



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 30, 2022

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

RE: SPA #22-0077
Non-Institutional Services

Dear Mr. Scott:

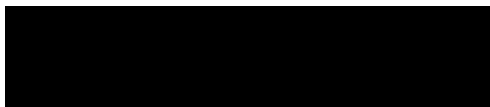
The State requests approval of the enclosed amendment #22-0077 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2022 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

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

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on June 29, 2022, 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,



Amir Bassiri
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. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION
--


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
--

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED September 30, 2022

15. RETURN TO

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2022 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

New York
2(xv)(1)

1905(a)(6) Medical Care, or any Other Type of Remedial Care
1905(a)(4)(B) and 1905(r) EPSDT

6.d(i). **Other Licensed Practitioners (EPSDT only).** A non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the State of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law.

NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Psychologist

An NP-LBHP also includes the following individuals who are licensed to practice under supervision or direction of a Licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS or DOH or its designee, in settings permissible by that designation.

Inpatient hospital visits by these licensed practitioners are limited to those ordered by the child's physician. Visits to nursing facilities are allowed for licensed professionals other than social workers if a Preadmission Screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visit and may not be billed separately. Visits to ICF-IDD facilities are non-covered. All NP-LBHP services provided while a person is a resident of an (Institution for Mental Diseases) (IMD), such as a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.

Non-physician licensed behavioral health practitioners (NP-LBHPs) will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Evidence-based practices (EBPs) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Assurances: The State assures that all NP-LBHP services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual in accordance with section 1902(a)(10)(A)(i) of the Act.

The State assures that NP-LBHP services do not include and FFP is not available for any of the following.

- 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 describe in 42 CFR § 435.1009;
- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

TN # #22-0077

Approval Date _____

Supersedes TN # 20-0018

Effective Date July 1, 2022

New York
2(xv)(1)

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1905(a)(4)(B) and 1905(r) EPSDT

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- F. recreational and social activities; and
- G. services that must be covered elsewhere in the state Medicaid plan.

TN # #22-0077 Approval Date _____

Supersedes TN # 20-0018 Effective Date July 1, 2022

Appendix II
2022 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #22-0077

This State Plan Amendment proposes to amend the State Plan to add Licensed Psychologist to the provider qualification under Other Licensed Practitioners (OLP) by agencies designated under the Child and Family Treatment and Support Services (CFTSS) designation process.

Appendix III
2022 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 22-0077

Section 505.18: Clinical Psychological Services.

505.18 Clinical psychological services. (a) General. Clinical psychological service shall be made available to persons eligible for medical assistance as part of comprehensive health care. Such services include psychological evaluation and various therapeutic procedures appropriate for the given personality or behavior disorder. All services provided shall adhere to standards of good and proper practice acceptable to the State Commissioner of Health as set forth in section 98-a of the rules of the Commissioner of Education and in the code of ethics of the New York State Psychological Association.

(b) Qualifications. (1) Basic requirements. Psychological services shall be provided by psychologists who are qualified as clinical psychologists in accordance with the following criteria:

(i) certification in accordance with article 153 of the New York State Education Law;

(ii) completion of at least three years of training or supervised experience in clinical psychology in addition to the education requirements for certification, and is engaged in professional practice, at least half of which is devoted to providing clinical psychological services.

(2) Additional requirements. (i) Commencing on a date to be determined by the State Commissioner of Health, shall complete, every three years, not less than 75 hours of continuing education courses approved by the Health Manpower Group of the New York State Department of Health.

