

ANDREW M. CUOMO Governor **HOWARD A. ZUCKER, M.D., J.D.**Commissioner

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

Ms. Nicole McKnight March 30, 2020
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 #20-0014 Non-Institutional Services

Dear Ms. McKnight:

The State requests approval of the enclosed amendment #20-0014 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective January 1, 2020, April 1, 2020 and January 1, 2021 (Appendix I). This amendment is being submitted based on Section 1902(a)(30) of the Social Security Act and 42 CFR 447.201 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.

A copy of pertinent sections of Section 1902(a)(30) of the Social Security Act and 42 CFR 447 is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the <u>New York State Register</u> on November 20, 2019 and clarified on February 19, 2020 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 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** 

FORM CMS-179 (07/92)

CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	2 0 — 0 0 1 4 New York
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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  January 1, 2020
5. TYPE OF PLAN MATERIAL (Check One)	
NEW STATE PLAN AMENDMENT TO BE CONSID	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 01/01/2020-09/30/2020 \$ \$4,258.38
§1902(a)(30) of the Social Security Act and 42 CFR 44	b. FFY 10/01/2020-09/30/2021 \$ \$8,093.41
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachments: 4.19-B - 2(s.3), 2(s.5), 3(j.1), 3(j.1a), 3(j.2), 3(j.2a), 3k(1), 3k(1a), 3k (1b), 3k(2), 3k(2a), 3k(3), 3k(4), 3k(6), 3L-4	Attachments: 4.19-B - 2(s.3), 2(s.5), 3(j.1), 3(j.1a), 3(j.2), 3(j.2a), 3k(1), 3k(2), 3k(3), 3k(6), 3L-4,
10. SUBJECT OF AMENDMENT Minimum Wage - COLA - OMH (FMAP=50%)	
11. GOVERNOR'S REVIEW (Check One)	
<ul><li>■ GOVERNOR'S OFFICE REPORTED NO COMMENT</li><li>□ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li><li>□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li></ul>	OTHER, AS SPECIFIED
12. SIGNATURE OF STATE AGENOT OF TOTAL	16. RETURN TO New York State Department of Health
	Division of Finance and Rate Setting
	99 Washington Ave – One Commerce Plaza
14. TITLE	Suite 1432 Albany, NY 12210
Medicaid Director, Department of Health	
15. DATE SUBMITTED March 30, 2020	
FOR REGIONAL OF	
17. DATE RECEIVED	18. DATE APPROVED
PLAN APPROVED - OI	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE
23. REMARKS	

Instructions on Back

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

#### New York 2(s.3)

#### VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

#### VIII. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI findings and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

### IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics

Peer Group	Base Rates Effective [04/01/16] 01/01/20	Base Rates Effective 04/01/20
Upstate freestanding clinics without quality improvement enhancement	[\$136.90] \$139.89	\$140.97
Downstate freestanding clinics without quality improvement enhancement	[\$152.08] \$155.40	<u>\$156.60</u>
Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement	[\$190.80] \$194.97	<u>\$196.47</u>
Upstate freestanding clinics including quality improvement enhancement	[142.16] \$145.27	<u>\$146.39</u>
Downstate freestanding clinics including quality improvement enhancement	[\$157.92] \$161.37	\$162.62
Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement	[\$198.12] \$202.45	<u>\$204.01</u>
[State-operated mental health clinics (Effective until 04/30/16)	\$247.42]	

TN20-00	)14	Approval Date	
Supersedes Ti	#16-0041	Effective Date	

#### New York 2(s.5)

c. After the end of each CFR reporting year beginning in 2018, OMH will review providers' CFR submissions to ensure the average hourly wages of employees in all occupational titles comply with minimum wage standards. OMH may reconcile and recoup minimum wage rate increases paid to providers that do not submit their CFRs according to established reporting deadlines or that are found not to be in compliance with wage standards if the Office of Mental Health deems such recoupment to be cost effective. In addition, OMH will investigate provider compliance with applicable labor laws and refer noncompliant providers to the Office of the Medicaid Inspector General.

## [XI. Direct Support, Direct Care and Clinical Professionals Compensation Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics

Effective on both January 1, 2018 and April 1, 2018, a direct care compensation increase will be developed and implemented for Direct Support and Direct Care Professionals. Also, effective April 1, 2018, a clinical compensation increase will be developed and implemented for Clinical Professionals. Such increases will apply to all peer groups of freestanding OMH-licensed Mental Health Clinics, except State-operated Mental Health Clinics. Employee wage information is based on 2014-2015 CFR cost report data.

