



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

December 9, 2025

James G. Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

RE: SPA #25-0030
Non-Institutional Services

Dear Director Scott:

The State requests approval of the enclosed amendment #25-0030 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2025 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by § 1902(a)(30) of the Social Security Act and 42 CFR § 447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notices of this plan amendment, which were given in the *New York State Register* on April 30, 2025, and clarified on November 26, 2025, 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 5 — 0 0 3 0

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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(13) Rehabilitative Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 10/01/25-09/30/26 \$ 261,767,000b. FFY 10/01/26-09/30/27 \$ 277,693,558

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Supplement Pages: 3b-39, 3b-39(i), 3b-39(ii),
3b-39(iii), 3b-39(iv), 3b-39(v), 3b-39(vi), 3b-39(vii), 3b-39(viii)
Attachment 3.1-B Supplement Pages: 3b-39, 3b-39(i), 3b-39(ii),
3b-39(iii), 3b-39(iv), 3b-39(v), 3b-39(vi), 3b-39(vii), 3b-39(viii)

Attachment 4.19-B Page: 3R, 3R(1), 3R(2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NEW

9. SUBJECT OF AMENDMENT

Certified Community Behavioral Health Clinic (CCBHC)

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

December 9, 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

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
2025 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

New York
3b-39

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) Services

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and in this section.

Assurances

The State assures that rehabilitative services do not include, and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Certified Community Behavioral Health Center Service Description

Certified Community Behavioral Health Center (CCBHC) services are a comprehensive set of outpatient community based behavioral health services which include a range of coordinated integrated care including person-centered, trauma-informed, and recovery-oriented integrated mental health, substance use, and other addiction disorder services, as well as rehabilitative services that are developmentally appropriate for recipients across their lifespan. They also provide physical health screening and monitoring. Services may also be provided to the recipient's collaterals, including but not limited to the recipient's family and significant others, for the benefit of the recipient. CCBHC services incorporate evidence-based or best practices to meet the needs of individuals, children/youth and family/caregivers. Except as otherwise noted, all services are for both children and adults. CCBHC services may be provided in various settings including but not limited to provider offices, homes, schools, or other places in the community consistent with guidance issued by the New York State Office of Mental Health (OMH) and the New York State Office of Addiction Services and Supports (OASAS), hereafter referred to as the "Offices." CCBHCs must be licensed, certified, designated, or approved to provide the CCBHC services referenced in the definition by the Offices or their designees.

CCBHCs are required to develop community and regional partnerships, based on the social system resources available, the population served, and the needs and preferences of people receiving services, to coordinate care for individuals receiving CCBHC services. CCBHCs are also required to enter into arrangements with entities under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization within their geographic service area to assist in and inform the provision of services to tribal members, consistent with state and federal criteria for CCBHC services.

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Approval Date _____

Supersedes TN NEW

Effective Date October 1, 2025

New York
3b-39 (i)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

CCBHCs may contract with a Designated Collaborative Organization (DCO) to provide CCBHC services, which cannot exceed 50 percent of the total services provided by the CCBHC, excluding Crisis Intervention Services. CCBHC services provided by DCOs will be subject to the same CCBHC service and provider definitions contained herein.

CCBHC Services are recommended by a licensed practitioner of the healing arts (LPHA) acting within their scope of practice or professional license and applicable New York State law, including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, licensed clinical social workers (LCSW), licensed master social workers (LMSW) under the supervision of a LCSW, licensed psychologist or psychiatrist, licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), licensed psychoanalysts, licensed creative arts therapists (LCAT), and licensed occupational therapists (OT).

Practitioner Qualifications:

CCBHC Services as described herein are provided by professionals and other staff qualified by credentials, training, or experience to provide direct services related to the treatment of a mental health condition, or addiction disorder including substance use disorder, gambling disorder, or problem gambling, employed by or under contract with provider agencies licensed, certified, designated, or approved by the Offices, as follows:

CCBHC Professional Staff are individuals who are qualified by license, credentials, training and experience to provide supervision and direct service related to the treatment of a mental health condition or addiction disorder including substance use disorder, gambling disorder, or problem gambling in a CCBHC and include the following:

- a. **Physician:** An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department;
- b. **Psychiatrist:** An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department and who completed an Accreditation Council for Graduate Medical Education-accredited general adult psychiatry residency.
- c. **Physician Assistant:** An individual who is currently licensed or possesses a permit to practice as a physician assistant issued by the New York State Education Department;
- d. **Nurse Practitioner:** An individual who is currently certified or possesses a permit to practice as a nurse practitioner issued by the New York State Education Department;
- e. **Psychiatric Nurse Practitioner:** An individual who is currently certified or possesses a permit to practice as a nurse practitioner with an approved specialty area of psychiatry issued by the New York State Education Department;

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New York
3b-39 (ii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

- f. **Registered Nurse:** An individual who is currently licensed or possesses a permit to practice as a registered professional nurse issued by the New York State Education Department;
- g. **Licensed Practical Nurse:** An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. **Psychologist:** An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. **Social worker:** An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
- j. **Mental Health Counselor:** An individual who is currently licensed or possesses a permit to practice as a mental health counselor (LMHC) issued by the New York State Education Department;
- k. **Credentialed Alcoholism and Substance Abuse Counselor (CASAC):** An individual who is currently credentialed by the New York State Office of Addiction Services and Supports in accordance with the laws and rules of New York State;
- l. **Marriage and family therapist:** An individual who is currently licensed or possesses a permit to practice as a marriage and family therapist issued by the New York State Education Department;
- m. **Psychoanalyst:** An individual who is currently licensed or possesses a permit to practice as a psychoanalyst issued by the New York State Education Department;
- n. **Creative arts therapist:** An individual who is currently licensed or possesses a permit to practice as a creative arts therapist issued by the New York State Education Department;
- o. **Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification;
- p. **Certified Dietician/Nutritionist:** An individual who is currently licensed or possesses a permit to practice as a certified Dietician/Nutritionist issued by the New York State Education Department; and
- q. **Occupational therapist:** An individual who is currently licensed or possesses a permit to practice as an occupational therapist issued by the New York State Education Department;

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New York
3b-39 (iii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

CCBHC Staff are non-licensed/non-certified staff members who have received appropriate training to provide CCBHC services directly to Recipients. Students and trainees qualify as CCBHC Staff if they are participating in a program leading to a degree, credential or certificate appropriate to the services of the CCBHC program. Students and trainees will be included in the staffing plan approved by the Offices and be supervised in accordance with the policies governing the training program.

