

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

June 30, 2014

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

RE: SPA #14-03
Long Term Care Facility Services

Dear Mr. Cooley:

The State requests approval of the enclosed amendment #14-03 to the Title XIX (Medicaid) State Plan for long term care facility services to be effective April 1, 2014 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the proposed amendment is provided 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, Part 447, Subpart C, (42 CFR §447).

1. The State of New York pays for long-term care services using rates determined in accordance with methods and standards specified in an approved State Plan following a public process which complies with §1902(a)(13)(A) of the Social Security Act.
2. (a) It is estimated that the changes represented by the estimated average payment rates for long-term care facility services will have no noticeable short-term or long-term effect on the availability of services on a statewide and geographic area basis.

(b) It is estimated that the changes represented by the estimated average payment rates for long-term care facility services will have no noticeable short-term or long-term effect on care furnished.

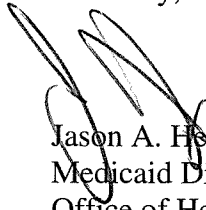
(c) It is estimated that the changes represented by the estimated average payment rates for long-term care facility services will have no noticeable short-term or long-term effect on the extent of provider participation.

In accordance with 42 CFR §447.272, New York assures that the aggregate Medicaid payments for inpatient services provided by nursing facilities for each prescribed category of providers does not exceed the upper payment limit for the particular category of providers.

A copy of the pertinent section of enacted State statute is enclosed for your information (Appendix III). Copies of the public notice of this proposed amendment, which was given in the New York State Register on March 26, 2014 and clarified on June 4, 2014, is also enclosed for your information (Appendix IV). In addition responses to the five standard funding questions are also enclosed (Appendix V).

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

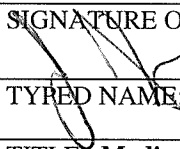
Sincerely,



Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

cc: Mr. Michael Melendez
Mr. Tom Brady

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-03	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/14-09/30/14 \$ 125,000,000 b. FFY 10/01/14-03/31/15 \$ 125,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Page 47(x)(2)(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D: Page 47(x)(2)(b)	
10. SUBJECT OF AMENDMENT: 2014 Nursing Home UPL Payments (FMAP = 50%)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1430 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 30, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Appendix I
2014 Title XIX State Plan
Second Quarter Amendment
Amended SPA Pages

New York
47(x)(2)(b)

For the period April 1, 1997 through March 31, 1999, proportionate share payments in an annual aggregate amount of \$631.1 million shall be made under the medical assistance program to non-state public operated residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For the period April 1, 1999 through March 31, 2000, proportionate share payments in an annual aggregate amount of \$982 million shall be made under the medical assistance program to non-state operated public residential health care facilities, excluding public residential health care facilities operated by a town or city within a county. For annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and April 1, 2005, through March 31, 2009, proportionate share payments in an annual aggregate amount of up to \$991.5 million and \$150.0 million, respectively, for state fiscal year April 1, 2009 through March 31, 2010, \$167 million, and for state fiscal years commencing April 1, 2010 through March 31, 2011, \$189 million in an annual aggregate amount, and for the period April 1, 2011 through March 31, 2012 an aggregate amount of \$172.5 million and for state fiscal years commencing April 1, 2012 through March 31, 2013, \$293,147,494, in an annual aggregate amount, and for the period April 1, 2013 through March 31, 2014, \$300 million, and for the period April 1, 2014 through March 31, 2015, \$500 million, in an annual aggregate amount shall be made under the medical assistance program to non-state operated public residential health care facilities, including public residential health care facilities located in the counties of Erie, Nassau and Westchester, but excluding public residential health care facilities operated by a town or city within a county.