- a. Rate increases effective January 1, 2018 are calculated as follows:
  - The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases) are increased by 3.25%.
  - ii. Such wage increase is divided by the total operating expenditures reported in the CFR to derive a direct care compensation factor.
  - iii. APG base rates are adjusted for direct care compensation by multiplying the APG base rates then in effect by the direct care compensation factor calculated pursuant to subsection a(ii).
- b. Rate increases effective April 1, 2018 are calculated as follows:
  - i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases and the increase specified in subsection (a)(i), above) are increased by 3.25%.
  - ii. The total wages of employees in Clinical Professional occupational titles are increased by 3.25
  - iii. Wage increases calculated pursuant to subsections (b)(i) and (ii), above are combined and then the sum is divided by the total operating expenditures reported in the CFR to derive a direct care and clinical compensation factor.
  - iv. APG base rates are adjusted for direct care and clinical compensation by multiplying the APG base rates then in effect by the direct care and clinical compensation factor calculated pursuant to subsection b (iii).

TN <u>#20-00</u> :	14	Approval Date	
Supersedes TN _	#18-0009	Effective Date	

## New York 3(j.1)

#### Units of Service –

Half Day — minimum two hours

Full Day — minimum four hours

Collateral Visit — minimum of 30 minutes

Preadmission and Group Collateral Visits — minimum of one hour

Crisis Visit — any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective [June 1, 2017] <u>January 1, 2020</u>, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

#### Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	Downstate Region	Western Region	Upstate Region
4310	Half Day 1-40 Cumulative Hours	[\$31.10]	[\$28.02]	[\$27.53]
13.10	Tidii bay 1 to camalative riours	<u>\$31.78</u>	\$28.64	\$28.14
4311	Half Day 41-64 Cumulative Hours	[\$23.33]	[\$23.35]	[\$23.37]
4311	riali Day 41-04 Cumulative Hours	\$23.84	<u>\$23.86</u>	\$23.88
4312	Half Day 65 L Cumulative Hours	[\$17.19]	[\$17.21]	[\$17.22]
4312	Half Day 65+ Cumulative Hours	\$17.57	\$17.59	\$17.60
1216	Full Day 1 40 Cumulative House	[\$62.20]	[\$56.03]	[\$55.03]
4316	Full Day 1-40 Cumulative Hours	\$63.58	<u>\$57.26</u>	\$56.25
4217	Full Day 41 C4 Compulative House	[\$46.65]	[\$46.69]	[\$46.73]
4317	Full Day 41-64 Cumulative Hours	\$47.69	\$47.73	\$47.77
4210 Full Day CE   Compulation Uni	Full Day 65 L Cumulative House	[\$34.37]	[\$34.40]	[\$34.43]
4318	Full Day 65+ Cumulative Hours	\$35.13	\$35.16	\$35.21
4325	Collateral Visit	[\$31.10]	[\$28.02]	[\$27.53]
4323	Collateral visit	\$31.78	\$28.64	\$28.14
4331	Croup Collatoral Visit	[\$31.10]	[\$28.02]	[\$27.53]
4331	Group Collateral Visit	<u>\$31.78</u>	\$28.64	<u>\$28.14</u>
1227	Cricic Visit	[\$31.10]	[\$28.02]	[\$27.53]
4337	Crisis Visit	\$31.78	\$28.64	\$28.14
1246	Duan duringian Visit	[\$31.10]	[\$28.02]	[\$27.53]
4346	Preadmission Visit	\$31.78	\$28.64	\$28.14

TN20-00	14	Approval Date	
Supersedes T	N <u>16-0041</u>	Effective Date	

## New York 3(j.1a)

Effective April 1, 2020, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

Rate Code	Description	<u>Downstate</u> <u>Region</u>	Western Region	<u>Upstate</u> <u>Region</u>
<u>4310</u>	Half Day 1-40 Cumulative Hours	\$32.20	\$29.02	<u>\$28.51</u>
<u>4311</u>	Half Day 41-64 Cumulative Hours	<u>\$24.15</u>	\$24.17	\$24.19
4312	Half Day 65+ Cumulative Hours	\$17.80	\$17.82	\$17.83
4316	Full Day 1-40 Cumulative Hours	\$64.42	<u>\$58.01</u>	\$56.99
4317	Full Day 41-64 Cumulative Hours	\$48.32	\$48.36	<u>\$48.40</u>
4318	Full Day 65+ Cumulative Hours	<u>\$35.59</u>	\$35.62	\$35.67
4325	Collateral Visit	\$32.20	\$29.02	\$28.51
<u>4331</u>	Group Collateral Visit	\$32.20	\$29.02	\$28.51
4337	<u>Crisis Visit</u>	\$32.20	\$29.02	\$28.51
4346	Preadmission Visit	\$32.20	\$29.02	\$28.51

[Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:]

[Statewide Continuing Day Treatment Rates for Freestanding Clinics (State-Operated)

