



Department of Health

ANDREW M. CUOMO
Governor

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

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

March 27, 2020

Ms. Nicole McKnight
Acting Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #20-0005
Non-Institutional Services

Dear Ms. McKnight:

The State requests approval of the enclosed amendment #20-0005 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective April 1, 2020 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

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

Copies of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notices of this plan amendment, which were given in the New York State Register on June 26, 2019 and February 19, 2020, are 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 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 0 — 0 0 0 5

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

April 01, 2020

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 04/01/20-09/30/20 \$ 12,000.00

b. FFY 10/01/20-09/30/21 \$ 24,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement: Page 3b-44, 3b-45, 3b-46

Attachment 3.1-B Supplement: Page 3b-44, 3b-45, 3b-46

Attachment 4.19-B: Page 1(a)(iii)(4)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

Rehabilitative Housing Tenancy
(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

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

March 27, 2020

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

Appendix I
2020 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

New York
3b-44

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS)

The State provides coverage for Home Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward, the treatment of Medicaid eligible individuals in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Home Rehabilitative Services (HRS) consist broadly of those which are furnished to assist individuals in transitioning from institutional settings (including emergency housing) to access safe, decent and affordable housing that is integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist residents to remain in their preferred housing; and providing tenancy related services to promote housing stability.

Home Rehabilitative Services include individual housing transition services that support an individual's ability to prepare for and transition to housing; and individual housing and tenancy sustaining services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. HRS is a face-to-face intervention between housing provider staff and an individual enrolled receiving HRS; and may include collateral contacts beyond the individual, as necessary to achieve goals or objectives in the individualized support plan. Services focus on reducing the disabling symptoms of aging, mental illness or substance use disorder and managing behavior resulting from other medical or developmental conditions that jeopardize the individual's ability to live in the community.

Practitioner Qualifications:

HRS may be provided by licensed or unlicensed staff, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs);

TN #20-0005 _____ **Approval Date** _____
Supersedes TN NEW _____ **Effective Date** _____

New York
3b-45

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

registered nurses (RNs); licensed practical nurses (LPNs); physician assistants, nurse practitioners (NPs); medical doctors (MDs and DOs) and licensed psychologists or psychiatrists. Unlicensed staff must at least be 18 years of age with a high school or equivalent diploma and may include those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field or case management experience.

Supervisor Qualifications:

Unlicensed staff may be supervised by licensed professionals or those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field, or individuals with substantial experience providing direct services in medical, mental health, addiction, and/or developmental disability programs.

Provider Agency qualifications: Any agency or agency with behavioral health and health experience that is licensed, certified, designated and/or approved and contracted by the, Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Addiction Service and Supports (OASAS), or Office for People with Developmental Disabilities (OPWDD), the Department of Health (DOH) or its designee, to provide comparable services referenced in the definition.

Components

1. Housing Transition Services

Housing Transition Services provide direct support to assist eligible individuals to obtain housing in the community, including one or more of the following components:

- Conducting an individual housing needs assessment to identify the individual's preferences and barriers related to obtaining housing and maintaining community integration.
- Helping individuals with establishing a household, becoming acquainted with the local community; , providing linkages to health home care coordination and community resources, including primary care; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; parenting resources; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports.

TN #20-0005

Approval Date _____

Supersedes TN NEW

Effective Date _____

New York
3b-46

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

- Developing an individualized housing support plan based upon the housing needs assessment that addresses identified barriers, includes short and long-term measurable goals, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet a goal.
- Rehabilitative skills training to assist apply for and locate housing, identify and secure resources to obtain housing, ensure that their living environment is safe and ready for move-in, and arrange for moving.