The amount allocated to each eligible public residential health care facility for the period April 1, 1997 through March 31, 1998 shall be calculated as the result of \$631.1 million multiplied by the ratio of their 1995 Medicaid days relative to the sum of 1995 Medicaid days for all eligible public residential health care facilities. The amount allocated to each eligible public residential health care facility for the period April 1, 1998 through March 31, 1999 shall be calculated as the result of \$631.1 million multiplied by the ratio of their 1996 Medicaid days relative to the sum of 1996 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for the period April 1, 1999 through March 31, 2000 shall be calculated as the result of \$982 million multiplied by the ratio of their 1997 Medicaid days relative to the sum of 1997 Medicaid days for all eligible public residential health care facilities. The amount allocated to each public residential health care facility for annual state fiscal year periods commencing April 1, 2000 and ending March 31, 2005, and for annual state fiscal year periods commencing April 1, 2005 through March 31, 2009, and for state fiscal years commencing April 1, 2009 through March 31, 2011; April 1, 2011 through March 31, 2012; April 1, 2012 through March 31, 2013; [and] April 1, 2013 through March 31, 2014; and April 1, 2014 through March 31, 2015, shall be calculated as the result of the respective aggregate annual amount multiplied by the ratio of their Medicaid days relative to the sum of Medicaid days for all eligible public residential health care facilities for the calendar year period two years prior provided, however, that \$32 million of the amount allocated for the April 1, 2013 through March 2014 period shall be set aside and distributed to those public residential health care facilities which were subject to retroactive reductions in such payments made for prior periods beginning on and after April 1, 2006. The payments are made contingent upon receipt of all approvals required by federal law or regulation.

Payments shall be made as a lump sum payment to each eligible residential health care facility.

TN #14-03

Approval Date _____

Supersedes TN #13-07

Effective Date _____

Appendix II
2014 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #14-03

This State Plan Amendment proposes to make additional payments to non-state government operated nursing homes, including government nursing homes located in the counties of Erie, Nassau, and Westchester, but excluding government nursing homes operated by a town or city within a county in aggregate amounts of \$500 million for state fiscal year April 1, 2014 through March 31, 2015.

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

CHAPTER 60 OF THE LAWS OF 2014 - PART C

§ 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public health law, as amended by section 63 of part A of chapter 56 of the laws 25 of 2013, is amended to read as follows:

(e-1) Notwithstanding any inconsistent provision of law or regulation, the commissioner shall provide, in addition to payments established pursuant to this article prior to application of this section, additional payments under the medical assistance program pursuant to title eleven of article five of the social services law for non-state operated public residential health care facilities, including public residential health care facilities located in the county of Nassau, the county of Westchester and the county of Erie, but excluding public residential health care facilities operated by a town or city within a county, in aggregate annual amounts of up to one hundred fifty million dollars in additional payments for the state fiscal year beginning April first, two thousand six and for the state fiscal year beginning April first, two thousand seven and for the state fiscal year beginning April first, two thousand eight and of up to three hundred million dollars in such aggregate annual additional payments for the state fiscal year beginning April first, two thousand nine, and for the state fiscal year beginning April first, two thousand ten and for the state fiscal year beginning April first, two thousand eleven, and for the state fiscal years beginning April first, two thousand twelve and April first, two thousand thirteen, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand fourteen, April first, two thousand fifteen and April first, two thousand sixteen. The amount allocated to each eligible public residential health care facility for this period shall be computed in accordance with the provisions of paragraph (f) of this subdivision, provided, however, that patient days shall be utilized for such computation reflecting actual reported data for two thousand three and each representative succeeding year as applicable, and provided further, however, that, in consultation with impacted providers, of the funds allocated for distribution in the state fiscal year beginning April first, two thousand thirteen, up to thirty-two million dollars maybe allocated in accordance with paragraph (f-1) of this subdivision.

Appendix IV
2014 Title XIX State Plan
Second Quarter Amendment
Public Notice

registered limited liability partnerships which were duly included in proclamations declaring the registration of such registered limited liability partnerships to be revoked in the manner prescribed by Section 121-1500(g) of the Partnership Law, have complied with the provisions of Section 121-1500(g) of the Partnership Law, annulling all of the proceedings theretofore taken for the revocation of the registration of such registered limited liability partnerships. The appropriate entries have been made on the records of the Department of State.

