

**State/Territory Name: New York**

**State Plan Amendment (SPA) NY-24-0040**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

February 6, 2026

Amir Bassir  
Medicaid Director  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza Rm. 160  
Albany, NY 12237

RE: TN NY-24-0040

Dear Director Bassir:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B NY-24-0040, which was submitted to CMS on December 31, 2024. The purpose of this plan amendment is to reimburse emergency medical care from the location where the medical care was administered.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 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 October 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 Robert Bromwell at (410)-786-5914 or via email at [Robert.bromwell@cms.hhs.gov](mailto:Robert.bromwell@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <b>2 4 — 0 0 4 0</b>	2. STATE <b>NY</b>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <b>October 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <del>§ 1902(a)(4) of the Social Security Act</del> <b>1905(a)(5)(A) Physician Services</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>10/01/24-09/30/25</b> \$ <b>(616,066)</b> b. FFY <b>10/01/25-09/30/26</b> \$ <b>(1,232,133)</b>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <del>Attachment 3.1 D: Page 2</del> <b>Attachment 4. 19-B: Page 1(a. 2)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <del>Attachment 3.1 D: Page 2</del> <b>New Page(s)</b>

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

9. SUBJECT OF AMENDMENT

**Treatment in Place (TIP) Payments for Medicaid**

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

**Michael Onghor**

13. TITLE

**Deputy Medicaid Director**

14. DATE SUBMITTED **December 31, 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  
**December 31, 2024**

17. DATE APPROVED  
**February 6, 2026**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**October 1, 2024**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Reimbursement Review**

22. REMARKS **Pen and Ink changes**

**Box 5: § 1905(a)(5)(A) Physician Services**

**Box 7: Attachment 4. 19-B: Page 1(a. 2)**

**Box 8: New Pages(s)**

**New York  
1(a.2)**

**1905(a)(5)(A) Physicians Services**

**Treatment in place**

Effective for services provided on or after October 1, 2024, ambulance-level services for treatment in place will be reimbursed based on the Medicaid rate for the appropriate base rate, without additional fees for mileage. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

All rates are published on the agency's website:

[https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation\\_Fee\\_Schedule.xls](https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Fee_Schedule.xls).

**TN**     #24-0040    

**Supersedes TN**     NEW    

**Approval Date**     February 6, 2026    

**Effective Date**     October 1, 2024