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State/Territory Name: NY

State Plan Amendment (SPA) #: 25-0033

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 S2-26-12
Baltimore, Maryland 21244-1850

Financial Management Group

November 16, 2026

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

RE: TN 25-0033

Dear Medicaid Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 25-0033, which was submitted to CMS on June 30, 2025. This state plan amendment proposes to provide temporary rate adjustments to long term care providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or in relation to other health care 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 April 1, 2025. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0033

2. STATE: NY

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
April 01, 2025

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(4)(a) Nursing Facility Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/25-09/30/25 $ ~~7,500,000~~ 7,500,000
b. FFY 10/01/25-09/30/26 $ ~~15,000,000~~ 22,500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D Part I Page: 47(ab)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment: NEW

9. SUBJECT OF AMENDMENT
VAP-CINERGY

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
[redacted]

12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
June 30, 2025

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
June 30, 2025

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

The State authorizes the following pen and ink changes to the 179:
Box 6- Federal Budget Impact
6 a. FFY 04/01/25-09/30/25 $7,500,000.00
6 b. FFY 10/01/25-09/30/26 $22,500,000.00

1905(4)(a) Nursing Facility Services

The CINERGY Collaborative is an annual $30 million-dollar supplemental program which incentivizes participating not-for-profit skilled nursing facilities located in certain Economic Development Regions to improve the quality of care for their residents, through initiatives that aim to improve patient care and workforce safety. Eligible providers will include not-for-profit nursing homes that are engaged in a collaborative focused on providing staff training to improve patient care and patient experience and are located in Mid-Hudson, New York City, or Long Island. Funding is distributed based on facilities' Medicaid utilization and adjusted for facility size and to mitigate major year-to-year changes.

For the period beginning April 1, 2026, and ending March 31, 2027 (SFY 2026-27), an additional $30 million will be provided for a total of $60 million.

The following steps describe the CINERGY payment methodology.

- Total funding ($30M, or $60M in SFY 2026-27) is allocated across all participating facilities by dividing the funding proportionally based on the total number of FFS Medicaid patient days to get a facility-specific initial allocation.

- Facilities with 120 beds or less receive a flat add-on payment. This add-on will support quality care in smaller facilities and is predicated on greater economies of scale for larger facilities.

    - This amount is determined annually, and the small facility add-on pool will not exceed 2% of the total annual distribution amount. For example, 2% of $30 million results in $600,000 small facility add-on pool. If four participating facilities have 120 beds or fewer, each facility would receive $150,000 from the pool for that year.

- Thresholds are then established to:
    - Mitigate year-to-year increases or decreases to no more than 10%, and
    - Ensure that the adjustments have not exceeded the $30 million CINERGY supplemental payment budget (or $60 million in SFY 2026-27, per addition above).