ENTITY NAME: BODY-MIND HEALTH, LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 03/30/05

ENTITY NAME: BORELLI & LI PUMA LLP
REINSTATE: 10/16/13
REVOC OF REGIST: 07/29/09

ENTITY NAME: DUNCAN, FISH & VOGEL, LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 12/28/05

ENTITY NAME: ELLENOFF GROSSMAN & SCHOLE LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 03/27/13

ENTITY NAME: GENSER, DUBOW, GENSER & CONA LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 01/25/10

ENTITY NAME: HIGHWAY RADIOLOGY ASSOCIATES LLP
REINSTATE: 10/16/13
REVOC OF REGIST: 06/29/05

ENTITY NAME: JACQUES M. LEVY & CO., LLP
REINSTATE: 12/17/13
REVOC OF REGIST: 06/29/05

ENTITY NAME: KLINGER & KLINGER, LLP
REINSTATE: 10/17/13
REVOC OF REGIST: 07/25/12

ENTITY NAME: LEPATNER & ASSOCIATES LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 07/25/12

ENTITY NAME: MCCORMICK & O'BRIEN LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 01/26/11

ENTITY NAME: NEW YORK GROUP FOR PLASTIC SURGERY, LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 07/29/10

ENTITY NAME: OLSEN & OLSEN LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 12/26/07

ENTITY NAME: PARKER & CARMODY, LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 04/25/12

ENTITY NAME: RUTHERFORD & CHRISTIE, LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 12/26/12

ENTITY NAME: STOKES, VISCA & CO., LLP
REINSTATE: 12/04/13
REVOC OF REGIST: 12/26/12

ENTITY NAME: STULMAKER, KOHN & RICHARDSON, LLP
REINSTATE: 11/20/13
REVOC OF REGIST: 01/26/11

**NOTICE OF THE ANNULMENT OF THE
REVOCATION BY PROCLAMATION
OF THE STATUS OF CERTAIN FOREIGN
LIMITED LIABILITY PARTNERSHIPS
AS NEW YORK REGISTERED FOREIGN
LIMITED LIABILITY PARTNERSHIPS**

Under the Provisions of Section 121-1502(f) of the Partnership Law, As Amended

The Secretary of State hereby provides notice that the following New York registered foreign limited liability partnerships which were duly included in proclamations declaring the status of such New York registered foreign limited liability partnerships to be revoked in the manner prescribed by Section 121-1502(f) of the Partnership Law, have complied with the provisions of Section 121-1502(f) of the Partnership Law annulling all of the proceedings theretofore taken for the revocation of the status of such New York registered foreign limited liability partnerships. The appropriate entries have been made on the records of the Department of State.

ENTITY NAME: NOERR LLP
JURIS: GERMANY
REINSTATE: 10/16/13
REVOC OF REGIST: 01/26/11

PUBLIC NOTICE
Office of General Services

Pursuant to Section 30-a of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office of People with Developmental Disabilities has declared 8972 Reed Hill Road, Town of East Otto in Cattaraugus County, New York State, improved with a two-story building, with tax identifier Section 27.016, Block 1, Lot 35.2, surplus, no longer useful or necessary for State program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State Land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 (fax)

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient, long term care, and non-institutional services and prescription drugs to comply with recently proposed statutory provisions. The following significant changes and clarifications are proposed:

All Services

- As previously noticed on March 26, 2014, the uniform reduction by two percent for all non-exempt Medicaid payments will terminate on March 31, 2014. Such notice incorrectly indicated this would result in an annual decrease in gross Medicaid expenditures attributable to the initiative, when the result will actually be an increase in gross Medicaid expenditures of up to \$714 million for state fiscal year 2014/2015.

- To clarify previous notices related to temporary rate adjustments for providers, effective on or after April 1, 2014, the Commissioner of Health may grant approval of a temporary adjustment to the non-capital components of rates, or make temporary lump-sum Medicaid payments, within funds appropriated and subject to the availability of federal financial participation, to eligible general hospitals, skilled nursing facilities, clinics and home care providers.