(ii) Approved continuation education shall be based on standards approved by the State Commissioner of Health in accordance with the following:

(a) post graduate courses promulgated and conducted by a university program in clinical psychology, or in a related field satisfactory to the New York State Psychological Association and to the New York State Department of Health;

(b) courses conducted by a psychological services center or post-doctoral training program chartered by the Board of Regents of the State of New York whose course offerings shall have met with prior approval by the New York State Psychological Association and New York State Department of Health;

(c) planned continuation education preceptorships or similar practical training approved, on an individual basis, by the New York State Psychological Association and New York State Department of Health;

(d) preparation and presentation of scientific or professional papers through professional channels evaluated and approved by the New York State Psychological Association and New York State Department of Health;

(e) teaching responsibilities in any of the foregoing forms of continuation education which shall have met with prior approval by the New York State Psychological Association and New York State Department of Health; or

(f) participation in other forms of continuation education which shall have met with prior approval jointly by the New York State Psychological Association and the State Department of Health.

(3) Psychological services furnished to a child pursuant to an individualized education program or an interim or final individualized family services plan may be provided by a clinical psychologist, a school psychologist, a social worker, a school social worker, or a school counselor who is certified in accordance with the New York State Education Law and the rules of the Commissioner of Education. For purposes of this section a certified school social worker means a social worker

currently registered and certified in accordance with the New York State Education Law and the rules of the Commissioner of Education.

(c) Prior referral required. All psychological services must be supported by a referral of:

(1) the recipient's personal physician or medical resource, such as a clinic, acting as the recipient's physician;

(2) the medical director in an industrial concern;

(3) an appropriate school official;

(4) an official or voluntary health or social agency. An individualized education program or an interim or final individualized family services plan, which includes the provision of psychological services fulfills the requirement for prior referral.

(d) Reimbursement. (1) Except as otherwise provided in this subdivision, reimbursement for psychological services must be established by the Department of Health and approved by the Director of the Budget. No reimbursement will be made to a private practicing psychologist who renders psychological services in a clinic or other medical facility from which the psychologist receives a salary.

(2) Payment is available for psychological services which are part of the development of, or furnished pursuant to, an individualized education program and which are provided by a clinical psychologist, certified school psychologist, certified social worker, certified school social worker, or a school counselor employed by, or under contract to, a school district, an approved pre-school, a county in the State or the City of New York in accordance with the New York State Education Law. Reimbursement for such services must be made in accordance with the provider agreement.

(3) Payment is available for psychological services which are part of the development of, or furnished pursuant to, an interim or final individualized family services plan and which are provided by a clinical psychologist, certified school psychologist, certified social worker, a certified school social worker, or a school counselor employed by, or under contract to, an approved early intervention program or a municipality in the State. Reimbursement for such services must be made in accordance with the provider agreement.

SPA 22-0077

§ 365-a. Character and adequacy of assistance. The amount, nature and manner of providing medical assistance for needy persons shall be determined by the public welfare official with the advice of a physician and in accordance with the local medical plan, this title, and the regulations of the department.

3. Any inconsistent provisions of this section notwithstanding, medical assistance shall include:

(a) early and periodic screening and diagnosis of eligible persons under six years of age and, in accordance with federal law and regulations, early and periodic screening and diagnosis of eligible persons under twenty-one years of age to ascertain physical and mental disabilities; and

(b) care and treatment of disabilities and conditions discovered by such screening and diagnosis including such care, services and supplies as the commissioner shall by regulation require to the extent necessary to conform to applicable federal law and regulations.

(c) screening, diagnosis, care and treatment of disabilities and conditions discovered by such screening and diagnosis of eligible persons ages three to twenty-one, inclusive, including such care, services and supplies as the commissioner shall by regulation require to the extent necessary to conform to applicable federal law and regulations, provided that such screening, diagnosis, care and treatment shall include the provision of evaluations and related services rendered pursuant to article eighty-nine of the education law and regulations of the commissioner of education by persons qualified to provide such services thereunder.

(d) family planning services and twelve months of supplies for eligible persons of childbearing age, including children under twenty-one years of age who can be considered sexually active, who desire such services and supplies, in accordance with the requirements of federal law and regulations and the regulations of the department. Coverage of prescription contraceptives shall include a twelve-month supply that may be dispensed at one time or up to twelve times within one year from the date of the prescription. No person shall be compelled or coerced to accept such services or supplies.

