



KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

June 30, 2026

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave, Suite 600
Chicago, IL 60601

RE: SPA #26-0026
Long Term Care Facility Services

Dear Director McMillion:

The State requests approval of the enclosed amendment #26-0026 to the Title XIX (Medicaid) State Plan for long term care facility services to be effective April 1, 2026 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the proposed amendment is provided in Appendix II.

This amendment is submitted pursuant to §1902(a) of the Social Security Act (42 USC 1396a(a)) and Title 42 of the Code of Federal Regulations, Part 447, Subpart C.

A copy of the pertinent section of enacted legislation is enclosed for your information (Appendix III). Copies of the public notices of this proposed amendment, which were given in the *New York State Register* on March 25, 2026, and subsequently clarified on July 15, 2026, are also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,



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 2 6

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

April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(15) ICF/IID

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/26-09/30/26 \$ 5,516,447b. FFY 10/01/26-09/30/27 \$ 11,032,893

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Part II Page: 22(a)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-D Part II Page: 22(a)

9. SUBJECT OF AMENDMENT

2.7% Targeted Inflationary Increase - OPWDD LTC 2026

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

June 30, 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
Second Quarter Amendment
Amended SPA Pages

New York
22(a)

1905(a)(15) ICF/IID

- a. The applicable trend factor effective July 01, 2021, through March 31, 2022, will be calculated as follows. Operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, and a one percent (1%) annual increase to be paid out over 12 months in subsequent years until such time as the COLA increase is reflected in the base period cost reports.
- b. The applicable trend factor effective April 01, 2022, through March 31, 2023, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a five-point four percent (5.4%) increase until such time as the COLA increase is reflected in the base period cost reports.
- c. The applicable trend factor effective April 01, 2023, through March 31, 2024, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a four percent (4.0%) increase until such time as the COLA increase is reflected in the base period cost reports.
- d. The applicable trend factor effective April 01, 2024, through March 31, 2025, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a two-point eight four percent (2.84%) increase until such time as the COLA increase is reflected in the base period cost reports.
- e. The applicable trend factor effective April 01, 2025, through March 31, 2026, will be calculated as follows. Operating rates of payment will be increased for a Targeted Inflationary Increase (TII) to support a two-point six percent (2.6%) increase until such time as the TII is reflected in the base period cost reports.
- f. The applicable trend factor effective April 01, 2026, through March 31, 2027, will be calculated as follows. Operating rates of payment will be increased for a Targeted Inflationary Increase (TII) to support a two-point seven percent (2.7%) increase until such time as the TII is reflected in the base period cost reports.

TN **#26-0026**

Approval Date _____

Supersedes TN **#25-0042**

Effective Date **April 1, 2026**

Appendix II
2026 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #26-0026

This State Plan Amendment proposes to revise the State Plan for an 2.7% targeted inflationary increase (TII) per the 2027 budget to the following institutional service, Intermediate Care Facility (ICF/IID).

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

SPA 26-0026

Part P of the Laws of 2026

39

PART P

40 Section 1. 1. Subject to available appropriations and approval of the
41 director of the budget, the commissioners of the office of mental
42 health, office for people with developmental disabilities, office of
43 addiction services and supports, office of temporary and disability
44 assistance, office of children and family services, and the director of
45 the state office for the aging (hereinafter "the commissioners") shall
46 establish a state fiscal year 2026-2027 targeted inflationary increase,
47 effective April 1, 2026, for projecting for the effects of inflation
48 upon rates of payments, contracts, or any other form of reimbursement
49 for the programs and services listed in subdivision four of this
50 section. The targeted inflationary increase established herein shall be
51 applied to the appropriate portion of reimbursable costs or contract
52 amounts. Where appropriate, transfers to the department of health (DOH)
53 shall be made as reimbursement for the state and/or local share of
54 medical assistance.

1 2. Notwithstanding any inconsistent provision of law, subject to the
2 approval of the director of the budget and available appropriations
3 therefor, for the period of April 1, 2026 through March 31, 2027, the
4 commissioners shall provide funding to support a two and seven-tenths
5 percent (2.7%) targeted inflationary increase under this section for all
6 eligible programs and services as determined pursuant to subdivision
7 four of this section.