Rate Code	Description	Statewide Rate
4310	Half Day 1-40 Cumulative Hours	\$137.00
4311	Half Day 41-64 Cumulative Hours	\$102.75
4312	Half Day 65+ Cumulative Hours	\$75.35
4316	Full Day 1-40 Cumulative Hours	\$274.00
4317	Full Day 41-64 Cumulative Hours	\$205.50
4318	Full Day 65+ Cumulative Hours	\$150.70
4325	Collateral Visit	\$137.00
4331	Group Collateral Visit	\$137.00
4337	Crisis Visit	\$137.00
4346	Preadmission Visit	\$137.00]

TN <u>20-0014</u>		Approval Date	
Supersedes TN_	10-0018	Effective Date	

## New York 3(j.2)

#### **Continuing Day Treatment Services:**

#### **Reimbursement Methodology for Outpatient Hospital Services**

#### [Effective June 1, 2017]

#### **Definitions:**

- **Group Collateral** A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- Units of Service Half Day Minimum two hours
   Full Day Minimum four hours
   Collateral Visit minimum of 30 minutes
   Preadmission and Group Collateral Visits minimum of one hour
   Crisis Visit any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

[Effective June 1, 2017, r] Reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers (Non-State Operated)

Rate Code	Description	Statewide Rate <u>Effective</u> 01/01/2020	Statewide Rate <u>Effective</u> 04/01/2020
4310	Half Day 1-40 Cumulative Hours	[\$41.73] \$42.66	\$43.22
4311	Half Day 41+ Cumulative Hours	[\$31.30] <u>\$32.00</u>	\$32.42
4316	Full Day 1-40 Cumulative Hours	[\$62.28] \$63.67	\$64.51
4317	Full Day 41+ Cumulative Hours	[\$46.71] <u>\$47.75</u>	\$48.38
4325	Collateral Visit	[\$41.73] <u>\$42.66</u>	\$43.22
4331	Group Collateral Visit	[\$41.73] <u>\$42.66</u>	\$43.22
4337	Crisis Visit	[\$41.73] <u>\$42.66</u>	\$43.22
4346	Preadmission Visit	[\$41.73] <u>\$42.66</u>	\$43.22

T'N _	20-0014		Approval Date	Approval Date	
Supe	rsedes TN	#16-0041	Effective Date		

## New York 3(j.2a)

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

## <u>Statewide Continuing Day Treatment Rates for [Freestanding Clinics] Hospital-Based Outpatient Providers (State-Operated)</u>

Rate Code	Description	Statewide Rate
4310	Half Day 1-40 Cumulative Hours	\$137.00
4311	Half Day 41-64 Cumulative Hours	\$102.75
4312	Half Day 65+ Cumulative Hours	<u>\$75.35</u>
4316	Full Day 1-40 Cumulative Hours	\$274.00
4317	Full Day 41-64 Cumulative Hours	\$205.50
4318	Full Day 65+ Cumulative Hours	\$150.70
4325	Collateral Visit	\$137.00
4331	Group Collateral Visit	\$137.00
4337	<u>Crisis Visit</u>	\$137.00
4346	Preadmission Visit	\$137.00

TN <u>#20-0014</u>		Approval Date	
Supersedes TN _	10-0018	Effective Date	

#### New York 3k(1)

#### RESERVED

## [Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital Partial Hospitalization Services effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	\$116.62	\$153.20	\$128.66	\$88.67	\$109.34
4350	Service Duration 5 hours	\$145.78	\$191.51	\$160.82	\$110.84	\$136.67
4351	Service Duration 6 hours	\$174.93	\$229.81	\$192.99	\$133.01	\$164.01
4352	Service Duration 7 hours	\$204.09	\$268.11	\$225.15	\$155.18	\$191.34
4353	Collateral 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4354	Collateral 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67
4355	Group Collateral 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4356	Group Collateral 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67

#### Crisis effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4358	Crisis 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67
4359	Crisis 3 hours	\$87.47	\$114.90	\$96.49	\$66.50	\$82.00
4360	Crisis 4 hours	\$116.62	\$153.20	\$128.66	\$88.67	\$109.34
4361	Crisis 5 hours	\$145.78	\$191.51	\$160.82	\$110.84	\$136.67
4362	Crisis 6 hours	\$174.93	\$229.81	\$192.99	\$133.01	\$164.01
4363	Crisis 7 hours	\$204.09	\$268.11	\$225.15	\$155.18	\$191.34

#### Preadmission effective June 1, 2017

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	\$29.16	\$38.30	\$32.16	\$22.17	\$27.33
4358	Preadmission 2 hours	\$58.31	\$76.60	\$64.33	\$44.34	\$54.67
4359	Preadmission 3 hours	\$87.47	\$114.90	\$96.49	\$66.50	\$82.00
4349	Preadmission 4 hours	\$116.62	\$153.20	\$128.66	\$88.67	\$109.34
4350	Preadmission 5 hours	\$145.78	\$191.51	\$160.82	\$110.84	\$136.67
4351	Preadmission 6 hours	\$174.93	\$229.81	\$192.99	\$133.01	\$164.01
4352	Preadmission 7 hours	\$204.09	\$268.11	\$225.15	\$155.18	\$191.34