2. Individual Housing and Tenancy Sustaining Services

Individual Housing and Tenancy Sustaining Services provide direct support to an individual residing in a community setting. Housing and Tenancy Sustaining Services may include the following:

- Individualized service planning with individuals to review, update and modify housing support plan to reflect current needs and address existing or recurring housing retention barriers. This includes developing emergency and crisis plans that include prevention and early intervention services when housing is jeopardized.
- Health literacy skills training and helping individuals understand care instructions.
- Living skills training and support, including nutritional counseling, understanding transportation routes, and financial/household management and budgeting skills training.
- Assisting individuals to navigate and obtain entitlements for which they may qualify, including advocacy skills training to assist individuals successfully interact with an entitlement agency.
- Assisting individuals to understand their rights and responsibilities as tenants, comply with the terms of their lease, navigate the housing recertification process, communicate with the landlord and/or property manager regarding the participant's disability, and negotiate and obtain any accommodations needed.
- Coaching on developing and maintaining key relationships with landlord's/property managers, including instruction and assistance with resolving apartment and building maintenance issues, with a goal of promoting successful tenancy.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized.
- Crisis planning and ongoing support for individuals concerning housing-related issues during and after an emergency situation, such as hospitalization.

TN #20-0005

Approval Date _____

Supersedes TN NEW

Effective Date _____

New York
3b-44

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS)

The State provides coverage for Home Rehabilitative Services as defined at 42 CFR 440.130(d) and in this section. The State assures that all rehabilitative services are provided to, or directed exclusively toward, the treatment of Medicaid eligible individuals in accordance with section 1902(a)(10)(A)(i) of the Act. The State assures rehabilitative services do not include and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Home Rehabilitative Services (HRS) consist broadly of those which are furnished to assist individuals in transitioning from institutional settings (including emergency housing) to access safe, decent and affordable housing that is integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist residents to remain in their preferred housing; and providing tenancy related services to promote housing stability.

Home Rehabilitative Services include individual housing transition services that support an individual's ability to prepare for and transition to housing; and individual housing and tenancy sustaining services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. HRS is a face-to-face intervention between housing provider staff and an individual enrolled receiving HRS; and may include collateral contacts beyond the individual, as necessary to achieve goals or objectives in the individualized support plan. Services focus on reducing the disabling symptoms of aging, mental illness or substance use disorder and managing behavior resulting from other medical or developmental conditions that jeopardize the individual's ability to live in the community.

Practitioner Qualifications:

HRS may be provided by licensed or unlicensed staff, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. Licensed practitioners are licensed by the New York State Department of Education and include licensed master social workers (LMSWs), licensed clinical social workers (LCSWs), licensed mental health counselors (LMHCs);

TN #20-0005 _____

Approval Date _____

Supersedes TN NEW _____

Effective Date _____

New York
3b-45

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

registered nurses (RNs); licensed practical nurses (LPNs); physician assistants, nurse practitioners (NPs); medical doctors (MDs and DOs) and licensed psychologists or psychiatrists. Unlicensed staff must at least be 18 years of age with a high school or equivalent diploma and may include those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field or case management experience.

Supervisor Qualifications:

Unlicensed staff may be supervised by licensed professionals or those with a Master's in Social Work (MSW); bachelor's or master's degree in social work or other health or human services field, or individuals with substantial experience providing direct services in medical, mental health, addiction, and/or developmental disability programs.

Provider Agency qualifications: Any agency or agency with behavioral health and health experience that is licensed, certified, designated and/or approved and contracted by the, Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Addiction Service and Supports (OASAS), or Office for People with Developmental Disabilities (OPWDD), the Department of Health (DOH) or its designee, to provide comparable services referenced in the definition.

Components

1. Housing Transition Services

Housing Transition Services provide direct support to assist eligible individuals to obtain housing in the community, including one or more of the following components:

- Conducting an individual housing needs assessment to identify the individual's preferences and barriers related to obtaining housing and maintaining community integration.
- Helping individuals with establishing a household, becoming acquainted with the local community; , providing linkages to health home care coordination and community resources, including primary care; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; parenting resources; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports.

TN #20-0005

Approval Date _____

Supersedes TN NEW

Effective Date _____

New York
3b-46

13d. Rehabilitative Services

Other Diagnostic, Screening, Preventive, and Rehabilitative Services -Rehabilitative Services

1905(a)(13); 42 CFR 440.130(d)

Home Rehabilitative Services (HRS) (continued)

- Developing an individualized housing support plan based upon the housing needs assessment that addresses identified barriers, includes short and long-term measurable goals, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet a goal.
- Rehabilitative skills training to assist apply for and locate housing, identify and secure resources to obtain housing, ensure that their living environment is safe and ready for move-in, and arrange for moving.