8 3. Notwithstanding any inconsistent provision of law, and as approved
9 by the director of the budget, the 2.7 percent targeted inflationary
10 increase established herein shall be inclusive of all other inflationary
11 increases, cost of living type increases, inflation factors, or trend
12 factors that are newly applied effective April 1, 2026. Except for the
13 2.7 percent targeted inflationary increase established herein, for the
14 period commencing on April 1, 2026 and ending March 31, 2027 the commis-
15 sioners shall not apply any other new targeted inflationary increases or
16 cost of living adjustments for the purpose of establishing rates of
17 payments, contracts or any other form of reimbursement. The phrase "all
18 other inflationary increases, cost of living type increases, inflation
19 factors, or trend factors" as defined in this subdivision shall not
20 include payments made pursuant to the American Rescue Plan Act or other
21 federal relief programs related to the Coronavirus Disease 2019 (COVID-
22 19) pandemic public health emergency. This subdivision shall not prevent
23 the office of children and family services from applying additional
24 trend factors or staff retention factors to eligible programs and
25 services under paragraph (v) of subdivision four of this section.

26 4. Eligible programs and services. (i) Programs and services funded,
27 licensed, or certified by the office of mental health (OMH) eligible for
28 the targeted inflationary increase established herein, pending federal
29 approval where applicable, include: office of mental health licensed
30 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
31 the office of mental health regulations including clinic (mental health
32 outpatient treatment and rehabilitative services programs), continuing
33 day treatment, day treatment, intensive outpatient programs and partial
34 hospitalization; outreach; crisis residence; crisis stabilization,
35 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
36 emergency program services; crisis intervention; home based crisis
37 intervention; family care; residential program services, excluding prop-
38 erty costs, for supported single room occupancy and community residence
39 single room occupancy; supported housing programs/services excluding
40 rent; treatment congregate; supported congregate; community residence -
41 children and youth; treatment/apartment; supported apartment; on-site
42 rehabilitation; employment programs; recreation; respite care; transpor-
43 tation; psychosocial club; assertive community treatment; case manage-
44 ment; care coordination, including health home plus services; local
45 government unit administration; monitoring and evaluation; children and
46 youth vocational services; single point of access; school-based mental
47 health program; family support children and youth; advocacy/support
48 services; drop in centers; recovery centers; transition management
49 services; bridger; home and community based waiver services; behavioral
50 health waiver services authorized pursuant to the section 1115 MRT waiv-
51 er; self-help programs; consumer service dollars; conference of local
52 mental hygiene directors; multicultural initiative; ongoing integrated
53 supported employment services; supported education; mentally
54 ill/chemical abuse (MICA) network; personalized recovery oriented
55 services; children and family treatment and support services; residen-
56 tial treatment facilities operating pursuant to part 584 of title

1 14-NYCRR; geriatric demonstration programs; community-based mental
2 health family treatment and support; coordinated children's service
3 initiative; homeless services; and promise zones.

4 (ii) Programs and services funded, licensed, or certified by the
5 office for people with developmental disabilities (OPWDD) eligible for
6 the targeted inflationary increase established herein, pending federal
7 approval where applicable, include: local/unified services; chapter 620
8 services; voluntary operated community residential services; article 16
9 clinics; day treatment services; family support services; 100% day
10 training; epilepsy services; traumatic brain injury services; hepatitis
11 B services; independent practitioner services for individuals with
12 intellectual and/or developmental disabilities; crisis services for
13 individuals with intellectual and/or developmental disabilities; family
14 care residential habilitation; supervised residential habilitation;
15 supportive residential habilitation; respite; day habilitation; prevoca-
16 tional services; supported employment; community habilitation; interme-
17 diate care facility day and residential services; specialty hospital;
18 pathways to employment; intensive behavioral services; community transi-
19 tion services; family education and training; fiscal intermediary;
20 support broker; and personal resource accounts.

