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State/Territory Name: NY

State Plan Amendment (SPA) #: 24-0018

This file contains the following documents in the order listed:

- 1) Technical Correction Letter
- 2) Approval Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



January 7, 2026

Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210

Re: New York State Plan Amendment (SPA) – NY-24-0018

Dear Medicaid Director Bassiri:

Enclosed please find a corrected approval package for your New York State Plan Amendment (SPA) submitted under transmittal number (TN) NY-24-0018. This SPA, accounts for statutorily required increases to the minimum wage for Psychiatric Residential Treatment Facility (PRTF) providers, was originally approved on August 29, 2025. The approval package sent to New York included the following errors:

- The updated plan page was not in the approval package.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Kristina Mack at 617-565-1225 via email at Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe
Director, Financial Management Group

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

August 29, 2025

Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210

RE: TN 24-0018

Dear Medicaid Director Amir Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-A NY 24-0018, which was submitted to CMS on March 29, 2024. This plan amendment proposes to account for statutorily required increases to the minimum wage for Psychiatric Residential Treatment Facility (PRTF) providers.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or via email at Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 8

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

January 01, 2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(16) Inpatient Psychiatric Hospital - PRTF

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 01/01/24-09/30/24 \$ 50,445

b. FFY 10/01/24-09/30/25 \$ 67,260

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Part III Page: 4(d)

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

Attachment: New

9. SUBJECT OF AMENDMENT

2024 PRTF Minimum Wage Update

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 STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED March 29, 2024

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
March 29, 2024

17. DATE APPROVED
August 29, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

**New York
4(d)**

1905(a)(16) Inpatient Psychiatric Hospital – PRTF

Minimum Wage Adjustment – Effective January 1, 2024, and every January 1 thereafter a minimum wage add-on will be developed and applied to all PRTF rates. The minimum wage for the adjusted rates are listed in the table below.

Minimum Wage Region	1-Jan-24	1-Jan-25	1-Jan-26
New York City	\$16.00	\$16.50	\$17.00
Nassau, Suffolk & Westchester	\$16.00	\$16.50	\$17.00
Remainder of State	\$15.00	\$15.50	\$16.00

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of august to the 31st of July over the preceding period of the 1st of august to the 31st of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31st of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

The minimum wage adjustment will be developed and implemented as follows:

1. Minimum wage costs will mean the additional costs incurred beginning January 1, 2024, and thereafter, as a result of New York State statutory increases to minimum wage.
2. The annual facility specific minimum wage add-on for 2024 and subsequent years will be developed and calculated based on the facilities' consolidated fiscal report (CFR) wage data for the applicable base year. Once the costs are included in the CFR utilized in a base year, such reimbursement will be excluded from the add-on.

TN #24-0018 _____

Approval Date August 29, 2025

Superseding TN NEW _____

Effective Date January 1, 2024