TN20-00		14	Approval Date	
Supersede	s TN	16-0041	Effective Date	

1

#### New York 3k(1a)

## Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital Partial Hospitalization Services effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	<u>Hudson</u> <u>River</u> <u>Region</u>	Central Region	Western Region
4349	Service Duration 4 hours	\$118.51	\$155.69	\$130.75	<u>\$90.11</u>	<u>\$111.12</u>
4350	Service Duration 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
<u>4351</u>	Service Duration 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4352	Service Duration 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45
<u>4353</u>	Collateral 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4354	Collateral 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4355	Group Collateral 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4356	Group Collateral 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56

#### Crisis effective January 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Crisis 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
<u>4358</u>	Crisis 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4359	Crisis 3 hours	_\$88.89	\$116.77	\$98.06	\$67.58	\$83.33
4360	Crisis 4 hours	\$118.51	\$155.69	\$130.75	\$90.11	\$111.12
4361	Crisis 5 hours	<u>\$148.15</u>	\$194.62	\$163.43	\$112.64	\$138.89
4362	Crisis 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
<u>4363</u>	Crisis 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45

#### Preadmission effective January 1, 2020

Rate Code	<u>Description</u>	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4357	Preadmission 1 hour	\$29.63	\$38.92	\$32.68	\$22.53	\$27.77
4358	Preadmission 2 hours	\$59.26	\$77.84	\$65.37	\$45.06	\$55.56
4359	Preadmission 3 hours	\$88.89	\$116.77	\$98.06	\$67.58	\$83.33
4349	Preadmission 4 hours	<u>\$118.51</u>	\$155.69	\$130.75	\$90.11	\$111.12
<u>4350</u>	Preadmission 5 hours	\$148.15	\$194.62	\$163.43	\$112.64	\$138.89
4351	Preadmission 6 hours	\$177.77	\$233.54	\$196.12	\$135.17	\$166.67
4352	Preadmission 7 hours	\$207.40	\$272.46	\$228.81	\$157.70	\$194.45

TN	20-00	14	Approval Date	_
Supersede	es TN	NEW	Effective Date	

#### New York 3k(1b)

## Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital Partial Hospitalization Services effective April 1, 2020

Rate Code	<u>Description</u>	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
4349	Service Duration 4 hours	\$120.18	\$157.88	\$132.59	\$91.38	\$112.69
4350	Service Duration 5 hours	\$150.24	\$197.36	\$165.73	\$114.23	\$140.85
<u>4351</u>	Service Duration 6 hours	<u>\$180.28</u>	\$236.83	\$198.88	\$137.08	\$169.02
4352	Service Duration 7 hours	\$210.32	\$276.30	\$232.04	\$159.92	\$197.19
<u>4353</u>	Collateral 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4354	Collateral 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34
4355	Group Collateral 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4356	Group Collateral 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34

#### Crisis effective April 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
<u>4357</u>	Crisis 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	\$28.16
4358	Crisis 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34
4359	Crisis 3 hours	<u>\$90.14</u>	\$118.42	\$99.44	\$68.53	\$84.50
4360	Crisis 4 hours	\$120.18	\$157.88	\$132.59	_\$91.38	\$112.69
4361	Crisis 5 hours	\$150.24	\$197.36	\$165.73	\$114.23	\$140.85
4362	Crisis 6 hours	\$180.28	\$236.83	\$198.88	\$137.08	\$169.02
4363	Crisis 7 hours	\$210.32	\$276.30	\$232.04	\$159.92	\$197.19

#### Preadmission effective April 1, 2020

Rate Code	Description	Long Island Region	NYC Region	Hudson River Region	Central Region	Western Region
<u>4357</u>	Preadmission 1 hour	\$30.05	\$39.47	\$33.14	\$22.85	_\$28.16
4358	Preadmission 2 hours	\$60.10	\$78.94	\$66.29	\$45.70	\$56.34
4359	Preadmission 3 hours	\$90.14	\$118.42	\$99.44	\$68.53	\$84.50
4349	Preadmission 4 hours	\$120.18	\$157.88	\$132.59	\$91.38	\$112.69
4350	Preadmission 5 hours	\$150.24	\$197.36	\$165.73	\$114.23	\$140.85
4351	Preadmission 6 hours	\$180.28	\$236.83	\$198.88	\$137.08	\$169.02
4352	Preadmission 7 hours	\$210.32	\$276.30	\$232.04	\$159.92	\$197.19

TN2	<u> 0-00</u>	14	Approval Date
Supersedes	TN	NEW	Effective Date

#### New York 3k(2)

#### [Comprehensive Outpatient Programs – 14 NYCRR Part 592 - Reimbursement Methodology

OMH will develop provider specific rate supplements to fees for outpatient mental health programs licensed exclusively by OMH and rates promulgated by OMH for outpatient mental health programs operated by general hospitals and licensed by OMH based upon expenditures approved by OMH to outpatient programs licensed pursuant to 14 NYCRR Parts 585 and 587 which are designated by county mental health departments or OMH. The method of reimbursement identified in this paragraph sunsets on October 31, 2013.]