**Appendix IV
2022 Title XIX State Plan
Third Quarter Amendment
Public Notice**

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 enacted statutory provisions. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the Department of Health will adjust rates statewide to reflect a five percent increase for the following Office of Mental Health services: Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH).

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to the July 1, 2022, five percent increase for the Continuing Day Treatment (CDT), Day Treatment for Children and Partial Hospitalization (PH) services is \$1.3 million. The amount is contained in the budget for State Fiscal Year 2023.

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
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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

Beginning October 1, 2022, the minimum wage for a home care aide shall be increased by \$2.00 and beginning October 1, 2023, the minimum wage shall be increased by an additional \$1.00.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022-23 is \$20.7 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.

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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 for coverage and reimbursement for Medicaid services. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2022, the Medicaid State Plan will be amended to authorize payment for Psychologist services provided to children/youth by agencies designated under the Child and Family Treatment and Support Services designation process.

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

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

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PUBLIC NOTICE

Department of Health

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

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

Institutional Services

Effective on or after July 1, 2022, Residential Treatment Facilities (RTF) rates will be adjusted to allow for more accurate representation of the needed resources and actual costs of service provision in these facilities via an update to the rate setting methodology. These updates will allow for preservation of needed capacity and better alignment of certain cost components reflected in the reimbursement methodology, including changes to preserve access, and removing certain outside medical costs that are currently included in the RTF per diem rate.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2022/2023 is \$15,000,000.

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.

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PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide international value equity investment management services for the International Equity Fund (the "Fund") investment option of the Plan. The objective of the Fund is to provide exposure to the broad international equity market. Qualified vendors that do not currently provide product capabilities to eVestment must submit product information to NEPC, LLC at the following e-mail address: bvertucci@nepc.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on June 29, 2022.

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

PUBLIC NOTICE

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.

2022-0301 In the matter of David Vanderpoorten of the Facilities Department Cornell University, 639 Dryden Road, Humphreys Service Building, Ithaca, New York 14850 for a variance concerning a fire apparatus road width to Thurston Hall located at 130 Holister Drive, City of Ithaca, County of Tompkins, State of New York.

2022-0302 In the matter of David Kermizian of River's Edge Banquet Hall Kermizian LLC, 465 Christman Road, Cold Brook, New York 113324 for a variance concerning a required sprinkler system for River's Edge Banquet Hall to be located at 5675 State Route 28, Town of Newport, County of Herkimer, State of New York.

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2022-0309 in the Matter of ADG Architecture and Design, P.C., Chris Carrano, 13 West 36th Street, 7th Floor, New York, NY 10018, for a variance concerning safety requirements, including protruding objects and headroom. Involved is a five story building located at 421 8th Avenue, New York, NY 10199, County of New York, State of New York.

2022-0310 in the Matter of Conor and Kellee Brennan, 28 Cowdin Lane, Chappaqua, NY 10514, for a variance concerning safety requirements, including ceiling height. Involved is a one family dwelling located at 28 Cowdin Lane, Chappaqua, NY 10514, County of Westchester, State of New York.

Appendix V
2022 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #22-0077

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan.

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

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

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

433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

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

Payment Type	Non-Federal Share Funding	4/1/22 – 3/31/23	
		Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$3M	\$6M

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

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

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

2) Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State "capped" the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC

budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

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

County	Annual Amount
New York City	\$4.882B
Suffolk	\$216M
Nassau	\$213M
Westchester	\$199M
Erie	\$185M
Rest of State (53 Counties)	\$979M
Total	\$6.835B

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

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

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

Response: The Medicaid payments under this State Plan Amendment are not supplemental payments.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

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

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

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

ACA Assurances:

1. **Maintenance of Effort (MOE).** Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

MOE Period.

- **Begins on:** March 10, 2010, and
- **Ends on:** The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. **However,** because of the provisions of section 1905(cc) of the Act,

it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Response: The State 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.