CCBHCs also employ Qualified Peers, who are individuals with personal experience who are certified, provisionally certified, credentialed, or provisionally credentialed as one of the following:

- A New York State Certified Peer Specialist (NYCPS) is an individual over 18 years old who has been granted the status of a Certified Peer Specialist by the New York Peer certification board and certifying authority recognized by the Commissioner of OMH.
- A Certified Recovery Peer Advocate (CRPA) means an individual who holds a certification issued by an entity approved and recognized by the Commissioner of OASAS.
- A Credentialed Family Peer Advocate (FPA) means an individual who is credentialed as a family peer support worker in New York State from a certifying authority recognized by the Offices.
- A Credentialed Youth Peer Advocate (YPA) means an individual who is credentialed as a youth peer support worker in New York State from a certifying authority recognized by the Offices.

Training for All CCBHC Staff and Qualified Peers:

CCBHC programs will regularly assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs to all staff, including Qualified Peers. Training resources will be made available to all staff to develop and enhance competencies in accordance with community needs. Staff who are not veterans should receive training about the Military and veterans' culture. Such training will provide a better understanding of the experiences of those who have served their country to provide higher quality care services specifically tailored to the unique experiences of individuals in uniform.

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New York
3b-39 (iv)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Supervision for All CCBHC Staff and Qualified Peers:

Initial assessments and screenings and treatment plans for CCBHC recipients must be developed and documented under the supervision of CCBHC Professional Staff. Supervision for CCBHC Staff and Qualified Peers will occur formally, through direct supervision and clinical consultation availability, and informally through regular organizational and recovery planning meetings.

For mental health services, experienced Certified Peer Specialists, credentialed Family Peer Advocates and Credentialed Youth Peer Advocates, under the direction of an LPHA will provide in-discipline supervision to Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates.

For addiction treatment services, Certified Recovery Peer Advocates will be supervised by CCBHC Professional Staff.

CCBHC Professional Staff will be available at all times to respond to questions from CCBHC Staff and Qualified Peers and address any issues related to quality of care in the provision of any CCBHC service components.

Service Components

CCBHC Services include:

Assessments/Screenings –Initial, immediate needs, risk, psychiatric, addiction disorder including substance use, gambling disorder, or problem gambling, functional/rehabilitative assessments, and health screenings, health physicals, as well as gathering or updating information concerning the individual's mental and physical health history and status in order to determine the appropriate diagnosis(es), assess the individual's functional limitations, strengths and goals, and inform the treatment planning process.

Health screenings and health physicals assess the need for referral to additional physical health services. Assessments may include interactions between the CCBHC Professional Staff and an individual's collateral supports to obtain information necessary for the benefit of the individual.

Practitioners: Initial, immediate needs, and risk assessments are provided by CCBHC Professional Staff or CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff. Functional/rehabilitative assessments are provided by CCBHC Professional Staff and CCBHC Staff under the supervision of CCBHC Professional Staff. Psychiatric assessments are provided by a Physician, Nurse Practitioner, Psychiatrist, Psychiatric Nurse Practitioner, or Physician's Assistant.

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New York
3b-39 (v)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Testing Services - Developmental, Psychological and Neuropsychological testing. Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child's developmental level for the purpose of facilitating the diagnosis and treatment planning processes. Psychological and Neuropsychological testing services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.

Practitioners: Developmental Testing services are provided by CCBHC Professional Staff. Psychological and Neuropsychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

Person and Family Centered Treatment Planning – An ongoing process directed by the individual in collaboration with the individual's family or other collaterals, to treat an individual's mental health condition, or addiction disorder including substance use disorder, gambling disorder, or problem gambling in a manner consistent with the individual's preferences, phase of life and development. Treatment plans address treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of CCBHC services as well as monitoring of treatment of physical health services. Services are informed and determined by the preliminary triage screening, assessment, and diagnosis process and reflected in the treatment plan.

CCBHC providers will utilize a trauma informed approach and a person and family-centered treatment plan.

Practitioners: Person and Family Centered Treatment Planning services are provided by CCBHC Professional Staff and CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff.

Counseling/Therapy – Individual, group, and family counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual's mental health condition, or addiction disorder including substance use disorder, gambling disorder, or problem gambling reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual's capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services.

Collateral contact is permitted as needed to address the therapeutic goals of the recipient.

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New York
3b-39 (vi)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Practitioners: Counseling/Therapy Services are provided by CCBHC Professional Staff and CCBHC Staff consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff.

Medication Treatment – Medication treatment includes prescribing, dispensing, and monitoring the effects of medication to treat the symptoms of an individual's mental illness or addiction, including substance use disorder. Services also include the administration of injectable medications.

Practitioners: CCBHC Professional Staff authorized to prescribe, administer, or dispense medications under state scope of practice laws.

Medication for Addiction Treatment (MAT) – Medication for addiction treatment (MAT) means the treatment of substance use disorder (SUD) and co-occurring conditions with medications requiring a prescription or order from an authorized prescribing professional and counseling and behavioral therapies, as clinically appropriate.

Practitioners: CCBHC Professional Staff authorized by state and federal laws to prescribe or order approved medications to treat substance use disorders, and CCBHC Professional Staff authorized to administer or dispense medications under state scope of practice laws.

Mild to Moderate Detoxification Services – Services include a withdrawal and stabilization regimen to reduce the amount of an addictive substance on which a person is physiologically dependent or to provide reasonable control of active withdrawal symptoms including with the use of FDA approved medications to treat substance use disorders.

Practitioners: CCBHC Professional Staff in compliance with State and federal laws regarding the prescribing of FDA approved medications to treat substance use disorders, or CCBHC Staff authorized to dispense medications under the supervision of CCBHC Professional Staff.

Nutritional Assessment – Nutritional Assessment is an assessment service to determine the overall nutritional status of individuals, diagnose nutritional deficiencies or excesses, identify underlying pathologies that lead to malnutrition or nutritional excesses, and plan necessary interventions.

Practitioners: Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

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New York
3b-39 (vii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Physical Health Screening and Monitoring – Physical Health Screening and Monitoring is a diagnostic and therapeutic service, involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, tobacco use or other addiction. For children, these indicators include, but are not limited to: BMI, activity/exercise level, substance use and smoking status.

Practitioners: Physical Health Screening and Monitoring Services are provided by CCBHC Professional Staff and CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional staff.

Psychiatric Rehabilitation Services – Psychiatric Rehabilitation Services (PRS) are evidence-based rehabilitation services and recovery supports for both mental health and substance use disorders, that help individuals develop skills and enhance functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community. PRS include supported employment and education services designed to provide those receiving services with initial and on-going support to obtain and maintain competitive, integrated employment and attain educational goals. Services include the use of Individualized Placement Supports (IPS) as the evidence-based practice for supported employment services.