#### **Day Treatment Services for Children:**

#### **Reimbursement Methodology for Freestanding Clinics**

#### **Definitions:**

- Regions New York City: Bronx, Kings, New York, Queens, and Richmond counties.
   Rest of State: All other counties in the State of New York
- Units of Service Full Day, including Preadmission Full Day More than five hours
   Half Day, including Preadmission Half Day Three to five hours
   Brief Day At least one but less than three hours
   Collateral Visit minimum of 30 minutes
   Crisis Visit minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective [June 1, 2017] <u>January 1, 2020</u>, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

## Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	Description	New York City	Rest of State
4060	Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4061	Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] <u>\$48.63</u>
4062	Brief Day	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4064	Crisis Visit	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4065	Preadmission Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4066	Collateral Visit	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4067	Preadmission Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] \$48.63

TN <u>20-00</u>	14	_ Approval Date	
Supersedes TN _	16-0041	Effective Date	

## New York 3k(2a)

#### **Day Treatment Services for Children:**

Effective April 1, 2020, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

## Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)

Rate Code	<u>Description</u>	New York City	Rest of State
4060	Full Day	\$102.48	\$99.07
<u>4061</u>	Half Day	\$51.26	\$49.53
4062	Brief Day	\$34.17	\$32.96
4064	Crisis Visit	\$102.48	\$99.07
<u>4065</u>	Preadmission Full Day	\$102.48	\$99.07
4066	Collateral Visit	\$34.17	\$32.96
4067	Preadmission Half Day	\$51.26	\$49.53

TN20-0014		Approval Date	
Supers	sedes TN <u>NEW</u>	Effective Date	

## New York 3k(3)

#### **Day Treatment Services for Children:**

#### Reimbursement Methodology for Outpatient Hospital Services

#### **Definitions:**

- Regions New York City: Bronx, Kings, New York, Queens, and Richmond counties.
  Rest of State: All other counties in the State of New York
- Units of Service Full Day, including Preadmission Full Day More than five hours
   Half Day, including Preadmission Half Day Three to five hours
   Brief Day At least one but less than three hours
   Collateral Visit minimum of 30 minutes
   Crisis Visit minimum of 30 minutes

<u>Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.</u>

Effective June 1, 2017, reimbursement rates for State-operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

#### Statewide Day Treatment Services for Children Rates for State-Operated Providers

Rate Code	Description	Statewide Rate
4060	Full Day	\$375.00
4061	Half Day	\$187.85
4062	Brief Day	\$124.55
4064	Crisis Service	\$375.00
4065	Preadmission Full Day	\$375.00
4066	Collateral	\$124.55
4067	Preadmission Half Day	\$187.50

Reimbursement does not include a per-visit payment for the cost of capital.

#### [Day Treatment Services for Children:

#### **Reimbursement Methodology for Outpatient Hospital Services**

Effective June 1, 2017, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

#### **Definitions:**

- Regions New York City: Bronx, Kings, New York, Queens, and Richmond counties.
   Rest of State: All other counties in the State of New York
- Units of Service Full Day, including Preadmission Full Day More than five hours
   Half Day, including Preadmission Half Day Three to five hours
   Brief Day At least one but less than three hours
   Collateral Visit minimum of 30 minutes
   Crisis Visit minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.]

TN#20-0014	Approval Date	
Supersedes TN 10-0018	Effective Date	

#### New York 3k(4)

## Regional Day Treatment for Children Rates for Outpatient Hospital Services (Non-State Operated)

Effective January 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
4060	Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4061	Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] <u>\$48.63</u>
4062	Brief Day	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4064	Crisis Visit	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4065	Pre-Admission Full Day	[\$98.56] <u>\$100.61</u>	[\$95.27] <u>\$97.26</u>
4066	Collateral Visit	[\$32.86] <u>\$33.55</u>	[\$31.70] <u>\$32.36</u>
4067	Pre-Admission Half Day	[\$49.29] <u>\$50.32</u>	[\$47.64] \$48.63

Effective April 1, 2020, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

Rate Code	Description	New York City	Rest of State
4060	<u>Full Day</u>	\$102.48	\$99.07
4061	<u>Half Day</u>	\$51.26	<u>\$49.53</u>
4062	Brief Day	\$34.17	\$32.96
4064	Crisis Visit	\$102.48	\$99.07
4065	Pre-Admission Full Day	\$102.48	\$99.07
4066	Collateral Visit	\$34.17	\$32.96
4067	Pre-Admission Half Day	<u>\$51.26</u>	\$49.53