- Eligible providers shall include providers: undergoing closure; impacted by the closure of other health care providers; subject to mergers, acquisitions, consolidations or restructuring or those impacted by the merger, acquisition, consolidation or restructuring of other health care providers.

- Providers seeking temporary rate adjustments must submit a written proposal to the Commissioner that demonstrates the additional resources provided will achieve one or more of the following:

- Protection or enhancement of access to care;
- Protection or enhancement of quality of care;
- Improvement in the costs effectiveness of the delivery of health care services; or
- Other protections or enhancements to the health care delivery system.

Such proposal will be submitted to the Commissioner at least 60 days prior to the requested effective date of such adjustment, and will include a proposed budget to achieve the goals of the proposal. Any such adjustment issued will be in effect for a specified period of time, not to exceed three years. At the end of the specified timeframe, such payments or adjustments to the non-capital component of rates will cease, and the provider will be reimbursed in accordance with the applicable rate-setting methodology as set forth in the State Plan. The Commissioner may establish benchmarks and goals to be achieved, and may require the facility to submit periodic reports concerning the achievement of such. Failure to achieve such benchmarks and goals shall be a basis for ending the facility's temporary rate adjustment prior to the end of the specified timeframe. General hospitals defined as critical access hospitals, pursuant to Title XVIII of the Federal Social Security Act shall be allocated no less than \$5 million annually.

Institutional Services

- To correct the provision previously noticed on March 26, 2014, for the state fiscal year beginning April 1, 2014 through March 31, 2015, specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2014, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually will continue. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- As previously noticed on March 26, 2014, the Commissioner may make adjustments to inpatient and outpatient Medicaid rates of payment for general hospital services and to the methodology for computing such rates as is necessary to achieve no aggregate, increase or decrease, net growth in overall Medicaid expenditures related to the implementation of the International Classification of Diseases Version 10 (ICD-10) coding system beginning on or about October 1, 2014, as compared to such aggregate expenditures from the period immediately prior to such implementation. However, the State's 2014/2015 budget was enacted prior to the Federal government delaying the implementation of this provision to October 1, 2015. Consistent with the enacted statute, the Commissioner will make the necessary adjustments once ICD-10 goes into effect.

- As previously noticed on March 26, 2014, regulations for per diem rates for inpatient services of a general hospital or a distinct unit of a general hospital for services such as psychiatric, medical rehabilitation, chemical dependency detoxification, chemical dependency rehabilitation, Critical Access Hospitals, specialty long term acute care hospitals, cancer hospitals and exempt acute care children's hospitals may provide for periodic base year cost and statistic updates used to compute rates of payment. The first such base year update shall take effect no later than April 1, 2015, rather than January 1, 2015, as previously noticed. However, the Commissioner may make adjustments to the utilization and methodology for computing these rates as is necessary to achieve no aggregate, net growth in overall Medicaid expenditures related to these rates, as compared to the aggregate expenditures from the prior year. In determining the updated base years to be utilized, the Commissioner shall take into account the base years determined in accordance with Section 2807-c(35)(c).

There is no annual increase or decrease in gross Medicaid expendi-

tures attributable to this initiative contained in the budget for state fiscal year 2014/2015.

- Extends the mandated cost savings associated with the current methodology establishing quality related measures, including, but not limited to potentially preventable re-admissions (PPRs) and providing for rate adjustments or payment disallowances related to PPRs and other potentially preventable negative outcomes (PPNOs). Such mandated cost savings of no less than \$51 million a year are extended for the period April 1, 2014 through March 31, 2015.

- Such aggregate reductions shall be offset by Medicaid payment reductions occurring as a result of decreased PPRs during the period April 1, 2014 through March 31, 2015 and as a result of decreased PPNOs during the period April 1, 2014 through March 31, 2015. Such rate adjustments or payment disallowances will not apply to behavioral health PPRs or to readmissions that occur on or after 15 days following an initial admission.