Practitioner: CCBHC Professional Staff or CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff. In collaboration with other staff, Qualified Peers assist in the provision of this service.

Crisis Intervention Services – These services identify the individual's immediate needs, de-escalate the crisis and connect individuals to a safe and least restrictive setting for ongoing care including care provided by the CCBHC. This includes identifying triggers that would risk their remaining in the community location or that result in functional impairments, and assisting the individual, family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan or as appropriate, seeking other supports to restore stability and functioning.

Practitioner: CCBHC Professional Staff or CCBHC Staff under the supervision of CCBHC Professional Staff. In collaboration with other staff, Qualified Peers assist in the provision of this service.

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Approval Date

Effective Date October 1, 2025

New York
3b-39 (viii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Peer/Family Peer Support Services – Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality for individuals with mental health conditions, or addiction disorders, including those with co-occurring mental health or addiction disorders. Family Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals and/or family members actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan.

Practitioner: Services for adults are provided by certified or provisionally certified Peer Specialists, certified or provisionally certified Recovery Peer Advocates under supervision as described in this section. Services for children/youth are provided by credentialed or provisionally credentialed Family Peer Advocates and credentialed or provisionally credentialed Youth Peer Advocates under supervision as described in this section.

Targeted Case Management (TCM) – TCM services assist individuals in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports during periods of intensive needs, such as for individuals with complex or serious mental health or substance use conditions or other addictions or individuals who have a need for support during critical periods, such as an acute episode or care transition.

Practitioner: CCBHC Professional Staff or CCBHC Staff under the supervision of CCBHC Professional Staff.

Care Coordination – Care coordination across settings and providers for individuals across the lifespan and the spectrum of health services, including behavioral health, physical health, as well as social determinants of health to promote wellness and recovery of the whole person and family. CCBHCs assist individuals access and receive the services and resources to best meet their individual needs and preferences.

Practitioner: CCBHC Professional Staff or CCBHC Staff under the supervision of CCBHC Professional Staff.

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New York
3b-39

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) Services

The State provides coverage for this benefit as defined at 42 CFR 440.130(d) and in this section.

Assurances

The State assures that rehabilitative services do not include, and Federal Financial Participation is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- a. educational, vocational and job training services;
- b. room and board;
- c. habilitation services;
- d. services to inmates in public institutions as defined in 42 CFR §435.1010;
- e. services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;
- f. recreational and social activities; and
- g. services that must be covered elsewhere in the state Medicaid plan.

Certified Community Behavioral Health Center Service Description

Certified Community Behavioral Health Center (CCBHC) services are a comprehensive set of outpatient community based behavioral health services which include a range of coordinated integrated care including person-centered, trauma-informed, and recovery-oriented integrated mental health, substance use, and other addiction disorder services, as well as rehabilitative services that are developmentally appropriate for recipients across their lifespan. They also provide physical health screening and monitoring. Services may also be provided to the recipient's collaterals, including but not limited to the recipient's family and significant others, for the benefit of the recipient. CCBHC services incorporate evidence-based or best practices to meet the needs of individuals, children/youth and family/caregivers. Except as otherwise noted, all services are for both children and adults. CCBHC services may be provided in various settings including but not limited to provider offices, homes, schools, or other places in the community consistent with guidance issued by the New York State Office of Mental Health (OMH) and the New York State Office of Addiction Services and Supports (OASAS), hereafter referred to as the "Offices." CCBHCs must be licensed, certified, designated, or approved to provide the CCBHC services referenced in the definition by the Offices or their designees.

CCBHCs are required to develop community and regional partnerships, based on the social system resources available, the population served, and the needs and preferences of people receiving services, to coordinate care for individuals receiving CCBHC services. CCBHCs are also required to enter into arrangements with entities under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization within their geographic service area to assist in and inform the provision of services to tribal members, consistent with state and federal criteria for CCBHC services.

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New York
3b-39 (i)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

CCBHCs may contract with a Designated Collaborative Organization (DCO) to provide CCBHC services, which cannot exceed 50 percent of the total services provided by the CCBHC, excluding Crisis Intervention Services. CCBHC services provided by DCOs will be subject to the same CCBHC service and provider definitions contained herein.

CCBHC Services are recommended by a licensed practitioner of the healing arts (LPHA) acting within their scope of practice or professional license and applicable New York State law, including physicians, physician assistants, nurse practitioners, registered nurses, psychologists, licensed clinical social workers (LCSW), licensed master social workers (LMSW) under the supervision of a LCSW, licensed psychologist or psychiatrist, licensed mental health counselors (LMHC), licensed marriage and family therapists (LMFT), licensed psychoanalysts, licensed creative arts therapists (LCAT), and licensed occupational therapists (OT).

Practitioner Qualifications:

CCBHC Services as described herein are provided by professionals and other staff qualified by credentials, training, or experience to provide direct services related to the treatment of a mental health condition, or addiction disorder including substance use disorder, gambling disorder, or problem gambling, employed by or under contract with provider agencies licensed, certified, designated, or approved by the Offices, as follows:

CCBHC Professional Staff are individuals who are qualified by license, credentials, training and experience to provide supervision and direct service related to the treatment of a mental health condition or addiction disorder including substance use disorder, gambling disorder, or problem gambling in a CCBHC and include the following:

- a. **Physician:** An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department;
- b. **Psychiatrist:** An individual who is currently licensed or possesses a permit to practice medicine issued by the New York State Education Department and who completed an Accreditation Council for Graduate Medical Education-accredited general adult psychiatry residency.
- c. **Physician Assistant:** An individual who is currently licensed or possesses a permit to practice as a physician assistant issued by the New York State Education Department;
- d. **Nurse Practitioner:** An individual who is currently certified or possesses a permit to practice as a nurse practitioner issued by the New York State Education Department;
- e. **Psychiatric Nurse Practitioner:** An individual who is currently certified or possesses a permit to practice as a nurse practitioner with an approved specialty area of psychiatry issued by the New York State Education Department;

TN #25-0030

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New York
3b-39 (ii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