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

TN20-	0014	Approval Date	
Supersedes Ti	N <u>16-0041</u>	Effective Date	

#### New York 3k(6)

- b. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for minimum wage costs by multiplying rates then in effect by the minimum wage increase percentage as determined pursuant to section (a), above.
- c. After the end of each CFR reporting year beginning in 2018, the Office of Mental Health will review providers' CFR submissions to ensure the average hourly wages of employees in all occupational titles comply with minimum wage standards. OMH may reconcile and recoup minimum wage rate increases paid to providers that do not submit their CFRs according to established reporting deadlines or that are found not to be in compliance with wage standards if the Office of Mental Health deems such recoupment to be cost effective. In addition, OMH will investigate provider compliance with applicable labor laws and refer noncompliant providers to the Office of the Medicaid Inspector General.

#### [II. Direct Support, Direct Care and Clinical Professionals Compensation Increases

Effective on both January 1, 2018 and April 1, 2018, a direct care compensation increase will be developed and implemented for Direct Support and Direct Care Professionals. Also, effective April 1, 2018, a clinical compensation increase will be developed and implemented for Clinical Professionals. Such increases will apply to the rates for OMH-licensed Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children, except rates for State-operated. Employee wage information is based on 2014-2015 CFR cost report data.

- a. Rate increases effective January 1, 2018 are calculated as follows:
  - i. The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases) are increased by 3.25%.
  - Such wage increase is divided by the total operating expenditures reported in the CFR to derive a direct care compensation factor.
  - iii. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for direct care compensation by multiplying the rates then in effect by the direct care compensation factor calculated pursuant to subsection a(ii).
- b. Rate increases effective April 1, 2018 are calculated as follows:
  - The total wages of employees in Direct Support and Direct Care Professional occupational titles (adjusted by any applicable minimum wage increases and the increase specified in subsection (a)(i), above) are increased by 3.25%.
  - ii. The total wages of employees in Clinical Professional occupational titles are increased by 3.25%.
  - iii. Wage increases calculated pursuant to subsections (b)(i) and (ii), above are combined and then the sum is divided by the total operating expenditures reported in the CFR to derive a direct care and clinical compensation factor.
  - iv. Rates for Partial Hospitalization and Continuing Day Treatment Services and Day Treatment Services for Children are adjusted for direct care and clinical compensation by multiplying the rates then in effect by the direct care and clinical compensation factor calculated pursuant to subsection b(iii). ]

TN #20-0014			Approval Date	
Supe	rsedes TN _	#18-0009	Effective Date	

#### New York 3L-4

#### Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider shall not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

#### Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers shall receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only.

The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

#### Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in preadmission status. Reimbursement for an individual in pre-admission status is limited to the preadmission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month but no reimbursement is permitted to Clinical Treatment, IR or ORS.

Reimbursement for pre-admission screening services is limited to two consecutive months.

**PROS Rates of Payment:** PROS rates of payment are adjusted, effective January 1, 2020 for the minimum wage increase and direct care compensation increases. PROS rates of payment are adjusted, effective April 1, 2020, for direct care and clinical compensation increases.

PROS rates of payment are available on the OMH website at: http://www.omh.ny.gov/omhweb/medicaid\_reimbursement/

TN <u>#20-0014</u>		Approval Date	
Supersedes TN	#16-0041	Effective Date	

Appendix II 2020 Title XIX State Plan First Quarter Amendment Summary

## **SUMMARY SPA** #20-0014

This State Plan Amendment reflects a two percent workforce salary increase for qualified Office of Mental Health (OMH) licensed services. Additionally, this state plan amendment also considers labor costs resulting from statutorily required increases in the New York State minimum wage. The two percent workforce salary increases are effective January 1, 2020 and April 1, 2020. The minimum wage rate increases are effective January 1, 2020 and January 1, 2021.

Appendix III 2020 Title XIX State Plan First Quarter Amendment Authorizing Provisions McKinney's Consolidated Laws of New York Annotated Mental Hygiene Law (Refs & Annos) Chapter 27. Of the Consolidated Laws (Refs & Annos) Title E. General Provisions (Refs & Annos) Article 43. Fees for Services (Refs & Annos)

#### McKinney's Mental Hygiene Law § 43.02

§ 43.02 Rates or methods of payment for services at facilities subject to licensure or certification by the office of mental health, the office for people with developmental disabilities or the office of alcoholism and substance abuse services

