the Interagency Committee on Sustainability and Green Procurement and have been posted for public comment.

These include new or amended specifications on the following topics: Adhesives, Floor Coverings, Lubricants, and Computers and Displays.

All of the above specifications are available for viewing at: <https://ogs.ny.gov/greenny/executive-order-4-tentatively-approved-specifications>

Information regarding the green specification approval process is also available at the above link.

Comments may be submitted electronically to: GreenEO4@ogs.ny.gov

Comments from the public regarding the tentatively approved specifications will be accepted until October 8, 2019.

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with a joint policy objective of the Office for Persons with Developmental Disabilities, the Office of Mental Health and the Department of Health. The following changes are proposed:

Institutional Services

The following is a clarification to the May 15th, 2019 noticed provision regarding specialized inpatient psychiatric units that focus on the treatment of adolescents and children with a diagnosis of both developmental disability and serious emotional disturbance. This initiative will now be effective August 1, 2019.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. In addition, approved SPA's beginning in 2011, are also available for viewing on this website.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Division of Homeland Security and Emergency Services
Office of Fire Prevention and Control

Pursuant to Section 176-b of the Town Law, the Office of Fire Prevention and Control hereby gives notice of the following:

Application for Waiver of the Limitation on Non-resident Members of Volunteer Fire Companies

An application for a waiver of the requirements of paragraph a of subdivision 7 of section 176-b of the Town Law, which limits the membership of volunteer fire companies to forty-five per centum of the actual membership of the fire company, has been submitted by the East Clinton Fire District, County of Dutchess.

Pursuant to section 176-b of the Town Law, the non-resident membership limit shall be waived provided that no adjacent fire department objects within sixty days of the publication of this notice.

Objections shall be made in writing, setting forth the reasons such waiver should not be granted, and shall be submitted to:

Francis J. Nerney, Jr.
State Fire Administrator
State of New York
Office of Fire Prevention and Control
1220 Washington Avenue
Building 7A, Floor 2
Albany, New York 12226

Objections must be received by the State Fire Administrator within sixty days of the date of publication of this notice.

In cases where an objection is properly filed, the State Fire Administrator shall have the authority to grant a waiver upon consideration of (1) the difficulty of the fire company or district in retaining and recruiting adequate personnel; (2) any alternative means available to the fire company or district to address such difficulties; and (3) the impact of the waiver on adjacent fire departments.

For further information, please contact: Chief John Gilmore, Office of Fire Prevention and Control, 1220 Washington Ave., Bldg. 7A, Fl. 2, Albany, NY 12226, (518) 474-6746, John.Gilmore@dhses.ny.gov

PUBLIC NOTICE

Department of State
F-2019-0044

Date of Issuance – July 10, 2019

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

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

In F-2019-0044 or the “4 Shore Rd Project”, the applicant Robert Goodman, is proposing to maintain and repair the existing seawall and install an outfall in the seawall to manage stormwater. The proposed maintenance will take place in the footprint of the existing structure. The outfall will manage stormwater and help prevent sedimentation into the sound. The outfall will be installed on the northernmost section of the wall. The diameter is 12: with the invert at 6.5 feet above current elevation. The project is located at 4 Shore Road, Village of Mamaroneck, Westchester County, in Long Island Sound.

The applicant’s consistency certification and supporting information are available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0044_4ShoreRd_App.pdf

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

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, July 25, 2019.

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

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

PUBLIC NOTICE

Department of State
F-2019-0155

Date of Issuance – July 10, 2019

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

The applicant has certified that the proposed activities comply with and will be conducted in a manner consistent with the federally approved New York State Coastal Management Program (NYSCMP). The applicant’s consistency certification and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York and is available for review at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0155_ApplicationforPN.pdf

The proposed activity is also the subject of a related application under Article VII of the New York State Public Service Law. Additional information on the Article VII Application for the Pipeline E37 Reliability and Resiliency Project (19-T-0069) can be found here: <http://documents.dps.ny.gov/public/MatterManagement/CaseMaster.aspx?MatterCaseNo=19-T-0069>

In F-2019-0155, Niagara Mohawk Power Corporation doing business as National Grid (herein referred to as National Grid) is proposing the Pipeline E37 Reliability and Resiliency Project. The stated purpose of the Project is to improve system reliability to existing customers as well as allowing continued system growth.

The Project proposes to install approximately 7.3 miles of 16-inch diameter steel gas transmission pipeline in the Town of Bethlehem, Albany County and the Towns of East and North Greenbush, Rensselaer County. The gas transmission main would connect the south end of the Albany transmission loop (“Albany Loop”) in Bethlehem to the northeast end in North Greenbush. The DOS consistency review only pertains to aspects of the Project that may affect New York’s coastal uses and resources. The pipeline would be installed through a combination of open trench methods, horizontal directional drilling (HDD), and conventional bore, including HDD under the Hudson Riverbed. There are no anticipated permanent losses of wetlands or watercourses resulting from Project construction and operation; however permanent habitat conversion within wetlands is anticipated.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or August 9, 2019.

Comments should be addressed to: Department of State, Office of Planning and Development and Community Infrastructure, Consistency Review Unit, One Commerce Plaza, Suite 1010, 99 Washington Ave., Albany, NY 12231, (518) 474-6000. Electronic submissions can be made by email at: CR@dhses.ny.gov

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

PUBLIC NOTICE

Department of State
F-2019-0270

Date of Issuance – July 10, 2019

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant’s consistency certification and accompanying public information and data are available for inspection on the New York State Department of State’s website at <http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0270HavensBeachDrainage.pdf>

Appendix V
2019 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

**APPENDIX V
HOSPITAL SERVICES
State Plan Amendment #19-0045**

CMS Standard Funding Questions (NIRT Standard Funding Questions)

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-A 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 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 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: Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health.

The source of the appropriation is the Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources. There have been no new or modified provider taxes.

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. 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: State staff submitted the 2019 Inpatient UPL demonstration on April 19, 2019.

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 approved State Plan for institutional services is prospective payment. We are unaware of any requirement under current federal law or regulation that limits individual provider 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.