- f. **Registered Nurse:** An individual who is currently licensed or possesses a permit to practice as a registered professional nurse issued by the New York State Education Department;
- g. **Licensed Practical Nurse:** An individual who is currently licensed or possesses a permit to practice as a licensed practical nurse issued by the New York State Education Department;
- h. **Psychologist:** An individual who is currently licensed or possesses a permit to practice as a psychologist issued by the New York State Education Department;
- i. **Social worker:** An individual who is either currently licensed or possesses a permit to practice as a licensed master social worker (LMSW) or as a licensed clinical social worker (LCSW) issued by the New York State Education Department;
- j. **Mental Health Counselor:** An individual who is currently licensed or possesses a permit to practice as a mental health counselor (LMHC) issued by the New York State Education Department;
- k. **Credentialed Alcoholism and Substance Abuse Counselor (CASAC):** An individual who is currently credentialed by the New York State Office of Addiction Services and Supports in accordance with the laws and rules of New York State;
- l. **Marriage and family therapist:** An individual who is currently licensed or possesses a permit to practice as a marriage and family therapist issued by the New York State Education Department;
- m. **Psychoanalyst:** An individual who is currently licensed or possesses a permit to practice as a psychoanalyst issued by the New York State Education Department;
- n. **Creative arts therapist:** An individual who is currently licensed or possesses a permit to practice as a creative arts therapist issued by the New York State Education Department;
- o. **Therapeutic Recreation Specialist** - an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or certification as a therapeutic recreation specialist by the National Council for Therapeutic Recreation Certification;
- p. **Certified Dietician/Nutritionist:** An individual who is currently licensed or possesses a permit to practice as a certified Dietician/Nutritionist issued by the New York State Education Department; and
- q. **Occupational therapist:** An individual who is currently licensed or possesses a permit to practice as an occupational therapist issued by the New York State Education Department;

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New York
3b-39 (iii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

CCBHC Staff are non-licensed/non-certified staff members who have received appropriate training to provide CCBHC services directly to Recipients. Students and trainees qualify as CCBHC Staff if they are participating in a program leading to a degree, credential or certificate appropriate to the services of the CCBHC program. Students and trainees will be included in the staffing plan approved by the Offices and be supervised in accordance with the policies governing the training program.

CCBHCs also employ Qualified Peers, who are individuals with personal experience who are certified, provisionally certified, credentialed, or provisionally credentialed as one of the following:

- A New York State Certified Peer Specialist (NYCPS) is an individual over 18 years old who has been granted the status of a Certified Peer Specialist by the New York Peer certification board and certifying authority recognized by the Commissioner of OMH.
- A Certified Recovery Peer Advocate (CRPA) means an individual who holds a certification issued by an entity approved and recognized by the Commissioner of OASAS.
- A Credentialed Family Peer Advocate (FPA) means an individual who is credentialed as a family peer support worker in New York State from a certifying authority recognized by the Offices.
- A Credentialed Youth Peer Advocate (YPA) means an individual who is credentialed as a youth peer support worker in New York State from a certifying authority recognized by the Offices.

Training for All CCBHC Staff and Qualified Peers:

CCBHC programs will regularly assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs to all staff, including Qualified Peers. Training resources will be made available to all staff to develop and enhance competencies in accordance with community needs. Staff who are not veterans should receive training about the Military and veterans' culture. Such training will provide a better understanding of the experiences of those who have served their country to provide higher quality care services specifically tailored to the unique experiences of individuals in uniform.

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3b-39 (iv)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Supervision for All CCBHC Staff and Qualified Peers:

Initial assessments and screenings and treatment plans for CCBHC recipients must be developed and documented under the supervision of CCBHC Professional Staff. Supervision for CCBHC Staff and Qualified Peers will occur formally, through direct supervision and clinical consultation availability, and informally through regular organizational and recovery planning meetings.

For mental health services, experienced Certified Peer Specialists, credentialed Family Peer Advocates and Credentialed Youth Peer Advocates, under the direction of an LPHA will provide in-discipline supervision to Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates.

For addiction treatment services, Certified Recovery Peer Advocates will be supervised by CCBHC Professional Staff.

CCBHC Professional Staff will be available at all times to respond to questions from CCBHC Staff and Qualified Peers and address any issues related to quality of care in the provision of any CCBHC service components.

Service Components

CCBHC Services include:

Assessments/Screenings –Initial, immediate needs, risk, psychiatric, addiction disorder including substance use, gambling disorder, or problem gambling, functional/rehabilitative assessments, and health screenings, health physicals, as well as gathering or updating information concerning the individual's mental and physical health history and status in order to determine the appropriate diagnosis(es), assess the individual's functional limitations, strengths and goals, and inform the treatment planning process.

Health screenings and health physicals assess the need for referral to additional physical health services. Assessments may include interactions between the CCBHC Professional Staff and an individual's collateral supports to obtain information necessary for the benefit of the individual.

Practitioners: Initial, immediate needs, and risk assessments are provided by CCBHC Professional Staff or CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff. Functional/rehabilitative assessments are provided by CCBHC Professional Staff and CCBHC Staff under the supervision of CCBHC Professional Staff. Psychiatric assessments are provided by a Physician, Nurse Practitioner, Psychiatrist, Psychiatric Nurse Practitioner, or Physician's Assistant.

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New York
3b-39 (v)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Testing Services - Developmental, Psychological and Neuropsychological testing. Developmental testing services are diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child's developmental level for the purpose of facilitating the diagnosis and treatment planning processes. Psychological and Neuropsychological testing services are diagnostic services in which practitioners employ standard assessment methods and instruments to inform the assessment and treatment planning processes.

Practitioners: Developmental Testing services are provided by CCBHC Professional Staff. Psychological and Neuropsychological Testing Services are provided by a Psychologist, Psychiatrist, or Physician.

Person and Family Centered Treatment Planning – An ongoing process directed by the individual in collaboration with the individual's family or other collaterals, to treat an individual's mental health condition, or addiction disorder including substance use disorder, gambling disorder, or problem gambling in a manner consistent with the individual's preferences, phase of life and development. Treatment plans address treatment and rehabilitative goals, needs, preferences, capacities and desired outcomes for the provision of CCBHC services as well as monitoring of treatment of physical health services. Services are informed and determined by the preliminary triage screening, assessment, and diagnosis process and reflected in the treatment plan.

CCBHC providers will utilize a trauma informed approach and a person and family-centered treatment plan.

Practitioners: Person and Family Centered Treatment Planning services are provided by CCBHC Professional Staff and CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff.

Counseling/Therapy – Individual, group, and family counseling/therapy services are therapeutic counseling services for the purpose of alleviating symptoms or dysfunction associated with an individual's mental health condition, or addiction disorder including substance use disorder, gambling disorder, or problem gambling reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the individual's capacity to restore age-appropriate developmental milestones. Services include tobacco use disorder treatment services.

Collateral contact is permitted as needed to address the therapeutic goals of the recipient.

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New York
3b-39 (vi)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Practitioners: Counseling/Therapy Services are provided by CCBHC Professional Staff and CCBHC Staff consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff.

Medication Treatment – Medication treatment includes prescribing, dispensing, and monitoring the effects of medication to treat the symptoms of an individual's mental illness or addiction, including substance use disorder. Services also include the administration of injectable medications.

