

## **Table of Contents**

**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



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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 black rectangular redaction box covering a signature.

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



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**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](mailto: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**

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

5. FEDERAL STATUTE/REGULATION CITATION  
**§ 1905(a)(16) Inpatient Psychiatric Hospital - PRTF**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

1. TRANSMITTAL NUMBER <u>2 4 - 0 0 1 8</u>	2. STATE <u>N Y</u>
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI
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4. PROPOSED EFFECTIVE DATE <b>January 01, 2024</b>
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>01/01/24-09/30/24</u> \$ <u>50,445</u> b. FFY <u>10/01/24-09/30/25</u> \$ <u>67,260</u>
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8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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Attachment: New
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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

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

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED March 29, 2024

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

March 29, 2024

August 29, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

January 1, 2024

[REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

Rory Howe

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.

<b>Minimum Wage Region</b>	<b>1-Jan-24</b>	<b>1-Jan-25</b>	<b>1-Jan-26</b>
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 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of august to the 31<sup>st</sup> 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 31<sup>st</sup> 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