> Effective: April 13, 2015 Currentness

- (a) Notwithstanding any inconsistent provision of law, payment made by government agencies pursuant to title eleven of article five of the social services law for services provided by any facility licensed by the office of mental health pursuant to article thirty-one of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services, as defined in section 1.03 of this chapter, shall be at rates or fees certified by the commissioner of the respective office and approved by the director of the division of the budget, provided, however, the commissioner of mental health shall annually certify such rates or fees which may vary for distinct geographical areas of the state and, provided, further, that rates or fees for service for inpatient psychiatric services or inpatient chemical dependence services, at hospitals otherwise licensed pursuant to article twenty-eight of the public health law shall be established in accordance with section two thousand eight hundred seven of the public health law and, provided, further, that rates or fees for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities, shall be certified by the commissioner of health; provided, however, that such methodologies shall be subject to approval by the office for people with developmental disabilities and shall take into account the policies and goals of such office.
- (b) Operators of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter, licensed by the office for people with developmental disabilities pursuant to article sixteen of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services shall provide to the commissioner of the respective office such financial, statistical and program information as the commissioner may determine to be necessary. The commissioner of the appropriate office shall have the power to conduct on-site audits of books and records of such facilities.
- (c) The commissioner of the office of mental health, the commissioner of the office for people with developmental disabilities and the commissioner of the office of alcoholism and substance abuse services shall adopt rules and regulations to effectuate the provisions of this section. Such rules and regulations shall include, but not be limited to, provisions relating to:
- (i) the establishment of a uniform statewide system of reports and audits relating to the quality of care provided, facility utilization and costs of providing services; such a uniform statewide system may provide for appropriate variation in the application of the system to different classes or subclasses of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter or licensed or operated by the office for people with developmental disabilities pursuant

to article sixteen of this chapter, or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services; and

(ii) methodologies used in the establishment of the schedules of rates or fees pursuant to this section provided, however, that the commissioner of health shall adopt rules and regulations including methodologies developed by him or her for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities; provided, however, that such rules and regulations shall be subject to the approval of the office for people with developmental disabilities and shall take into account the policies and goals of such office.

#### Credits

(Added L.1981, c. 947, § 10. Amended L.1985, c. 524, § 1; L.1986, c. 743, § 2; L.1986, c. 746, § 11; L.1986, c. 915, § 1; L.1992, c. 223, § 60; L.1999, c. 558, § 21, eff. Oct. 5, 1999; L.2010, c. 168, § 45, eff. July 13, 2010; L.2015, c. 58, pt. OO, § 3, eff. April 13, 2015.)

McKinney's Mental Hygiene Law § 43.02, NY MENT HYG § 43.02 Current through L.2017, chapters 1 to 505.

End of Document

© 2018 Thomson Reuters. No claim to original U.S. Government Works.

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

Columbia County Transportation & Solid Waste Disposal Services Request for Proposal

A copy of the Columbia County Transportation & Solid Waste Disposal Services Request for Proposal has been filed with the Columbia County Board of Supervisors Clerk on November 12, 2019 and can be viewed on the Columbia County Government website — www.columbiacountyny.com by following the link to the "Solid Waste Department". As per NYS General Municipal Law Section 120-W a 60 day public comment period is required. Comments are due by January 6, 2020 and should be sent to: Jolene D. Race, Director, 401 State St., Hudson, NY 12534 or via email to: jolene.race@columbiacountyny.com

#### PUBLIC NOTICE

Division of Criminal Justice Services Juvenile Justice Advisory Group

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:

: December 12, 2019

Time:

9:30 a.m. - 1:00 p.m.

Place:

Division of Criminal Justice Services

80 S. Swan St. 3rd Fl., Rm. 348 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 Justices Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 485-1833, email: Thomas.Andriola@dcjs.ny.gov

#### 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 Children and Family Services has determined that the property known as the Middletown Residential Center located at 393 County Route 78, Town of Wallkill, County of Orange, State of New York improved with 28,000± sq. ft. of structures on 15± acres is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, e-mail: (518) 474-8831

#### PUBLIC NOTICE

Office of General Services

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

Notice is hereby given that the Office of Mental Health (OMH) has determined that the  $1.4\pm$  acres of vacant land located along US Route 11 in the Town of Hastings, County of Oswego, State of New York with tax identifier no. Section 242.13, Block 01, Lot 10 is no longer useful or necessary for their purposes and has declared the same abandoned for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 36th Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831

#### **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 enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after January 1, 2020 and April 1, 2020 respectively, the Department of Health will adjust rates statewide to reflect a 2 percent Workforce Salary Increase for the following Office of Mental Health (OMH) licensed services: Assertive Community Treatment (ACT), Continuing Day Treatment (CDT), Comprehensive Psychiatric Emergency Programs (CPEP) services, Day Treatment Services for Children, freestanding Mental Health Clinic services, Partial Hospitalization services, and Personalized Recovery Oriented Services (PROS).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the January 1, 2020, 2 percent Workforce Salary Increase initiative contained in the budget for State Fiscal Year 2020 is \$3,385,176.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the April 1, 2020 2 percent Workforce Salary Increase initiative contained in the budget for State Fiscal Year 2020 is \$28,574,812.