Long Term Care Services

- For state fiscal years beginning April 1, 2014, continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$500 million. The amount allocated to each eligible public RHCFC will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2012 and each representative succeeding year as applicable. Payments to eligible RHCFC's may be added to rates of payment or made as aggregate payments.

- For residential health care facilities (RHCFCs), adjustments to Medicaid rates of payment based on changes to a facility's case mix index capping any change in such case mix index in excess of two percent for any six month period prior to periods beginning January 1, 2016, or such earlier date as determined by the Commissioner, previously noticed on March 26, 2014, shall not be implemented as a result of the final SFY 2014/15 Executive Budget.

Non-institutional Services

- The current authority to adjust Medicaid rates of payment for certified home health agencies, AIDS home care programs, and hospice programs for purposes of supporting recruitment and retention of non-supervisory health care workers or any worker with direct patient care responsibility has been extended for the period April 1, 2014 through March 31, 2017. Payments shall not exceed in the aggregate, \$100 million for each of the following periods: April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; and April 1, 2016 through March 31, 2017, and shall be calculated in accordance with the previously approved methodology. Such adjustments to rates of payment shall be allocated proportionally based on each certified home health agency, AIDS home care and hospice programs' home health aide or other direct care services total annual hours of service provided to Medicaid patients, as reported in each such agency's most recently available cost report as submitted to the Department. Payments made shall not be subject to subsequent adjustment or reconciliation.

- Effective April 1, 2014, the Commissioner may implement a Health Home rate add-on to provide resources to Health Homes for the following purposes: (1) member engagement and promotion of Health Homes; (2) workforce training and retraining; (3) health information technology (HIT) and clinical connectivity; and (4) joint governance technical assistance, start-up and other implementation costs, and other such purposes as the Commissioner of Health, in consultation with the Commissioners of the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, determines are necessary to facilitate the transition of Health Homes beyond their early stages of development. Total payments are estimated not to exceed \$190.6 million. Health Homes will be required to submit reports, as required by the Department, on the uses of such funds.

The overall estimated annual net aggregate increase in gross Medicaid expenditures attributable to reform and other initiatives being clarified in this notice and contained in the budget for state fiscal

year 2014/2015 is \$958.6 million; and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to an extension upper payment limit (UPL) payments noticed herein for state fiscal year 2014/2015 is \$1.58 billion.

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

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

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

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

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

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

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

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

PUBLIC NOTICE
Monroe County

The Monroe County Deferred Compensation Plan Committee is soliciting proposals from firms to provide investment advisory services for our Deferred Compensation 457 Plan. The Plan is subject to the Rules and Regulations of the New York State Deferred Compensation Board, Part 9000. A copy of the proposal questionnaire may be obtained from: www.monroecounty.gov/bids/rfps

Proposals should be received no later than 3:00 p.m. on June 27, 2014.

PUBLIC NOTICE
Department of State
F-2014-0209

Date of Issuance – June 4, 2014

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

The 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 at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2014-0209, Tappan Zee Constructors, LLC, with offices at 555 White Plains Road, Suite 400, Tarrytown, NY, has applied to the U.S. Army Corps of Engineers NY District for authorization to

undertake improvements along the shoreline along the Hudson River at the Port of Coeymans Marine Terminal property, Hudson River Mile 116.0, Town of Coeymans, Albany County, for the purpose of the assembly and barge transportation of approach span frames for the New NY Bridge (New Tappan Zee Bridge). The proposed improvements include dredging of a new 56,000 square foot area to a depth of -12' MLW, resulting in approximately 10,000 cubic yards (cy) of material to be placed at an approved upland location to facilitate the barge import of materials and export of finished components; the installation of two parallel, 136' long temporary assembly sled finger trestles using forty 24" steel piles, and the installation of two parallel, 276' long temporary straddle crane finger trestles supported by sixty-two 24" steel piles to facilitate barge slip transport and delivery operations. All structures constructed below MHHW are proposed to be temporary and will be removed to at least 2 feet below the mudline within 36 months of installation.

