



# Department of Health

KATHY HOCHUL  
Governor

JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

December 30, 2025

Courtney Miller  
Director  
CMS/Center for Medicaid & CHIP Services  
Medicaid & CHIP Operations Group  
601 E. 12<sup>th</sup> St., Room 355  
Kansas City, Missouri 64106

RE: SPA #25-0067  
Non-Institutional Services

Dear Director Miller:

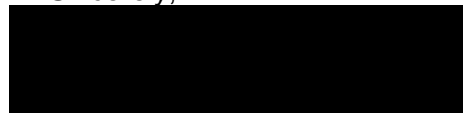
The State requests approval of the enclosed amendment #25-0067 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective October 1, 2025 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

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 notice of this plan amendment, which was given in the *New York State Register* on September 24, 2025, is 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,



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 6 7

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)(4)(C) Family planning services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 10/01/25-09/30/26 \$ 4,600,000b. FFY 10/01/26-09/30/27 \$ 4,600,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 2

Attachment 3.1-B Page 2

Attachment 3.1-A Supplement Page 2

Attachment 3.1-B Supplement Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-A Page 2

Attachment 3.1-B Page 2

Attachment 3.1-A Supplement Page 2

Attachment 3.1-B Supplement Page 2

9. SUBJECT OF AMENDMENT

Iatrogenic Infertility

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 30, 2025

15. RETURN TO

New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, NY 12210**FOR CMS USE ONLY**

16. DATE RECEIVED

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

2

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY**

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
☒ Provided:      ☐ No limitations      ☒ With limitations\*      ☐ Not provided
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)
- 4.c.i. Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.  
☒ Provided:      ☒ No limitations      ☐ With limitations\*      ☐ Not provided
- 4.c.ii. Family planning-related services provided under the above State Eligibility Option.  
☒ Provided:      ☒ No limitations      ☐ With limitations\*
- 4.c.iii. Fertility services for women ages 21 through 44  
☒ Provided:      ☐ No limitations      ☒ With limitations\*  
 \*Limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs.
- 4.c.iv. Fertility preservation services for individuals of child bearing age  
☒ Provided:      ☐ No limitations      ☒ With limitations\*  
\*Limitations described on attachment
- 4.d.1. **Face-to-Face Counseling Services provided:**  
☒ (i) By or under supervision of a physician;  
☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or  
☐ (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)
- 4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**  
☒ Provided:      ☒ No limitations      ☐ With limitations\*  
 All Medicaid recipients, including pregnant women, receiving tobacco cessation counseling services can receive these services without any limitation.
- Please describe any limitations: ☐

\* Description provided on attachment.

TN #25-0067 \_\_\_\_\_ Approval Date

Supersedes TN #20-0021 Effective Date October 1, 2025

New York  
2

**1905(a)(4)(C) Family planning services**

- 4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments will not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

- 4.c.iv Standard fertility preservation services to prevent or treat infertility when a medical treatment may directly or indirectly cause iatrogenic infertility, will be limited to medically necessary collection, freezing, preservation and storage of oocytes or sperm, and such other standard services that are not experimental or investigational, together with prescription drugs. In vitro fertilization (IVF) will not be covered as a fertility preservation service.

4.d.1. **Face-to-Face Counseling Services**

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be based on medical necessity and without limitation.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.
- 5a. **Collaborative Care Services:** Effective January 1, 2015, Physician services will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.
6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

TN #25-0067

Approval Date \_\_\_\_\_

Supersedes TN #21-0014

Effective Date October 1, 2025

## AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*
2. a. Outpatient hospital services.  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*  
b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*                      ☐ Not provided.  
c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*  
d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*
3. Other laboratory and x-ray services.  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*  
b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. (Limited to federal requirements under 1905(a) per section 1905(r) per PM 90-2.)  
☒ Provided:                      ☐ No limitations                      ☒ With limitations\*                      ☐ Not provided.  
c.i. Family planning services and supplies for individuals of childbearing age and for individuals eligible pursuant to Attachments 2.2-A and 2.2-B, if this eligibility option is elected by the State.  
☒ Provided:                      ☒ No limitations                      ☐ With limitations\*  
c.ii. Family planning-related services provided under the above State Eligibility Option.  
☒ Provided:                      ☒ No limitations                      ☐ With limitations\*

\*Description provided on attachment.

- c.iii. Fertility services for women ages 21 through 44  
☒ Provided: ☐ No limitations ☒ With limitations\*

\*Limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs.

- c.iv. Fertility preservation services for individuals of child bearing age  
☒ Provided:      ☐ No limitations      ☒ With limitations\*

\*Limitations described on attachment

**TN #25-0067**

**Approval Date** \_\_\_\_\_

Supersedes TN #17-0058

Effective Date October 1, 2025

New York  
2

**1905(a)(4)(C) Family planning services**

- 4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments will not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

- 4.c.iv Standard fertility preservation services to prevent or treat infertility when a medical treatment may directly or indirectly cause iatrogenic infertility, will be limited to medically necessary collection, freezing, preservation and storage of oocytes or sperm, and such other standard services that are not experimental or investigational, together with prescription drugs. In vitro fertilization (IVF) will not be covered as a fertility preservation service.