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

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

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

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

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

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

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

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

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

#### PUBLIC NOTICE

Oneida-Herkimer Solid Waste Management Authority Request for Proposals (RFP) Purchase and/or Marketing of Processed Paper Recyclables for Oneida-Herkimer Solid Waste Management Authority

Pursuant to New York State General Municipal Law, Section 120-w, the Oncida-Herkimer Solid Waste Authority hereby gives notice of the following:

The Oneida-Herkimer Solid Waste Authority desires to procure an agreement for 5 years beginning January 1, 2020 for the purchase and/or marketing of paper recyclables processed at the Oneida-Herkimer Recycling Center, Utica, NY. Responses to the RFP must be received by 1:00 P.M. on December 2, 2019.

In order to promote its established Affirmative Action Plan, the Authority invites proposals from minority and women's business enterprises (M/WBE). Firms that are not M/WBE's responding to this RFP are strongly encouraged to consider partnering or creating other similar joint venture arrangements with certified M/WBE's. The directory of New York State Certified M/WBE's can be viewed at http://www.esd.ny.gov/mwbe.html. This Affirmative Action Policy regard-

ing sealed bids and contracts applies to all persons without regard to race, color, creed, national origin, age, sex, or handicap. All qualified bidders will be afforded equal opportunities without discrimination.

Copies of the RFP may be obtained at: www.ohswa.org or through Emily M. Albright, Director of Recycling, Oneida-Herkimer Solid Waste Authority, 1600 Genesee St., Utica, NY 13502, (315) 733-1224, e-mail: emilya@ohswa.org

#### PUBLIC NOTICE

Department of State
Notice of Review of Request for
Brownfield Opportunity Area
Conformance Determination
Project: 399 Ohio Street Site
Location: Buffalo River Corridor

Brownfield Opportunity Area, City of Buffalo, Erie County

In accordance with General Municipal Law, Article 18 - C, Section 970-r, the Secretary of State designated the Buffalo River Corridor Brownfield Opportunity Area, in the City of Buffalo, on November 27, 2017. The designation of the Buffalo River Corridor Brownfield Opportunity Area was supported by a Nomination or a comprehensive planning tool that identifies strategies to revitalize the area which is affected by one or more known or suspected brownfield sites.

Pursuant to New York State Tax Law, Article 1, Section 21, the eligible taxpayer(s) of a project site located in a designated Brownfield Opportunity Area may apply for an increase in the allowable tangible property tax credit component of the brownfield redevelopment tax credit if the Secretary of State determines that the project conforms to the goals and priorities established in the Nomination for a designated Brownfield Opportunity Area.

On October 3rd, 2019, 1093 Group, LLC submitted a request for the Secretary of State to determine whether the 399 Ohio Street Site, which will be located within the designated Buffalo River Corridor Brownfield Opportunity Area, conforms to the goals and priorities identified in the Nomination that was prepared for the designated Buffalo River Corridor Brownfield Opportunity Area.

The public is permitted and encouraged to review and provide comments on the request for conformance. For this purpose, the full application for a conformance determination is available online at: https://www.dos.ny.gov/opd/programs/pdfs/BOA/301\_Ohio\_BOA\_Conformance\_Application\_10-2-19.pdf

Comments must be submitted no later than December 6th, 2019, either by mail to: Christopher Bauer, Department of State, Office of Planning and Development, 65 Court St., Suite 208, Buffalo, NY 14202, or by email to: chris.bauer@dos.ny.gov

#### PUBLIC NOTICE

Department of State F-2019-0629

Date of Issuance - November 20, 2019

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

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program. The applicant's consistency certification and accompanying public information and data are available for inspection on the New York State Department of State's website at: http://www.dos.ny.gov/opd/programs/pdfs/Consistency/F-2019-0629BerlandDock

In F-2019-0629, or the "Berland Residential Dock", the applicant – Todd Berland – proposes to construct a dock consisting of a 4'x24' ramp leading to an 8'x30' float, two jet ski lifts and a 8'x8' seasonal swim float. The float will be anchored by concrete anchors and anchor chains. The purpose of the proposed project is to "enhance recreational mooring at private residence". The project is located at 22 Hudson

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 #20-0014

#### **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 Fund and Special Revenue Federal Funds appropriations received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health. There are no new provider taxes and no existing taxes have been modified under the amendment.

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.

**<u>Response:</u>** The payments authorized for this provision are not supplemental or enhanced payments.

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 State is working with CMS to submit the 2020 Clinic UPL.

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?

**<u>Response:</u>** Reimbursement to local governmental providers under this amendment does not exceed the reasonable cost of providing services.

#### **ACA Assurances:**

 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.

<u>Prior to January 1, 2014</u> States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages <u>greater than</u> 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 not violate these provisions, if they remained in effect on or after January 1, 2014.

 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.