Practitioners: CCBHC Professional Staff authorized to prescribe, administer, or dispense medications under state scope of practice laws.

Medication for Addiction Treatment (MAT) – Medication for addiction treatment (MAT) means the treatment of substance use disorder (SUD) and co-occurring conditions with medications requiring a prescription or order from an authorized prescribing professional and counseling and behavioral therapies, as clinically appropriate.

Practitioners: CCBHC Professional Staff authorized by state and federal laws to prescribe or order approved medications to treat substance use disorders, and CCBHC Professional Staff authorized to administer or dispense medications under state scope of practice laws.

Mild to Moderate Detoxification Services – Services include a withdrawal and stabilization regimen to reduce the amount of an addictive substance on which a person is physiologically dependent or to provide reasonable control of active withdrawal symptoms including with the use of FDA approved medications to treat substance use disorders.

Practitioners: CCBHC Professional Staff in compliance with State and federal laws regarding the prescribing of FDA approved medications to treat substance use disorders, or CCBHC Staff authorized to dispense medications under the supervision of CCBHC Professional Staff.

Nutritional Assessment – Nutritional Assessment is an assessment service to determine the overall nutritional status of individuals, diagnose nutritional deficiencies or excesses, identify underlying pathologies that lead to malnutrition or nutritional excesses, and plan necessary interventions.

Practitioners: Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.

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New York
3b-39 (vii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Physical Health Screening and Monitoring – Physical Health Screening and Monitoring is a diagnostic and therapeutic service, involving the continued measurement of specific health indicators associated with increased risk of medical illness and early death. For adults, these indicators include, but are not limited to, blood pressure, body mass index (BMI), substance use, tobacco use or other addiction. For children, these indicators include, but are not limited to: BMI, activity/exercise level, substance use and smoking status.

Practitioners: Physical Health Screening and Monitoring Services are provided by CCBHC Professional Staff and CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional staff.

Psychiatric Rehabilitation Services – Psychiatric Rehabilitation Services (PRS) are evidence-based rehabilitation services and recovery supports for both mental health and substance use disorders, that help individuals develop skills and enhance functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community. PRS include supported employment and education services designed to provide those receiving services with initial and on-going support to obtain and maintain competitive, integrated employment and attain educational goals. Services include the use of Individualized Placement Supports (IPS) as the evidence-based practice for supported employment services.

Practitioner: CCBHC Professional Staff or CCBHC Staff, consistent with state scope of practice laws, under the supervision of CCBHC Professional Staff. In collaboration with other staff, Qualified Peers assist in the provision of this service.

Crisis Intervention Services – These services identify the individual's immediate needs, de-escalate the crisis and connect individuals to a safe and least restrictive setting for ongoing care including care provided by the CCBHC. This includes identifying triggers that would risk their remaining in the community location or that result in functional impairments, and assisting the individual, family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan or as appropriate, seeking other supports to restore stability and functioning.

Practitioner: CCBHC Professional Staff or CCBHC Staff under the supervision of CCBHC Professional Staff. In collaboration with other staff, Qualified Peers assist in the provision of this service.

New York
3b-39 (viii)

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)

Peer/Family Peer Support Services – Peer Recovery Support Services for adults and children/youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality for individuals with mental health conditions, or addiction disorders, including those with co-occurring mental health or addiction disorders. Family Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use or behavioral challenges in their home, school, placement, or community. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals and/or family members actively participate in decision-making and the delivery of services. Services are directed toward achievement of the specific, individualized, and result-oriented goals contained in an individual's treatment plan.

Practitioner: Services for adults are provided by certified or provisionally certified Peer Specialists, certified or provisionally certified Recovery Peer Advocates under supervision as described in this section. Services for children/youth are provided by credentialed or provisionally credentialed Family Peer Advocates and credentialed or provisionally credentialed Youth Peer Advocates under supervision as described in this section.

Targeted Case Management (TCM) – TCM services assist individuals in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports during periods of intensive needs, such as for individuals with complex or serious mental health or substance use conditions or other addictions or individuals who have a need for support during critical periods, such as an acute episode or care transition.

Practitioner: CCBHC Professional Staff or CCBHC Staff under the supervision of CCBHC Professional Staff.

Care Coordination – Care coordination across settings and providers for individuals across the lifespan and the spectrum of health services, including behavioral health, physical health, as well as social determinants of health to promote wellness and recovery of the whole person and family. CCBHCs assist individuals access and receive the services and resources to best meet their individual needs and preferences.

Practitioner: CCBHC Professional Staff or CCBHC Staff under the supervision of CCBHC Professional Staff.

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**New York
3R**

1905(a)(13) Rehabilitative Services**Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC)**

Effective October 1, 2025, New York State establishes provider- specific, cost-based rates for Certified Community Behavioral Health Center (CCBHC) services. All rates are subject to approval by the New York State Division of the Budget. The agency's fee schedule rate is effective as of October 1, 2025, for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/

Reimbursement for services provided by CCBHC will be based upon provider-specific cost-based rates with a bundled daily rate for all qualifying CCBHC services provided on any given day by a CCBHC directly or through a formal relationship with a Designated Collaborating Organization (DCO).

A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to provide CCBHC services. Payment for services provided by a DCO will be included within the scope of the CCBHC's cost-based rate, and DCO visits will be treated as CCBHC visits for purposes of the cost-based rate. In the case the same patient is seen by multiple CCBHCs or DCOs on the same day, the provider who holds the treatment plan for that patient will be the only provider eligible to receive payment for that day, for that patient. The CCBHC will be responsible for reimbursement paid to the DCO.

For newly approved CCBHC providers, the State will allow the use of anticipated allowable costs to establish the provider-specific rate. The anticipated cost reported within the CCBHC cost report will be subject to review for reasonableness, necessity, and prudence in accordance with Medicaid cost principles. The allowance of anticipated costs and corresponding anticipated visits are at the discretion of the State. The State will rebase the rate once sufficient cost data is available within a timeframe to be determined by the State and within the first three years for which there is a completed annual cost report. Once the rebased rate is calculated using a year of actual costs, the State will have the discretion to reconcile previous payments made with the initial payment rate to cost if actual costs are determined to be significantly less than total payments. If the State determines there are sufficient providers to establish a representative regional average CCBHC rate, the State may elect to reimburse newly approved CCBHC providers such regional average rate, as an alternative to anticipated allowable costs, until such time as the provider's rate is rebased.