21 (iii) Programs and services funded, licensed, or certified by the
22 office of addiction services and supports (OASAS) eligible for the
23 targeted inflationary increase established herein, pending federal
24 approval where applicable, include: medically supervised withdrawal
25 services - residential; medically supervised withdrawal services -
26 outpatient; medically managed detoxification; inpatient rehabilitation
27 services; outpatient opioid treatment; residential opioid treatment;
28 residential opioid treatment to abstinence; problem gambling treatment;
29 medically supervised outpatient; outpatient rehabilitation; specialized
30 services substance abuse programs; home and community based waiver
31 services pursuant to subdivision 9 of section 366 of the social services
32 law; children and family treatment and support services; continuum of
33 care rental assistance case management; supported housing services,
34 excluding rent, for the following programs: NY/NY III post-treatment
35 housing, NY/NY III housing for persons at risk for homelessness, and
36 permanent supported housing; youth clubhouse; recovery community
37 centers; recovery community organizing initiative; residential rehabili-
38 tation services for youth (RRSY); intensive residential; community resi-
39 dential; supportive living; residential services; job placement initi-
40 ative; case management; family support navigator; local government unit
41 administration; peer engagement; vocational rehabilitation; HIV early
42 intervention services; dual diagnosis coordinator; problem gambling
43 resource centers; problem gambling prevention; prevention resource
44 centers; primary prevention services; other prevention services; compre-
45 hensive outpatient clinic; jail-based supports; and regional addiction
46 resource centers.

47 (iv) Programs and services funded, licensed, or certified by the
48 office of temporary and disability assistance (OTDA) eligible for the
49 targeted inflationary increase established herein, pending federal
50 approval where applicable, include: the nutrition outreach and education
51 program (NOEP).

52 (v) Programs and services funded, licensed, or certified by the office
53 of children and family services (OCFS) eligible for the targeted infla-
54 tionary increase established herein, pending federal approval where
55 applicable, include: programs for which the office of children and fami-
56 ly services establishes maximum state aid rates pursuant to section

1 398-a of the social services law and section 4003 of the education law;
2 emergency foster homes; foster family boarding homes and therapeutic
3 foster homes; supervised settings as defined by subdivision 22 of
4 section 371 of the social services law; adoptive parents receiving
5 adoption subsidy pursuant to section 453 of the social services law; and
6 congregate and scattered supportive housing programs and supportive
7 services provided under the NY/NY III supportive housing agreement to
8 young adults leaving or having recently left foster care.

9 (vi) Programs and services funded, licensed, or certified by the state
10 office for the aging (SOFA) eligible for the targeted inflationary
11 increase established herein, pending federal approval where applicable,
12 include: community services for the elderly; expanded in-home services
13 for the elderly; and the wellness in nutrition program.

14 5. Each local government unit or direct contract provider receiving
15 funding for the targeted inflationary increase established herein shall
16 submit a written certification, in such form and at such time as each
17 commissioner shall prescribe, attesting how such funding will be or was
18 used to first promote the recruitment and retention of support staff,
19 direct care staff, clinical staff, non-executive administrative staff,
20 or respond to other critical non-personal service costs prior to
21 supporting any salary increases or other compensation for executive
22 level job titles.

23 6. Notwithstanding any inconsistent provision of law to the contrary,
24 agency commissioners shall be authorized to recoup funding from a local
25 governmental unit or direct contract provider for the targeted infla-
26 tionary increase established herein determined to have been used in a
27 manner inconsistent with the appropriation, or any other provision of
28 this section. Such agency commissioners shall be authorized to employ
29 any legal mechanism to recoup such funds, including an offset of other
30 funds that are owed to such local governmental unit or direct contract
31 provider.

32 § 2. This act shall take effect immediately and shall be deemed to
33 have been in full force and effect on and after April 1, 2026.

Appendix IV
2026 Title XIX State Plan
Second Quarter Amendment
Public Notice

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to reflect a 1.7% percent Targeted Inflationary Increase for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$24.9 million.

Non-Institutional Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to account for increased labor costs resulting from statutorily required increases in New York State minimum wage for the following Office of Mental Health (OMH) State

Plan Services: OMH Outpatient Services, OMH Clinic Services, and OMH Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$85,000.

Effective on or after April 1, 2026, the State will invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, licensed under Article 28 of the Public Health Law, by an aggregate amount up to \$60 million per year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$60 million.