2. Individual Housing and Tenancy Sustaining Services

Individual Housing and Tenancy Sustaining Services provide direct support to an individual is residing in a community setting. Housing and Tenancy Sustaining Services may include the following:

- Individualized service planning with individuals to review, update and modify housing support plan to reflect current needs and address existing or recurring housing retention barriers. This includes developing emergency and crisis plans that include prevention and early intervention services when housing is jeopardized.
- Health literacy skills training and helping individuals understand care instructions.
- Living skills training and support, including nutritional counseling, understanding transportation routes, and financial/household management and budgeting skills training.
- Assisting individuals to navigate and obtain entitlements for which they may qualify, including advocacy skills training to assist individuals successfully interact with an entitlement agency.
- Assisting individuals to understand their rights and responsibilities as tenants, comply with the terms of their lease, navigate the housing recertification process, communicate with the landlord and/or property manager regarding the participant's disability, and negotiate and obtain any accommodations needed.
- Coaching on developing and maintaining key relationships with landlord's/property managers, including instruction and assistance with resolving apartment and building maintenance issues, with a goal of promoting successful tenancy.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized.
- Crisis planning and ongoing support for individuals concerning housing-related issues during and after an emergency situation, such as hospitalization.

TN #20-0005

Approval Date _____

Supersedes TN NEW

Effective Date _____

New York
Page 1(a)(iii)(4)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

Home Rehabilitative Services

Effective April 1, 2020 A fee schedule has been established for Home Rehabilitative Services. The service is a monthly unit of service. New York State will be the Provider and subcontract with Single Designated Entities (SDE). A fee schedule follows:

| Home Rehabilitative Services | |
|------------------------------|-----------|
| DOH Region | Daily Fee |
| Upstate | \$402.31 |
| Downstate | \$459.78 |

On a monthly basis SDE's will be required to report to the Provider the number of individuals which received the service during the month, DOH will then bill CMS.

SDE's will be required to maintain service records and required to produce such records upon request during audit.

Reporting Requirements

- i. Providers will report costs and maintain financial and statistical records in accordance with the Financial and Audit Requirements of the New York State.
- ii. Generally Accepted Accounting Principles (GAAP). The completion of the financial and statistical report forms is in accordance with generally accepted accounting principles as applied to the provider unless the reporting instructions authorized specific variation in such principles. The State will identify provider cost and providers will submit cost data in accordance with GAAP.
- iii. If a provider fails to file a cost report by the due date (including one 30-day extension, if granted by New York State), A penalty of 2% will be imposed on the provider's Medicaid reimbursement. circumstances beyond the provider's control (such as a natural disaster) that prevented the provider from filing the cost report by the due date.
- iv. If a provider fails to file a complete and compliant CFR within 60 days following the imposition of the 2% penalty, the State must provide timely notice to the delinquent provider that FFP will end 240 days following the imposition of the 2% penalty; and the State will not claim FFP for any ICF/IID service provided by the provider with a date of service after the 240-day period.

TN 20-0005

Approval Date _____

Supersedes TN NEW

Effective Date _____

Appendix II
2020 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #20-0005

This State Plan Amendment proposes to add Home Rehabilitative Services as covered services under the New York State Plan. Services will be available to individuals who meet Home and Community Based Services eligibility criteria and additional targeting criteria based on age, disability, diagnosis, or eligibility group.

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

SPA 20-0005

Public Health Law

§ 2823. Supportive housing development program. 1. For the purposes of this section "eligible applicant" shall mean (a) a unit of local government, or (b) a not-for-profit corporation that has been in existence for a period of at least one year prior to application and has been engaged in supportive housing programs for vulnerable populations.