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**New York
3R(1)**

1905(a)(13) Rehabilitative Services**Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)**

For existing providers, rates will be calculated based upon cost and visit data supplied annually by each CCBHC through provider cost reporting in a form to be established by the State. Reimbursement rates will be updated to the applicable rate year utilizing the Medicare Economic Index (MEI) for primary care services as defined in Section 1842(i)(3) of the Social Security Act or an inflationary index to be determined by the State. Services and costs related to services provided by DCOs will be included in the rate computation.

CCBHC providers must comply with State-directed timelines for submitting cost reports and supplemental documentation. Medicaid payments may be reduced or suspended and CCBHCs may be required to pay back state Medicaid program payments received during the period in which a CCBHC cost report or supplemental documentation is late.

Provider-specific cost-based rates will be rebased to more accurately reflect actual costs at least once every three years, with rebased rates taking effect prospectively with the beginning of the next rate year, the following July 1st. CCBHC rates may also be rebased in the event of significant changes in a CCBHC provider's scope of services or costs that are the result of circumstances, including, but not limited to, public health, natural or environmental emergencies or other factors as determined by the Commissioners of the Offices of Mental Health and Addiction Services and Supports.

The cost-based rate will be calculated in accordance with the following formula:

$$\frac{(\text{Total annual allowable CCBHC costs} * \text{applicable inflationary index})}{\text{Total number of CCBHC annual daily visits}}$$

Total visits will include all visits for CCBHC services including both Medicaid and non-Medicaid visits.

Allowable costs are those direct costs necessary to support the provision of CCBHC services plus indirect costs applicable to CCBHC services to be prorated based on the share of CCBHC program costs to non-CCBHC program costs. Allowable costs include salaries and benefits of Medicaid qualified providers which will be generally consistent with market data or Bureau of Labor Statistics salary data, cost of services provided under agreement, and other direct CCBHC costs. Allowable costs must comply with 45 CFR § 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and Medicare principles of reasonable cost reimbursement contained in the Medicare provider Reimbursement Manual, 2 CFR § 200.400-475 and Generally Accepted Accounting Principles (GAAP).

Reimbursement for dispensed medication will be covered under the Medicaid pharmacy benefit and will not be included in allowable CCBHC costs.

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**New York
3R(2)**

1905(a)(13) Rehabilitative Services**Rehabilitative Services (42 CFR 440.130(d)): Certified Community Behavioral Health Center (CCBHC) (continued)**

A unit of service for services provided by CCBHCs will be a daily visit. The daily visit will consist of all services provided to the consumer on a single day whether provided by the CCBHC or a DCO and will be limited to one daily CCBHC visit per beneficiary per day. A CCBHC or DCO must provide at least one qualifying service to the beneficiary to be eligible for reimbursement. A CCBHC or DCO may only be reimbursed a daily visit for the provision of Care Coordination services if another qualifying CCBHC service is also provided to the beneficiary on the same day.

Quality Bonus Payments (QBP) and Data Requirements

CCBHC providers will be eligible for participation in the CCBHC Quality Bonus Payments program based on achieving specific thresholds on State-mandated performance measures. The performance period will be based on a calendar year and CCBHC providers must have one full calendar year of complete CCBHC operational data from which designated quality measures will be calculated in order to qualify for the QBP program.

A CCBHC must meet or exceed the thresholds for established performance measures to receive funds under the QBP program. CCBHC providers that do not report measurement data to the State timely will not be eligible for participation in the QBP program.

The State mandated performance measures and technical specifications will be published on the State's website at:

<https://omh.ny.gov/omhweb/bho/ccbhc.html>

Payments under the QBP program will be based on multiplying the CCBHC's total Medicaid revenue for CCBHC services during the performance period by a percentage based on the CCBHC's overall performance on the quality measures. Payments will be made as an annual lump sum payment and not through adjustment of provider-specific cost-based rates.

The State will establish the minimum patient volume in each performance measure denominator necessary for the performance measure to be valid. Measures that do not meet the minimum patient threshold will not be eligible for payment under the QBP and no proportioned payment of that measure will be made. Measures that do not meet the minimum patient threshold will reduce the overall QBP percentage achievable by that provider.

Total annual QBP payments will not exceed 8.5 percent of statewide aggregate CCBHC Medicaid expenditures. In the event the sum of individual CCBHC QBP payments in a given year exceeds this measure, QBP awards for all CCBHCs will be reduced in proportion to this aggregate limit.

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Appendix II
2025 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #25-0030

This State Plan Amendment proposes to convert Certified Community Behavioral Health Clinics (CCBHC), a federal demonstration program set to expire on September 30, 2025, to Certified Community Behavioral Health Centers (CCBHC) Medicaid State Plan services, effective October 1, 2025.

Appendix III
2025 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

Authorizing Provisions

Social Security Act §1905(a)(31), (jj) (42 U.S.C. §1396d(a)(3), (jj))

(a) Medical Assistance

The term “medical assistance” means payment of part or all of the cost of the following care and services or the care and services themselves, or both (if provided in or after the third month before the month in which the recipient makes application for assistance or, in the case of medicare cost-sharing with respect to a qualified medicare beneficiary described in subsection (p)(1), if provided after the month in which the individual becomes such a beneficiary) for individuals, and, with respect to physicians’ or dentists’ services, at the option of the State, to individuals (other than individuals with respect to whom there is being paid, or who are eligible, or would be eligible if they were not in a medical institution, to have paid with respect to them a State supplementary payment and are eligible for medical assistance equal in amount, duration, and scope to the medical assistance made available to individuals described in section 1396a(a)(10)(A) of this title) not receiving aid or assistance under any plan of the State approved under subchapter I, X, XIV, or XVI, or part A of subchapter IV, and with respect to whom supplemental security income benefits are not being paid under subchapter XVI, who are—

(31) certified community behavioral health clinic services, as defined in subsection (jj)...

(jj) Certified community behavioral health clinic services

(1) In general

The term “certified community behavioral health services” means any of the following services when furnished to an individual as a patient of a certified community behavioral health clinic (as defined in paragraph (2)), in a manner reflecting person-centered care and which, if not available directly through a certified community behavioral health clinic, may be provided or referred through formal relationships with other providers:

(A) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

(B) Screening, assessment, and diagnosis, including risk assessment.

(C) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.

(D) Outpatient mental health and substance use services.

(E) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.

(F) Intensive case management services.

(G) Psychiatric rehabilitation services.

(H) Peer support and counselor services and family supports.

