



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 29, 2026

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #26-0054
Ending Presumptive Eligibility for Children Under Age 19

Dear Director Miller:

The State requests approval of the enclosed amendment #26-0054 to the Title XIX (Medicaid) State Plan effective July 1, 2026 (Appendix I).

A summary of the plan amendment is provided in Appendix II. A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III).

In keeping with our continued agreement, this amendment is being sent to you prior to the end of the third quarter.

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,

A black rectangular box redacting the signature of Amir Bassiri.

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 6 — 0 0 5 4

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

§ 1920A

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 07/01/26-09/30/26 \$ 0

b. FFY 10/01/26-09/30/27 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: MACPro Portal SPA

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment: MACPro Portal SPA

9. SUBJECT OF AMENDMENT

Ending Presumptive Eligibility for Children under Age 19

10. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

11. SIGNATURE OF FEDERAL AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED September 29, 2026

15. RETURN TO

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR 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
2026 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

Records / Submission Packages - Your State

NY - Submission Package - NY2026MS0002O - (NY-26-0054) - Eligibility

Summary

Reviewable Units

News

Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2026MS0002O	Submission Type	Official
Program Name	N/A	State	NY
SPA ID	NY-26-0054	Region	New York, NY
Version Number	1	Package Status	Submitted
Submitted By		Submission Date	9/29/2026
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
Submission Type	Official	Initial Submission Date	9/29/2026
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

State Information

State/Territory Name:	New York	Medicaid Agency Name:	Department of Health
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

SPA ID and Effective Date

SPA ID	NY-26-0054
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Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2026	13-0053 S30
Presumptive Eligibility for Children under Age 19	7/1/2026	13-0053 S30

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
Submission Type	Official	Initial Submission Date	9/29/2026
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

Executive Summary

Summary Description	This SPA will end New York's Presumptive Eligibility for Children under Age 19 option. This option has not been
Including Goals and Objectives	utilized more than five times over the past five years. Real time eligibility determinations have replaced the need to offer Presumptive Eligibility for Children under Age 19.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$0
Second	2027	\$0

Federal Statute / Regulation Citation

2026 NYS Budget repealed subdivision 4 of SSL 364-i
SSA 1920A

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Authorizing Provisions (26-0054)	8/17/2026 10:02 AM EDT	
Summary (26 0054)	8/17/2026 10 02 AM EDT	
HCFA 179 (26-0054)	9/22/2026 9:32 AM EDT	
Original Submission Letter (26-0054)	9/22/2026 9:32 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
Submission Type	Official	Initial Submission Date	9/29/2026
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		
Reviewable Unit Instructions			

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS00020 | NY-26-0054

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☒ Eligibility and Enrollment Processes

☐ Eligibility Process

☐ Application

☒ Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility	☐	NEW

☐ Continuous Eligibility for Children

☐ Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

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Superseded SPA ID	N/A		
Reviewable Unit Instructions			

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
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Superseded SPA ID	N/A		
Reviewable Unit Instructions			

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes

No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

Yes

No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☒ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
9/11/2026	Paper mailing/electronic mailing

☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☒ All Indian Tribes

Date of consultation:	Method of consultation:
9/11/2026	Paper mailing/electronic mailing

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
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Tribal Consultation Summary (26 0054) (9 11 26)

9/22/2026 9 36 AM EDT

**Indicate the key issues raised (optional)**

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
Submission Type	Official	Initial Submission Date	9/29/2026
Approval Date	N/A	Effective Date	7/1/2026
Superseded SPA ID	13-0053 S30		
	User-Entered		
Reviewable Unit Instructions			

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ☐	Included in Another Submission Package	Source Type ☐
Presumptive Eligibility for Children under Age 19	☐	☐	☐	CONVERTED
Parents and Other Caretaker Relatives Presumptive Eligibility	☐	☐	☐	NEW
Presumptive Eligibility for Pregnant Women	☒	☐	☐	CONVERTED
Adult Group Presumptive Eligibility	☐	☐	☐	NEW
Individuals above 133% FPL under Age 65 Presumptive Eligibility	☐	☐	☐	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	☒	☐	☐	CONVERTED
Former Foster Care Children Presumptive Eligibility	☐	☐	☐	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	☐	☐	☐	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ☐	Included in Another Submission Package	Source Type ☐
Presumptive Eligibility by Hospitals	☒	☐	☐	NEW

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	SPA ID	NY-26-0054
Submission Type	Official	Initial Submission Date	9/29/2026
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Superseded SPA ID	13-0053 S30		
	User-Entered		
Reviewable Unit Instructions			

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- Presumptive Eligibility for Children under Age 19

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

Package Header

Package ID	NY2026MS0002O	SPA ID	NY 26 0054
Submission Type	Official	Initial Submission	9/29/2026
Approval Date	N/A	Date	
Superseded SPA ID	13-0053 S30	Effective Date	7/1/2026
	User Entered		
Reviewable Unit			
Instructions			

Group No Longer Covered

Covered Through ?	6/30/2026	Terminated As Of ?	7/1/2026
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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 9/29/2026 11:07 AM EDT

Appendix II
2026 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #26-0054

This State Plan Amendment proposes to end New York's authority to provide Presumptive Eligibility for Children under Age 19. This option has not been utilized more than five (5) times in the last five years.

Appendix III
2026 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 26-0054

State authority for this option was removed in the Enacted 2027 Budget:

§ 4. Subdivision 4 of section 364-i of the social services law is REPEALED and subdivisions 5, 6, 7 and 8 are renumbered subdivisions 4, 5, 6 and 7.

Viewing historical revision (from 2015-05-01)

[Click here to view most recent revision \(2026-06-05\)](#)

View historical revision as of: -- Choose a Date --2026-06-052015-05-012015-01-092014-09-22

SECTION 364-I

Medical assistance presumptive eligibility program

Social Services (SOS) CHAPTER 55, ARTICLE 5, TITLE 11

§ 364-i. Medical assistance presumptive eligibility program.

4. (a) Notwithstanding any inconsistent provision of law to the contrary, a child shall be presumed to be eligible for medical assistance under this title beginning on the date that a qualified entity, as defined in paragraph (c) of this subdivision, determine, on the basis of preliminary information, that the MAGI household income of the child does not exceed the applicable level for eligibility as provided for pursuant to subparagraph two or three of paragraph (b) of subdivision one of section three hundred sixty-six of this title.

(b) Such presumptive eligibility shall continue through the earlier of the day on which eligibility is determined pursuant to this title, or in the case of a child on whose behalf an application is not filed by the last day of the month following the month during which the qualified entity makes a preliminary determination, the last day of the month following the month in which the qualified entity makes a determination in paragraph (a) of this subdivision.

(c) For the purposes of this subdivision, and consistent with the applicable provisions of section 1920A of the federal social security act, "qualified entity" means an entity determined by the department of health to be capable of making presumptive eligibility determinations.

(d) Notwithstanding any inconsistent provision of law to the contrary, care, services and supplies, as set forth in section three hundred sixty-five-a of this title, that are furnished to a child during a presumptive eligibility period by an entity that is eligible for payments under this title shall be deemed to be medical assistance for purposes of payment and state and federal reimbursement.

(e) Presumptive eligibility pursuant to this subdivision shall be

implemented effective December first, two thousand seven contingent upon a determination by the commissioner of health that all necessary systems and processes are in place to enroll children appropriately in accordance with the requirements set forth in this title; provided, however, presumptive eligibility pursuant to this subdivision shall be implemented no later than April first, two thousand eight.