Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 25-0006

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 20, 2026

Amir Bassiri, Medicaid Director
Deputy Commissioner of the Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Suite 1715
Albany, NY 12211

Re: New York State Plan Amendment (SPA) – 25-0006

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-25-0006. This amendment proposes to provide the provision of the mandatory services, including limited pre-release services, for eligible juveniles leaving incarceration in Medicaid as mandated in Federal statute Consolidated Appropriations Act of 2023, Section 5121.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1902(a)(84) of the Social Security Act. This letter informs you that New York's Medicaid SPA TN 25-0006 was approved on July 20, 2026, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New York State Plan.

If you have any questions, please contact Melvina Harrison at (212) 616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,

[redacted]

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Regina Deyette

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 20, 2026

Amir Bassiri, Medicaid Director
Deputy Commissioner of the Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
99 Washington Avenue, Suite 1715
Albany, NY 12211

Re: New York State Plan Amendment (SPA) – NY-25-0006

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to NY-25-0006, approved on July 20, 2026. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will be sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and

services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid State Plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress made, as well as the complexities associated with full implementation. However, during the review of NY-25-0006, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

- **Complete the development, setup, and implementation of systems that enable agencies operating in carceral settings to enroll in Medicaid and bill for services.** This includes establishing the infrastructure, procedures, and oversight mechanisms required for Medicaid provider enrollment, claims submission, and reimbursement for covered services delivered in carceral and transitional settings. These systems must be tailored to agencies that are not traditional healthcare providers, ensuring alignment with federal and state Medicaid rules, particularly those under the Consolidated Appropriations Act (CAA) related to coverage prior to release from incarceration.
- **Establish internal departments or designated staff responsible for Medicaid enrollment, compliance, and billing within participating State-run and locally administered carceral settings.** State-run and locally administered agencies operating within carceral settings that are willing to participate in Medicaid billing will build capacity to manage Medicaid provider credentialing (if utilizing external providers), claims management, and compliance activities (such as disaster planning, records retention, and HIPAA compliance) within the correctional system. Agencies will require training and operational support to integrate Medicaid workflows into existing facility operations and to coordinate with external health service providers to ensure timely and accurate reimbursement.
- **Initiate behavioral and physical health screenings and Targeted Case Management (TCM) services pre-release.** The New York State Department of Corrections and Community Supervision (DOCCS) will develop protocols for identifying eligible individuals pre-release. Additionally, because many local jails deliver healthcare through one of two major contracted providers, the New York State Department of Health (NYSDOH) has initiated engagement with both contractors to build awareness and develop processes and policies to support CAA implementation.
- **Establish a standardized post-release transition process to ensure that TCM services are handed off to Medicaid-enrolled community providers.** DOCCS will develop protocols for making timely referrals to appropriate providers, sharing necessary records or assessments, and ensuring warm handoffs that maintain continuity of care. NYSDOH will continue working with community Health Home (care management) providers to conduct outreach to the facilities and agencies in their catchment area in order to create referral and warm handoff processes that are trauma-informed, person-centered, and account for the complex needs of individuals reentering the community from prison. In

parallel, local jails will coordinate closely with community-based Health Home providers and Managed Care Organizations to ensure smooth care transitions and prevent service gaps during the critical pre- and post-release period.

- **Establish a statewide system to identify and track individuals who were formerly in foster care and are eligible for Medicaid services under the CAA.** Currently, Medicaid can identify former foster care children if they were enrolled in Medicaid at the time of emancipation and retain the same Client Identification Number (CIN) at the time NYSDOH is notified of their impending release from incarceration. NYSDOH is actively working to establish systems that facilitate the secure exchange of this population-specific information with carceral facilities and relevant state agencies. This will rely on interagency data sharing protocols across child welfare, Medicaid, and criminal justice entities, along with standardized eligibility verification procedures to support streamlined enrollment and timely access to reentry services.
- **Develop mechanisms for participating jails to share release date information with the State to enable pre-release Medicaid activation.** As an initial step, NYSDOH is conducting a scan of existing local jail systems and workflows to assess capacity for data sharing. In parallel, NYSDOH is collaborating with state and local partners to identify standardized data elements—such as anticipated release dates and consent procedures—that could be used to trigger Medicaid activation.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, Melvina Harrison at (212) 616-2247 or via email at Melvina.Harrison@cms.hhs.gov.

Sincerely,

[redacted]

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Regina Deyette

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: 25-0006

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
§ ~~1902(a)(84(D) of the Social Security Act and 42 CFR 447.201~~ -SSA 1902(a)(84)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 01/01/25-09/30/25 $ ~~537,438~~ 0.00
b. FFY 10/01/25-09/30/26 $ ~~575,058~~ 0.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-M- Page 1 ,2

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

9. SUBJECT OF AMENDMENT
Incarcerated Youth - Assessment Rates and Services

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
March 28, 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
March 28, 2025

17. DATE APPROVED
July 20, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Falecia M. Smith

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

Pen and Ink changes
Box 5: Federal Statute/Regulation Citation: SSA 1902(a)(84)
Box 6: Federal Budget Impact: a. FFY 01/01/25-09/30/25. $0.00
b. FFY 10/01/25-09/30/26: $0.00

Box 7: Attachment 3.1-M: Pages 1, 2

Instructions on Back

Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

State/Territory: New York

General assurances. State must indicate compliance with all four items below with a check.

X In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

X In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

X In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

X The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

State/Territory: New York

Additional information provided (optional):

☐ No

X Yes [provide below

The authority to provide for mandatory coverage for eligible juveniles who are inmates of public institution post-adjudication of charges will cease on Dec. 31, 2026.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g., unexpected release of short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including mandatory 30-days of targeted case management, screening, and diagnostic services.

The State will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.