Effective on April 1, 2026, for the 2026 rate year and thereafter, the reimbursement methodology for personal care services will be revised. Personal care direct services rates will be based on reported allowable costs not to exceed, or fall below, one standard deviation of the mean for the applicable geographic group. The administrative portion of the rate will not exceed 15 percent of the total rate. Providers' payments for nursing services will be a fee.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative is (\$15 million).

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital outpatient services when combined with investments in hospital inpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Effective on or after April 1, 2026, the State will provide Medicaid reimbursement to freestanding birth centers, including midwifery birth centers and birth centers licensed as diagnostic and treatment centers. The Ambulatory Patient Group (APG) payment methodology will be utilized to reimburse services provided in freestanding birth centers. A separate payment will also be made to the healthcare professionals providing services in freestanding birth centers.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Institutional Services

Effective on or after April 1, 2026, this proposal continues the indigent care pool payments made to general hospitals, subject to all provisions of PHL 2807-k.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026, the proposed amendment to the State Plan will allow Title XIX (Medicaid) reimbursement to general hospitals, as defined in Subdivision 10 of Section 2801 of the Public Health Law, for provision of inpatient acute care that is provided off-site, pursuant to the conditions set forth in proposed Subdivision 15 of Section 2803 of the Public Health Law (see Proposed Executive Budget, Health and Mental Hygiene, Part K, Section 6). Reimbursement rates will match those provided for inpatient acute care services provided on-site in licensed general hospital settings.

Under the proposed law, the Commissioner of Health of the State of New York may allow general hospitals to provide off-site acute care medical services that are (a) not home care services or professional services as defined in Subdivisions 1 and 2 of Section 3602 of the

Public Health Law; (b) provided by a medical professional, including a physician, registered nurse, nurse practitioner, or physician assistant, to a patient with a preexisting clinical relationship with the general hospital or with the health care professional providing the service; and (c) provided to a patient for whom a medical professional has determined is appropriate to receive acute medical services at their residence. To participate, the general hospital must also have appropriate discharge planning in place to coordinate discharge to a home care agency where medically necessary and consented to by the patient after the patient's acute care episode ends, consistent with all applicable federal, state, and local laws.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital inpatient services when combined with investments in hospital outpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Long Term Care

Effective on or after April 1, 2026, this proposal would end-date the previously enacted 10% reduction to nursing home capital reimbursement. The 10% reduction will not continue going forward.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$58 million.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in residential health care facility services when combined with investments in hospital inpatient and hospital outpatient services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa-inquiries@health.ny.gov

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide US small-cap equity core investment management services for the Small Cap Equity Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide long term growth of capital by investing primarily in the stocks of smaller rapidly growing companies. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide liquidity support services, including maintenance of daily liquidity, for the Stable Income Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide an opportunity to invest in high quality fixed income securities with an emphasis on safety of principal and consistency of returns. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2026-0002, the applicant, Joseph Milito, PHH Bank, is proposing to install an approx. 200' long rock revetment along the toe of the bluff, including 10' and 12' returns, and place erosion control matting with approx. 1,400 cubic yards of clean sand backfill to be planted with indigenous species to revegetate the bluff face. This project is located at 10 Richards Path, Village of St. James, Suffolk County, Long Island Sound.

The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town of Smithtown Local Waterfront Revitalization Program:
<https://dos.ny.gov/location/town-smithtown-local-waterfront-revitalization-program>
- Villages of Head of the Harbor and Nissequogue Local Waterfront Revitalization Program:

Public Notice
NYS Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted budget. The following changes are proposed:

All Services

The following is a clarification to the March 25th, 2026, noticed proposal to adjust rates of payment statewide to reflect a 1.7 percent (1.7%) Targeted Inflationary Increase. With clarification, this increase will now be 2.7 percent (2.7%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment,

Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$39.6 million.

Non-Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, by an aggregate amount up to \$60 million per year, effective on or after April 1, 2026.

With clarification, that State will invest up to \$80 million per year in diagnostic and treatment centers, designated as Federally Qualified Health Centers or Rural Health Clinics, effective on or after April 1, 2026.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$80 million.

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$1.5 billion in hospital outpatient services, when combined with investments in hospital inpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, when combined with investments in hospital inpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$1.5 billion in hospital inpatient services, when combined with investments in hospital outpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital inpatient services, when combined with investments in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals.

