

## **Table of Contents**

**State/Territory Name: NY**

**State Plan Amendment (SPA) #: 24-0063**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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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**Financial Management Group**

September 30, 2025

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

RE: TN 24-0063

Dear Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 24-0063, which was submitted to CMS on September 25, 2024. This plan amendment proposes to provide a one time across the board funding increase of up to \$280.5 million to Nursing Homes.

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 July 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,

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

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 6 3

2. STATE

N Y3. 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, 2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(4)(A) Nursing Facility Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 07/01/24-09/30/24 \$ 140,250,000b. FFY 10/01/24-09/30/25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Part I: Page A(a.2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New Page(s)

9. SUBJECT OF AMENDMENT

Nursing Home One-Time Funding Increase

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



Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED September 25, 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  
September 25, 202417. DATE APPROVED  
September 30, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe21. TITLE OF APPROVING OFFICIAL  
Director, Financial Management Group

22. REMARKS

New York  
A(a.2)

1905(a)(4)(A) Nursing Facility Services

For the period beginning July 1, 2024 and ending March 31, 2025, a one-time across-the-board (ATB) increase will be provided to Article 28 nursing homes, increasing overall Medicaid reimbursement by up to \$280.5 million.

- a. Programs to receive funding as a part of this increase include:
  - i. Nursing Homes
  - ii. Specialty care facilities
- b. In order to fully distribute the available funding, one-time lump sum payments will be made to each facility. The lump sum payment per facility will be calculated as follows:
  - i. Divide the available amount of the ATB increase by the total of all facility Medicaid patient days for the most recent reported calendar year (2022). This will result in an ATB increase per Medicaid patient day.
  - ii. **Then, take the ATB increase per patient day and multiply it by each facility's** Medicaid patient days.
- c. The payments will be made as soon as possible upon approval from CMS and the NYS Division of the Budget.

TN #24-0063

Approval Date **September 30, 2025**

Supersedes TN NEW

Effective Date July 1, 2024