2. Grants provided pursuant to this section shall be used only to fund housing development activities and other general programmatic activities to help ensure a stable system of supportive housing for vulnerable persons in the community. Reinvestment funds for supportive housing for vulnerable populations, which are general fund savings directly related to inpatient hospital and nursing home bed decertification and/or facility closure, shall be allocated annually by the commissioner based upon the following criteria:

(a) the efficiency and effectiveness of the use of funding for the development of adequate and accessible housing to support vulnerable persons in the community and to ensure access to supports necessary to maximize expected outcomes; and

(b) other relevant factors relating to the maintenance of existing supportive housing and the development of new supportive housing and associated services.

3. The commissioner shall establish an application process by which eligible applicants may apply for a grant under this section. The application shall include:

(a) the geographic area in which the housing/services shall be provided;

(b) a detailed description of the housing/services to be provided;

(c) a plan for the efficient and effective use of funding for the development of adequate and accessible housing to support vulnerable persons in the community;

(d) other relevant factors relating to the need for maintenance of existing supportive housing and the development of new supportive housing and associated services; and

(e) any other information that the commissioner deems relevant and appropriate.

4. Grantees under this section shall file an annual report with the commissioner, in such form and with such information and data as the commissioner prescribes detailing the expenditure of grant funds. In addition, the commissioner is authorized and empowered to make inspections and examine records of any entity funded pursuant to subdivision two of this section. Such examination shall include all medical, service and financial records, receipts, disbursements, contracts, loans and other moneys relating to the financial operation of the provider.

5. The amount of supportive housing development reinvestment funds for the department shall be subject to annual appropriation. The methodologies used to calculate the savings shall be developed by the commissioner and the director of the budget. In no event shall the full annual value of supportive housing development reinvestment programs attributable to inpatient hospital and nursing home bed decertification and/or facility closure exceed the twelve month value of the department of health general fund reductions resulting from such decertification and/or facility closure.

6. The annual supportive housing development reinvestment appropriation shall reflect a proportion of the amount of general fund savings resulting from subdivision five of this section. Within any fiscal year where appropriation increases are recommended for the supportive housing development reinvestment program, insofar as projected bed decertification and/or facility closures do not occur as estimated, and general fund savings do not result, then the reinvestment appropriations may be reduced in the next year's annual budget itemization.

7. No provision in this section shall create or be deemed to create any right, interest or entitlement to services or funds that are subject to this section, or to any other services or funds, whether to individuals, localities, providers or others, individually or collectively.

8. The commissioner shall promulgate regulations, and may promulgate emergency regulations, to effectuate the provisions of this section.

SPA 20-0005

Within the enacted State Budget there is appropriation language authorizing this provision. The appropriation language approved by the legislature is below.

Notwithstanding any inconsistent provision
7 of law, subject to the approval of the
8 director of the budget, upon submission of
9 an allocation plan from the commissioner
10 of health, the amount appropriated herein,
11 together with any available federal match
12 ing funds, may be transferred or suballo
13 cated to the office of mental health,
14 office of addiction services and supports,
15 office for people with developmental
16 disabilities, division of housing and
17 community renewal, New York state housing
18 trust fund corporation, and office of
19 temporary and disability assistance for
20 services and expenses related to providing
21 affordable housing. Any such spending
22 shall consider the geographical location
23 of the grants.
24 Notwithstanding any provision of law to the
25 contrary, the portion of this appropri
26 ation covering fiscal year 2020-21 shall
27 supersede and replace any duplicative (i)
28 reappropriation for this item covering
29 fiscal year 2020-2021, and (ii) appropri
30 ation for this item covering fiscal year
31 2020-21 set forth in chapter 53 of the
32 laws of 2019 (29521) 26,700,000

Appendix IV
2020 Title XIX State Plan
First Quarter Amendment
Public Notice

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Division of Criminal Justice Services

Pursuant to the federal program requirements for the Edward Byrne Memorial Justice Assistance Grant (JAG) FY 2019 program solicitation, the NYS Division of Criminal Justice Services (Division) hereby gives notice regarding New York State's application for such funding:

On June 25, 2019, the Division will submit a funding application requesting New York State's federal fiscal year (FFY) 2019 award of \$8,818,775 appropriated under the Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The application generally describes the proposed program activities for the 4-year grant period and the types of programs for which funding will be used.