With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$480 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
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Appendix V
2026 Title XIX State Plan
Second Quarter Amendment
Responses to Standard Funding Questions

LONG-TERM SERVICES
State Plan Amendment #26-0026

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-D of the state plan.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).**

Response: Providers (except for OPWDD's ICF/DD) receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

OPWDD's ICF/DD facilities are subject to a 5.5% Medicaid-reimbursable tax on gross receipts that are not kept by the provider but remitted to the state general fund for both voluntary and State-operated ICF/DDs. This assessment is authorized by Public Law 102-234, Section 43.04 of the New York State Mental Hygiene Law, Federal Medicaid regulations at 42 CFR 433.68. OPWDD recoups the assessment from the ICF/DD Medicaid payment before the payment is sent to the voluntary provider. For State operated ICF/DDs, the legislature appropriates an amount for payment of the assessment. Aside from the assessments, providers receive and retain all the Medicaid payments for ICF/DD services.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid**

payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response: The Non-Federal share Medicaid provider payment (normal per diem and supplemental) is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program or is funded by an IGT transferred from the counties.

		4/1/26 – 3/31/27	
Payment Type	Non-Federal Share Funding	Non-Federal	Gross
Nursing Homes Normal Per Diem	General Fund; Special Revenue Funds; County Contribution	\$3.638B	\$7.362B
Intermediate Care Facilities Normal Per Diem	General Fund; County Contribution	\$461M	\$929M
Nursing Homes Supplemental	General Fund	\$108M	\$216M
Intermediate Care Facilities Supplemental	General Fund	\$0	\$0
Nursing Homes UPL	IGT	\$128M	\$256M
Totals		\$4.335B	\$8.763B

A. **General Fund:** Revenue resources for the State's General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries and provider assessments). Medicaid expenditures from the State's General Fund are authorized from Department of Health Medicaid.

- 1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State's General Fund to offset Medicaid costs.

In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

- 2) Intermediate Care Facilities (ICF) Provider Service Assessment: Pursuant to New York State Mental Hygiene Law 43.04, a provider's gross receipts received on a cash basis for all services rendered at all ICFs is assessed at 5.5 percent. This assessment is deposited directly into the State's General Fund.

B. Special Revenue Funds:

Health Facility Cash Assessment Program (HFCAP) Fund: Pursuant to New York State Public Health Law 2807-d and Section 90 of Part H of Chapter 59 of the Laws of 2011, the total state assessment on each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for residential health care facilities, including adult day service, but excluding, gross receipts attributable to payments received pursuant to Title XVIII of the federal Social Security Act (Medicare), is 6.8 percent.

NOTE: New York's Health Care taxes are either broad based and uniform (as in all HFCAP assessments except for the Personal Care Provider Cash Assessment) or have a specific exemption known as the "D'Amato provision (Federal PHL section 105-33 4722 (c))" which allows the HCRA surcharges to exist in their current format. The single tax which has been determined by the State to be an impermissible provider tax is the HFCAP charge on Personal Care Providers. The State does not claim any Federal dollars for the surcharge collected in this manner in order to comply with all Federal provider tax rules.

C. Additional Resources for Non-Federal Share Funding:

County Contribution: In State Fiscal Year 2006, through enacted State legislation (Part C of Chapter 58 of the laws of 2005), New York State "capped" the amount localities contributed to the non-Federal share of providers claims. This was designed to relieve pressure on county property taxes and the NYC budget by limiting local contributions having New York State absorb all local program costs above this fixed statutory inflation rate (3% at the time).

However, in State Fiscal Year 2013 New York State provided additional relief to Localities by reducing local contributions annual growth from three percent to zero over a three-year period. Beginning in State Fiscal Year 2016, counties began paying a fixed cost in perpetuity as follows:

Entity	Annual Amount
New York City	\$5.378B
Suffolk County	\$256M
Nassau County	\$241M
Westchester County	\$223M

Erie County	\$216M
Rest of State (53 Counties)	\$1.320B
Total	\$7.634B

By eliminating the growth in localities Medicaid costs, the State has statutorily capped total Statewide County Medicaid expenditures at 2015 levels. All additional county Medicaid costs are funded by the State through State funding as described above. DOH provides annual letters to counties providing weekly contributions. Contributions are deposited directly into State escrow account and used to offset 'total' State share Medicaid funding.