(I) Intensive, community-based mental health care for members of the armed forces and veterans who are eligible for medical assistance, particularly such members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

(2) Certified community behavioral health clinic

The term “certified community behavioral health clinic” means an organization that—

(A) has been certified by a State as meeting the criteria established by the Secretary pursuant to subsection (a) of section 223 of the Protecting Access to Medicare Act 1 as of January 1, 2024, and any subsequent updates to such criteria, regardless of whether the State is carrying out a demonstration program under this subchapter under subsection (d) of such section;

(B) is engaged in furnishing all of the services described in paragraph (1); and

(C) agrees, as a condition of the certification described in subparagraph (A), to furnish to the State or Secretary any data required as part of ongoing monitoring of the organization’s provision of services, including encounter data, clinical outcomes data, quality data, and such other data as the State or Secretary may require.

New York State Mental Hygiene Laws §7.15

(a) The commissioner shall plan, promote, establish, develop, coordinate, evaluate, and conduct programs and services of prevention, diagnosis, examination, care, treatment, rehabilitation, training, and research for the benefit of the mentally ill. Such programs shall include but not be limited to in-patient, out-patient, partial hospitalization, day care, emergency, rehabilitative, and other appropriate treatments and services. He or she shall take all actions that are necessary, desirable, or proper to implement the purposes of this chapter and to carry out the purposes and objectives of the department within the amounts made available therefor by appropriation, grant, gift, devise, bequest, or allocation from the mental health services fund established under section ninety-seven-f of the state finance law.

(b) The activities described in subdivision (a) of this section may be undertaken in cooperation and agreement with other offices of the department and with other departments or agencies of the state, local or federal government, or with other organizations and individuals.

New York State Mental Hygiene Laws §43.02

(a) Notwithstanding any inconsistent provision of law, payment made by government agencies pursuant to title eleven of article five of the social services law for services provided by any facility licensed by the office of mental health pursuant to article thirty-one of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services, as defined in section 1.03 of this chapter, shall be at rates or fees certified by the commissioner of the respective office and approved by the director of the division of the budget, provided, however, the commissioner of mental health shall annually certify such rates or fees which may vary for distinct geographical areas of the state and, provided, further, that rates or fees for service for inpatient psychiatric services or inpatient chemical dependence services, at hospitals otherwise licensed pursuant to article twenty-eight of the public health law shall be established in accordance with section two thousand eight hundred seven of the public health law and, provided, further, that rates or fees for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities, shall be certified by the commissioner of health; provided, however, that such methodologies shall be subject to approval by the office for people with developmental disabilities and shall take into account the policies and goals of such office.

(b) Operators of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter, licensed by the office for people with developmental disabilities pursuant to article sixteen of this chapter or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services shall provide to the commissioner of the respective office such financial, statistical and program information as the commissioner may determine to be necessary. The commissioner of the appropriate office shall have the power to conduct on-site audits of books and records of such facilities.

(c) The commissioner of the office of mental health, the commissioner of the office for people with developmental disabilities and the commissioner of the office of alcoholism and substance abuse services shall adopt rules and regulations to effectuate the provisions of this section. Such rules and regulations shall include, but not be limited to, provisions relating to:

(i) the establishment of a uniform statewide system of reports and audits relating to the quality of care provided, facility utilization and costs of providing services; such a uniform statewide system may provide for appropriate variation in the application of the system to different classes or subclasses of facilities licensed by the office of mental health pursuant to article thirty-one of this chapter or licensed or operated by the office for people with developmental disabilities pursuant to article sixteen of this chapter, or certified by the office of alcoholism and substance abuse services pursuant to this chapter to provide inpatient chemical dependence services; and

(ii) methodologies used in the establishment of the schedules of rates or fees pursuant to this section provided, however, that the commissioner of health shall adopt rules and regulations

including methodologies developed by him or her for services provided by any facility or program licensed, operated or approved by the office for people with developmental disabilities; provided, however, that such rules and regulations shall be subject to the approval of the office for people with developmental disabilities and shall take into account the policies and goals of such office.

Appendix IV
2025 Title XIX State Plan
Fourth 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 Agriculture and Markets

In the Matter of Considering the Continuation of the New York State Cabbage Research and Development Program Pursuant to Unconsolidated Laws section 6266-z and Title One of the Official Compilation of Codes, Rules and Regulations of the State of New York Section 205.12

NOTICE OF REFERENDUM

To: New York State Cabbage Growers:

PLEASE TAKE NOTICE OF A REFERENDUM to be conducted by the President of the Empire State Development Corporation of the State of New York, pursuant to Unconsolidated Laws section 6266-z and Title One of the Official Compilation of Codes, Rules and Regulations of the State of New York (1 NYCRR) section 205.12, on whether the New York State Cabbage Research and Development Program should be continued. The continuation of the Program is subject to the approval of not less than 50 percent of all New York State cabbage growers participating in the referendum.

Any person who, in 2024, produced or caused to be produced cabbage in the State of New York for any market is a grower entitled to vote in this referendum. Each grower is entitled to one vote.

Copies of the New York State Cabbage Research and Development Program (1 NYCRR Part 205), which is the subject of this referendum, will be provided upon request to: Jonathan Marks, Marketing Order Administrator, Department of Agriculture and Markets, 10B Airline Dr., Albany, NY 12235; Jonathan.Marks@agriculture.ny.gov

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 non-institutional services consistent with the end of New York State's Certified Community Behavioral Health Clinic (CCBHC) demonstration on September 30, 2025. The following changes are proposed:

Non-Institutional Services

Effective on or after October 1, 2025, existing providers participating in the CCBHC demonstration will continue delivering and being reimbursed for comprehensive behavioral health services beyond the Federal demonstration period. CCBHCs provide a comprehensive range of ambulatory mental health or addiction disorder, including substance use disorder, gambling disorder, and problem gambling services to individuals throughout New York State, including:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization,
 - Outpatient mental health and addiction services, including gambling disorder, problem gambling, and substance use disorder with ancillary withdrawal services,
 - Screening, assessment, and diagnosis including risk management,
 - Physical health screening and monitoring,
 - Case management,
 - Psychiatric rehabilitation services,
 - Peer support, counseling services, and family support services,
- and
- Services for members of the armed services and veterans.

This amendment will allow New York State to maintain the CCBHC program model by ensuring all services in the program model are covered benefits in the State Plan, and that the reimbursement methodology that allows the CCBHC provider to utilize a Prospective Payment System (PPS), which is a provider-specific cost-based service rate developed in accordance with Federal standards contained in the Protecting Access to Medicare Act of 2014 (H.R. 4302) for reimbursement for a range of identified state plan services, will also continue.

There is no additional estimated annual change to gross Medicaid expenditures as a result of converting the CCBHC program model from the federal demonstration to the Medicaid State Plan.

Effective on or after October 1, 2025, this amendment will revise the Quality Bonus Payment (QBP) methodology consistent with federal guidance issued in February 2024, expanding the reporting of quality measurement indicators, and establishing performance measure thresholds and payments under the program.