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

Comments should be addressed to the New York State Department of State, Office of Planning and Development, One Commerce Plaza, 99 Washington Avenue, Albany, New York 12231. Telephone (518) 474-6000; Fax (518) 473-2464. Electronic submissions can be made at: CR@dos.ny.gov.

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

PUBLIC NOTICE

New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees' Retirement System hereby gives public notice of the following:

The persons whose names and last known addresses are set forth below appear from records of the above named Retirement System to be entitled to accumulated contributions held by said retirement system whose membership terminated pursuant to Section 517-a of the Retirement and Social Security Law on or before May 10, 2013. This notice is published pursuant to Section 109 of the Retirement and Social Security Law of the State of New York. A list of the names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at the 110 State St., in the City of Albany, New York. At the expiration of six months from the date of the publication of this notice. The accumulated contributions of the persons so listed shall be deemed abandoned and shall be placed in the pension accumulation fund to be used for the purpose of said fund. Any accumulated contributions so deemed abandoned and transferred to the pension accumulation fund may be claimed by the persons who made such accumulated contributions or, in the event of his death, by his estate or such person as he shall have nominated to receive such accumulated contributions, by filing a claim with the State Comptroller in such form and in such a manner as may be prescribed by him, seeking the return of such abandoned contributions. In the event such claim is properly made the State Comptroller shall pay over to the person or persons or estate making the claim such amount of such accumulated contributions without interest.

Bloomfield, Gregory T - Staten Island, NY

Mc Field, John L - Brooklyn, NY

Minnies, Robin L - Stony Point, NY

For further information contact: Mary Ellen Kutey, Retirement Systems, 110 State St., Albany, NY 12244, (518) 474-3502

PUBLIC NOTICE

New York State and Local Retirement System

Pursuant to Retirement and Social Security Law, the New York State and Local Employees' Retirement System hereby gives public notice of the following:

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 Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2014 will be conducted on April 8 and April 9 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE Division of Criminal Justice Services Commission on Forensic Science

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

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

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient, long term care, and non-institutional services and prescription drugs to comply with recently proposed statutory provisions. The following significant changes and clarifications are proposed:

All Services

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

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

Institutional Services

- For the state fiscal year beginning April 1, 2014 through March 31, 2015, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2013, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Richmond County, Richmond Center

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

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

PUBLIC NOTICE

Department of State
F-2014-0063 (DA)

Date of Issuance - March 11, 2014

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

The United States Coast Guard has determined that the proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the New York State Coastal Management Program. The applicant's consistency determination and accompanying supporting information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue in Albany, New York.

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

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

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

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

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

**LONG TERM CARE SERVICES
State Plan Amendment #14-03**

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-D of your 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 A-87 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem,**

supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either 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 with federal and local funding through an Intergovernmental Transfer (IGT). For these payments, the non-Federal share totals of up to \$250 million and is transferred from the sponsoring local county governments, who do have general taxing authority. There are no State appropriations for these governments for this purpose.

Regarding your question on the matching arrangement when the state receives the transferred amounts from the local government entity, please refer to the October 23, 2006 letter from Nicholas Meister, previously provided to CMS, whereby instructions are provided to local government entities when transferring funds for this purpose.

- 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: For the period April 1, 2014 through March 31, 2015 supplemental payments authorized in this Attachment will be paid to providers of services in an

amount totaling \$500 million. These payments will be made to the non-state government owned or operated provider category.

- 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 4447.272, 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: Based on guidance from CMS, the State and CMS are working to finalize the 2013 nursing home UPL demonstration, which the 2014 demonstration is contingent upon. The State will submit the 2014 nursing home UPL demonstration as soon as practicable.

- 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: Effective January 1, 2012, the rate methodology included in the approved State Plan for non-specialty nursing facility services for the operating component of the rate is a blended statewide/peer group price adjusted for case mix and wage differentials (WEF). Specialty nursing facility and units are paid the operating rate in effect on January 1, 2009. The capital component of the rate of all specialty and non-specialty facilities is based upon a cost based methodology. 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: This SPA does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

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

IHCIA Section 2107(e)(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 11-06, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.