This application is required to be made available for a 30-day period for public review and comment. The application will be available on the Division's website, and requests for copies may be made via e-mail to: funding@dc.js.ny.gov. Requests may also be made in writing or by calling the Division offices during regular business hours. If a paper copy of the application is requested, a payment of \$0.25 per page will be due to the Division in accordance with Public Officer Law § 87.

For further information, contact: Division of Criminal Justice Services, Office of Program Development & Funding, Jeffrey P. Bender, Deputy Commissioner, 80 S. Swan St., Albany, NY 12210, (518) 457-8462, funding@dc.js.ny.gov

PUBLIC NOTICE

Department of Health

The Following is clarification to the June 19, 2019 noticed amendments. The New York State Department of Health (DOH) is submitting requests to the Federal Centers for Medicare and Medicaid Services (CMS) to amend the 1915(c) Children's Waiver (#NY.4125.R05.03) Home and Community Based Services (HCBS) coverage. This notice clarifies that the effective dates for the amendment previously anticipated as July 1, 2019 is now expected effective

August 1, 2019. Family Peer Support Services will continue to be end dated in the waiver as of June 30, 2019, as this service will be available as a State Plan service SPA-19-003, which has already been approved by CMS effective July 1, 2019.

Effective August 1, 2019

- All Children's 1915(c) waiver participants will be required to receive at least one HCBS service per month.
- Language in performance measures will be modified to clarify that Care Managers will meet regularly with waiver participants in a manner and frequency that is consistent with the participant's Health Home acuity level.

Effective October 1, 2019

Language will be incorporated to reference the Medicaid Managed Care delivery system throughout the application and concurrent operation with the 1115 waiver amendment already submitted to CMS and expected to be approved no later than July 31, 2019.

Effective January 1, 2020

- Youth Peer Supports and Crisis Intervention will be removed from the Children's waiver and be made available as a State Plan service.

For further information and to review and comment, please contact: Department of Health, Office of Health Insurance Programs, 99 Washington Ave., One Commerce Plaza, Suite 720, Albany, NY 12210, e-mail: BH.Transition@health.ny.gov

PUBLIC NOTICE

Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with administrative action. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2019, the State intends to offer certain housing-related activities and services as Medicaid benefits for eligible individuals. Under the authority of Section 1915(i) of the federal Social Security Act, the benefit will be offered to individuals eligible for home and community-based services (HCBS) and targeted based on age, disability, diagnosis, or eligibility group. Services will include Housing Transition Services, Household Establishment, Tenancy Sustaining Services, and Transitional Housing Assistance.

The estimated annual net aggregate decrease in state Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is (\$18.3 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, e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Town of Irondequoit

The Town of Irondequoit is requesting proposals from qualified administrative services agencies, and/or financial organizations relating to administration, trustee services and/or funding of a deferred compensation plan for employees of The Town of Irondequoit meeting the requirements of Section 457 of the Internal Revenue Code and Section 5 of the State Finance Law, including all rules and regulations issued pursuant thereto.

A copy of the proposal questionnaire may be obtained electronically from: Town of Irondequoit, Human Resources Department, Jason Vinette, 1280 Titus Ave., Rochester, NY 14617, e-mail: hr@irondequoit.org

All proposals must be submitted no later than 12:00 p.m. on July 26, 2019.

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is requesting information from qualified service providers with a specialization in providing proxy voting services to provide a full range of proxy analysis and reporting requirements. The purpose of this Request for Information ("RFI") is to conduct a preliminary evaluation of potential vendors. The RFI will be available beginning on Wednesday, May 29, 2019. Responses are due no later than 4:30 p.m. Eastern Time on Tuesday, July 2, 2019. To obtain a copy of the RFI, please visit the Plan's web site at www1.nyc.gov/site/olr/about/about-rfp.page and download and review 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, responses from certified minority-owned and/or women-owned businesses or responses that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, responses from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Department of State

F-2019-0252

Date of Issuance - June 26, 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 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-2019-0252_ApplicationforPN.pdf