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above. Each deposit received is reviewed and compared to the amount each county is responsible to contribute to the Medicaid program to verify the county funds received are eligible for Medicaid expenses.

D. IGT Funding:

New York State requests the transfer of the IGT amounts from entities prior to the release of payments to the providers. The entities transferring IGT amounts are all units of government, and the nonfederal share is derived from state or local tax revenue funded accounts only. The providers keep and retain Medicaid payments. Please note that entities have taxing authority, and the State does not provide appropriations to the entities for IGTs.

Provider	Entity Transferring IGT Funds	4/1/26-3/31/27 IGT Amount
A Holly Patterson Extended Care Facility	Nassau County	\$12M
Albany County Nursing Home	Albany County	\$6M
Chemung County Health Center	Chemung County	\$4M
Clinton County Nursing Home	Clinton County	\$2M
Coler Rehabilitation & Nursing Care Center	New York City	\$9M
Dr. Susan Smith Mckinney Nursing and Rehab Center	Kings County	\$7M
Glendale Home	Schenectady County	\$4M
Henry J. Carter Nursing Home	New York City	\$3M
Lewis County General Hospital-Nursing Home Unit	Lewis County	\$3M
Livingston County Center for Nursing and Rehabilitation	Livingston County	\$5M
Monroe Community Hospital-Nursing Home Unit	Monroe County	\$12M
New Gouverneur Hospital-Nursing Home Unit	New York City	\$6M
Sea View Hospital Rehabilitation Center and Home	Richmond County	\$7M
Sullivan County Adult Care Center	Sullivan County	\$3M
Terrace View Long Term Care	Erie County	\$8M
The Pines Healthcare & Rehab Centers Machias Camp	Cattaraugus County	\$3M
The Pines Healthcare & Rehab Centers Olean Camp	Cattaraugus County	\$3M
The Valley View Center for Nursing Care and Rehab	Orange County	\$8M
Van Rensselaer Manor	Rensselaer County	\$9M

Wayne County Nursing Home	Wayne County	\$4M
Willow Point Rehabilitation & Nursing Center	Broome County	\$6M
Wyoming County Community Hospital-NH Unit	Wyoming County	\$4M
Total		\$128M

- 3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.**

Response: Below is a list of nursing home and ICF supplemental payments:

Payment Type	Private	State Government	Non-State Government	4/1/26-3/31/27 Gross Total
Advance Training Initiative	\$44M	\$0	\$2M	\$46M
Cinergy	\$29M	\$0	\$1M	\$30M
1% Supplemental	\$133M	\$1M	\$6M	\$140M
Nursing Home UPL	\$243M	\$1M	\$12M	\$256M
Total	\$449M	\$2M	\$21M	\$472M

The Medicaid payments under this State Plan Amendment are not supplemental payments.

- 4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

Response: The Intermediate Care Facilities (ICFs) UPL calculation is a payment-to-charges calculation for state government and private facilities (note: there are no non-state governmental ICFs). The Medicaid payments under this State Plan Amendment will be included in the 2026 ICF UPL when it is submitted to CMS.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the

aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

ACA Assurances:

- 1. Maintenance of Effort (MOE).** Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

MOE Period.

- **Begins on:** March 10, 2010, and
- **Ends on:** The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

- 2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.**

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. **However,** because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

- 3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

Response: The State complies with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

Section 1902(a)(73) of the Social Security Act the Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular ongoing basis from designees of Indian health programs whether operated by the Indian Health Service HIS Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act ISDEAA or Urban Indian Organizations under the Indian Health Care Improvement Act.

IHCIA Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program CHIP. Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

- a) Please describe the process the State uses to seek advice on a regular ongoing basis from federally recognized tribes Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments waiver proposals waiver extensions waiver amendments waiver renewals and proposals for demonstration projects prior to submission to CMS.**
- b) Please include information about the frequency inclusiveness and process for seeking such advice.**
- c) Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment when it occurred and who was involved.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.