The estimated net aggregate increase in gross Medicaid expenditures attributable to the QBP in the budget, beginning in state fiscal year 2027, is estimated to be \$15.3 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:

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

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 non-institutional services to comply with SSL § 365-a(2)(i). The following changes are proposed:

Non-Institutional Services

Effective on or after May 1, 2025, portable radiology providers can transport radiology equipment and deliver radiology services in the setting where a home-bound individual is located, including a long-term care setting, residential setting, or private home or dwelling of a patient. Expansion of the program to home-bound individuals is a cost-effective option that also provides patients an alternative mode of receiving care.

Coverage requirements and regulations will be updated consistent with Federal Regulation (42 CFR Part 486 Subpart C - Conditions for Coverage: Portable X-Ray Services), which provide that portable radiology providers be either the employee of a supervising physician; or require the supervising physician to certify annually that they periodically check the procedural manuals and observe the operator's performance, that they have verified that equipment and personnel meet applicable Federal, State, and local licensure and registration requirements and that safe operating procedures are used.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is (\$1.6 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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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

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 Long Term Care Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Long Term Care Services

Effective on or after May 1, 2025, temporary rate adjustments have been approved for services related to providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. The temporary rate adjustments have been reviewed and approved for the following Nursing Home:

- Highpoint On Michigan Health Care Facility with payment amounts totaling up to \$40,001,679 for the period May 1, 2025, through June 30, 2025.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for SFY 2025-2026 is \$40,001,679.

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
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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

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 Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for December 2025 will be conducted on December 17 and December 18 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. 1, Albany, NY 12239, (518) 473-6598

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 non-institutional services consistent with the end of New York State's Certified Community Behavioral Health Clinic (CCBHC) demonstration on September 30, 2025. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the April 30, 2025, noticed provision to continue delivering CCBHC comprehensive behavioral health services beyond the federal demonstration period.

With clarification, the projected annual aggregate in gross Medicaid expenditures transitioning from federal demonstration authority to the Medicaid State Plan, as a result of this proposed amendment is \$403 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:

New York County
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New York, New York 10018

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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

Office of Parks, Recreation and Historic Preservation

In accordance with § 104 of the Public Officers Law, notice is hereby given of the upcoming meeting of New York State 250th Commemoration Commission from 11:00am to 3:00pm on Wednesday, December 10, 2025.

The meeting shall be held at the Schomburg Center for Research in Black Culture, 515 Malcolm X Boulevard (135th St and Malcolm X Blvd), New York, NY 10037.

The meeting agenda will be posted on the Commission's website at: <https://nysm.nysed.gov/revolutionaryny250>. A live video stream will also appear there.

The meeting is open to the public.

To be considered for inclusion in a commission agenda, comments may be submitted to Phil Giltner, Office of Parks, Recreation and Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189 by November 20, 2025.

For further information, contact: Phil Giltner, Office of Parks, Recreation and Historic Preservation, P.O. Box 189, Waterford, NY 12188-0189. E-mail: phil.giltner@parks.ny.gov

PUBLIC NOTICE

Department of State
F-2025-0512

Date of Issuance – November 26, 2025

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-2025-0512, the Town of Southampton (Marc Braeger) is proposing the in-place replacement of the timber bridge along Jobs Lane with a new pre-cast concrete girder bridge supported by (12) 12" concrete-filled steel pipe piles and reinforced concrete abutments. Approximately 27.5 lf of epoxy coated steel sheeting will be installed directly behind the existing timber sheeting on each side of the channel at a depth of approx. 2' below mud line.

Located at Jobs Lane, Town of Southampton, Suffolk County over Mecox Bay and Sam's Creek.

The stated purpose of the proposed action is to replace the deteriorated timber bridge over Sam's Creek in order to improve structural integrity, restore reliable access for the traveling public and support natural tidal connectivity between Mecox Bay and Sam's Creek.

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

<https://dos.ny.gov/f-2025-0512> 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): Mecox Bay and Beach Coastal Fish and Wildlife Habitat:

https://dos.ny.gov/system/files/documents/2020/03/mecox_bay_beach.pdf

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or December 26, 2025.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000; Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2025-0680

Date of Issuance – November 26, 2025

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-2025-0680, Southside Building Corp., Proposes to remove existing boardwalk and boat slip and create 353 Sq. Ft of wetlands with native plantings landward of existing boatslip. Removal and replacement of 276+/-LF of existing bulkhead; 225 LF would be reconstructed in place and landward of the existing, and 56 LF (including an additional 5 LF extension) would be reconstructed seaward

with a displacement of 325 Sq. Ft. of wetlands. The proposal would be located at 5850 Merrick Road, Narrasketuck River, Town of Oyster Bay, Nassau and Suffolk Counties.

The stated purpose of the proposed action is "Flood and erosion protection".

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

<https://dos.ny.gov/f-2025-0680> or at <https://dos.ny.gov/public-notices>

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or December 26, 2025.

Comments should be addressed to: Consistency Review Unit, Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000; Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE

Department of State
F-2025-0709 (DA)

Date of Issuance – November 26, 2025

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.

Army Corps of Engineers has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The agency's consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2025-0709, U.S. Merchant Marine Academy is proposing Maintenance dredging of up to 52,000+/- CY of material Hague Basin with placement of the dredged material to be transported and placed at a contractor-furnished, state-permitted upland placement site(s). The proposal would be located at 300 Steamboat Road, in Hague Basin, Town of North Hempstead, Nassau County.

The stated purpose of the project is "to remove critical shoals within Hague Basin and to maintain the authorized Project dimensions, thereby assuring safe and operational navigation of the basin for the engineering Training Vessel (T/V Kings Pointer) and ancillary craft."

The agency's consistency determination and supporting information are available for review at:

<https://dos.ny.gov/f-2025-0709> or at <https://dos.ny.gov/public-notices>

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., "30"-days from the date of publication of this notice, or, December 26, 2025.

Comments should be addressed to: Department of State, Office of Planning, Development and Community Infrastructure, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-6000; Fax (518) 473-2464. Electronic submissions can be made by email at: CR@dos.ny.gov

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

Appendix V
2025 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #25-0030

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-B 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 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 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.

- 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 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 government 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 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.

		4/1/25 – 3/31/26	
Payment Type	Non-Federal Share Funding	Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$88.6M	\$253.1M

- A. **General Fund:** Revenue resources for the State's General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). 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 Medicaid 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.

B. 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	\$5.210B
Suffolk County	\$243M
Nassau County	\$231M
Westchester County	\$215M
Erie County	\$205M
Rest of State (53 Counties)	\$1.260B
Total	\$7.364B

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.

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

- For clinic or outpatient hospital services 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 Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

- 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.