In F-2019-0252, New York Power Authority (NYPA) is proposing the Massena Intake Boat Launch Site Improvements Project at Route 131, Town of Massena, St. Lawrence County. The proposed activity would expand the width of the existing boat launch from 4 to 8 lanes, install 2 new permanent piers (6'x60' and 6'x24'), construct a permanent, year-round dock (6'x400') adjacent to the riprap shoreline, and install 12 seasonal, floating finger docks (4'x24' each) that will attach to the boardwalk to support recreational boating and fishing access. These improvements would result in permanent impacts below ordinary high water (OHW) of 0.10 acres of fill associated with the concrete boat ramps, 0.03 acres of riprap fill for slope protection around the new boat ramp, and installation of 152 steel H-piles in total for the dock and piers. A total of 0.07 acres of permanent dock/piers and a total of 0.03 acres of seasonal docking would extend over OHW. Other improvements within the coastal area consist of expanding the paved launch area, improving traffic flow, installing two new pavilions and new restrooms, and undertaking septic upgrades. The stated purpose of the activity is to improve and expand the existing boat launch site.

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 7/11/2019.

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

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

PUBLIC NOTICE

Department of State

Uniform Code Variance / Appeal Petitions

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

2019-0301 Matter of Nassau Expeditors Inc., Scott Tirone, 75 Albertson Avenue, Albertson, NY 11507, for a variance concerning safety requirements, including the required ceiling height and the height under a girder/soffit. Involved is an existing one family dwelling located at 78 Mckee Street; Town of North Hempstead, NY 11001 County of Nassau, State of New York.

2019-0303 Matter of Nassau Expeditors Inc., Scott Tirone, 75 Albertson Avenue, Albertson, NY 11507, for a variance concerning safety requirements, including the required ceiling height and the height under a girder/soffit. Involved is an existing one family dwelling located at Seven Lincoln Place, Town of North Hempstead, NY 11050 County of Nassau, State of New York.

2019-0348 Matter of Mark Vincent Kruse, Architect, AIA, 308 East Meadow Avenue, East Meadow, NY 11554, for a variance concerning safety requirements, including the required height under a girder/soffit. Involved is an existing one family dwelling located at 63 Astor Place; Town of Hempstead, NY 11575 County of Nassau, State of New York.

2019-0354 Matter of J. Leonard Architecture, PC, Jeffrey Leonard,

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.

NOTICE OF PUBLIC HEARING REVISED

New York State Energy Planning Board

Pursuant to New York State Energy Law, article 6, the New York State Energy Planning Board hereby gives notice of the following public hearings:

Time, Date, and Place: 10:30 a.m., February 27, 2020 at the Albany Public Library, 161 Washington Ave., Albany, NY 12210; and 3:00 p.m., March 2, 2020 at Building Energy Exchange, Inc., 31 Chambers St., Suite 608, New York, NY 10007

Purpose: To receive public comment on the 2015 Draft Amendment to the New York State Energy Plan.

For further information, contact: John Williams, NYSEERDA, 17 Columbia Circle, Albany, NY 12203, (518) 862-1090, ext. 3333, e-mail: John.Williams@nyserda.ny.gov

PUBLIC NOTICE

Division of Criminal Justice Services

Juvenile Justice Advisory Group Quarterly Meeting

Pursuant to Public Officer Law 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Juvenile Justice Advisory Group.

Date: March 10, 2020
Time: 10:00 a.m.-1:00 p.m.
Place: Division of Criminal Justice Services
80 S. Swan St.
1st Fl., Rm. 118
Albany, NY 12210

Video conference with:

Empire State Development Corp.
633 Third Ave., 37th Fl.
New York, NY 10007

For further information, contact: Thomas R. Andriola, Chief of Policy & Implementation, Office of Youth Justice, Division of Criminal Justice Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 485-1833, email: Thomas.Andriola@dcs.ny.gov

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with administrative action. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the June 26, 2019 noticed provision for certain housing-related activities. With clarification, the provision will be limited to providers contracted with New York State under a 1915(b)(4) Waiver Fee-for-Service Selective Contracting Program.

The estimated annual net aggregate decrease in state Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2019/2020 is (\$24 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 non-institutional services to comply with administrative action. The following changes are proposed:

Non-Institutional

The following is a clarification to the November 20, 2019 noticed provision to adjust rates statewide to reflect a two percent workforce salary increase for qualified Office of Mental Health (OMH) licensed services. With clarification, this provision will also take into account labor costs resulting from statutorily required increases in the New York State minimum wage (upstate regions only). The minimum wage rate increases apply to services effective January 1, 2020 and January 1, 2021. The two percent workforce salary increases are effective January 1, 2020 and April 1, 2020 respectively.

The revised estimated annual aggregate increase in gross Medicaid expenditures attributable to the two percent workforce salary increases and minimum wage initiatives totals \$457,685 in state fiscal year 2020 and \$16,141,040 in state fiscal year 2021.

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

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

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

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

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

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

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

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

PUBLIC NOTICE

Department of State

Uniform Code Variance / Appeal Petitions

Pursuant to 19 NYCRR Part 1205, the variance and appeal petitions below have been received by the Department of State. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual

notices of any subsequent proceeding may contact Brian Tollisen or Neil Collier, Building Standards and Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2020-0051 Matter of Malgorzata and Christopher Becker, 67 Sammis Street, Huntington, NY 11743, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 67 Sammis Street; Town of Huntington, NY 11743, County of Suffolk, State of New York.

2020-0054 Matter of Vivian Kamath, 677 Little East Neck Rd., W. Babylon, NY 11704, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 130 Barton Avenue; Town of Brookhaven, NY 11772, County of Suffolk, State of New York.

2020-0055 Matter of Emily Kasel, 150 Meadbrook Road, Garden City, NY 11530, for a variance concerning safety requirements, including the required height under a girder/soffit. Involved is an existing one family dwelling located at 150 Meadbrook Road; Village of Garden City, NY 11530, County of NASSAU, State of New York.

2020-0056 Matter of Hooshang Nejathaim, P.E., 2A Shore Park Road, Great Neck, NY 11023, for a variance concerning safety requirements, including the required ceiling height and heights under a girder/soffit. Involved is an existing one family dwelling located at 90 Bar Beach Road; Town of North Hempstead, NY 11050, County of Nassau, State of New York.

2020-0060 Matter of JW Consulting, Tracey Schleske, PO Box 674, Coram, NY 11727, for a variance concerning safety requirements, including the required heights under a girder/soffit. Involved is an existing one family dwelling located at 76 Forrest Avenue; Town of Brookhaven, NY 11967, County of Suffolk, State of New York.

2020-0061 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 2008 Lilac Drive; Town of Hempstead, NY 11590, County of Nassau, State of New York.

2020-0062 Matter of Gray Architectural SVS, P.C., Chris Gray, 2401 Capri Place, N. Bellmore, NY 11710, for a variance concerning safety requirements, including the required ceiling height. Involved is an existing one family dwelling located at 58 Avondale Street; V. of Valley Stream, NY 11581, County of NASSAU, State of New York.

PUBLIC NOTICE

Department of State

Uniform Code Variance / Appeal Petitions

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

2020-0057 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for a fire-rated self-closing cellar door.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1159 Kossuth Avenue, City of Utica, County of Oneida, New York.

2020-0058 In the matter of Judy Velardi, 1159 Kossuth Avenue, Utica NY 13501 for a variance concerning requirements for fire-rated self-closing cellar doors.

Involved is an existing Multiple Residence occupancy, two stories in height, located at 1171 Kossuth Avenue, City of Utica, County of Oneida, New York.

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

NON-INSTITUTIONAL SERVICES
State Plan Amendment #20-0005

CMS Standard Funding Questions

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

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

Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular 2 CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

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

Response: Payments made to service providers under the provisions of this SPA are funded through a general appropriation received by the State agency that oversees 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 provider taxes and no existing taxes have been modified.

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

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

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.**

Response: The services we are proposing are for Home Rehabilitative Services only; they are not hospital or clinic services and not calculated for the UPL. This question does not apply.

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: No. Governmental providers will receive payments based on a uniform fee schedule which is the same for both governmental and private providers. These payments will not exceed their costs to provide these services.

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 FMAs 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.