4.d.1. **Face-to-Face Counseling Services**

4.d.2. **Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women**

Effective April 1, 2020, Medicaid coverage of comprehensive counseling and pharmacotherapy for cessation of tobacco use by all Medicaid eligible recipients, including pregnant women, will be provided. Such services will be provided face-to-face, by or under the supervision of a physician and no cost sharing (co-pays) will apply. In accordance with section 4107 of the Patient Protection and Affordable Care Act, current coverage of smoking cessation services for all Medicaid recipients, including pregnant women, will be based on medical necessity and without limitation.

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- 5a. **Collaborative Care Services:** Effective January 1, 2015, Physician services will include Collaborative Care Services as set forth in item 9 of the Supplement to Attachment 3.1-A of the Plan. Physician Services are in accordance with 42 CFR §440.50 and requirements for claim submission comply with the State Medicaid Manual, §4281 titled Restriction on Payments for Physician Services.
6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

TN #25-0067

Approval Date \_\_\_\_\_

Supersedes TN #21-0014

Effective Date October 1, 2025

**Appendix II**  
**2025 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**



**SUMMARY**  
**SPA #25-0067**

This State Plan Amendment proposes to add coverage of fertility preservation services for individuals when a medical treatment may directly or indirectly cause iatrogenic infertility. Coverage shall include medically necessary collection, freezing, preservation and storage of oocytes or sperm, and such other standard services that are not experimental or investigational; together with prescription drugs, which shall be limited to federal food and drug administration approved medications and subject to medical assistance program coverage requirements. In vitro fertilization (IVF) shall not be covered as a fertility preservation service.

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

Subparagraph (nn) in section 2 of New York Social Services Law (SSL) 365-a:

(i) Medical assistance shall include the coverage of the following services for individuals when a medical treatment may directly or indirectly cause iatrogenic infertility, which is an impairment of fertility resulting from surgery, radiation, chemotherapy, sickle cell treatment, or other medical treatment affecting reproductive organs or processes: (1) standard fertility preservation services to prevent or treat infertility, which shall include medically necessary collection, freezing, preservation and storage of oocytes or sperm, and such other standard services that are not experimental or investigational; together with prescription drugs, which shall be limited to federal food and drug administration approved medications and subject to medical assistance program coverage requirements. In vitro fertilization (IVF) shall not be covered as a fertility preservation service; and (2) coverage of the costs of storage of oocytes or sperm shall be subject to continued medical assistance program eligibility for individuals when medical treatment may directly or indirectly cause iatrogenic infertility, and shall terminate upon any discontinuance of medical assistance eligibility.

**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](http://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

### Division of Criminal Justice Services

Pursuant to Public Officers Law § 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Juvenile Justice Advisory Group:

Date: October 1, 2025  
Time: 10:00 a.m. - 1:00 p.m.  
Place: Sonesta Hotel  
66 Hale Ave.  
White Plains, NY 10601

*For further information contact:* Trista Deame, Chief of Criminal Justice Program Planning and Development, office of Youth Justice, Division of Criminal Justice Services, 80 S. Swan St., 8th Fl., Albany, NY 12210, (518) 485-9166, e-mail: [Trista.Deame@dcjs.ny.gov](mailto:Trista.Deame@dcjs.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 NYS Social Services Law § 365-a (2)(jj).

The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2025, the NYS Medicaid program is proposing a reduction in reimbursement for Applied Behavior Analysis (ABA) services provided by unlicensed personnel under the direction of a Licensed Behavior Analyst (LBA). This reduction aligns NYS Medicaid with other state Medicaid programs while still providing fair compensation. Currently, the NYS Medicaid program reimburses for ABA services provided by unlicensed personnel at the same

rate as LBAs. This change in reimbursement methodology ensures providers of ABA services are compensated equitably for their training and experience.

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is (\$1.3 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](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](mailto: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 Subdivision 2 of section 365-a paragraph nn of the Social Services Law. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2025, covered fertility services will be amended to include coverage of services for individuals with iatrogenic infertility directly or indirectly caused by medical treatment. Standard fertility preservation services to prevent or treat infertility will be added, to include medically necessary collection, freezing, preservation and storage of oocytes or sperm, and such other standard

services that are not experimental or investigational; together with prescription drugs, which shall be limited to federal food and drug administration approved medications and subject to Medicaid program coverage requirements.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is \$4.6 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](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.

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*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](mailto: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 section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

#### Non-Institutional Services

Effective on or after October 1, 2025, this proposal would modify the existing State Plan by reimbursing select inpatient drugs identified on a carve out list at the existing lower of methodology, in accordance with New York Social Services Law 367-a(9). The carve out list will ensure supplemental and federal rebates are obtainable from any eligible claim for the drugs listed.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2025-2026. The estimated net aggregate decrease in gross Medicaid expenditures attributable to this proposed amendment for state fiscal year 2026-2027 is (\$4 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](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.

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*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](mailto: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 institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

#### Institutional Services

Effective on or after October 1, 2025, the Medication Assisted Treatment (MAT) benefit will continue to be a mandatory benefit to comply with federal statute by removing the September 30, 2025, discontinuation date.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

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

#### Non-Institutional Services

Effective on or after October 1, 2025, the Medication Assisted Treatment (MAT) benefit will continue to be a mandatory benefit to comply with federal statute by removing the September 30, 2025, discontinuation date.

This benefit transition does not impact current MAT benefits provided by either the Pharmacy or Medical benefit.

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

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](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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Long Island City, New York 11101

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

**NON-INSTITUTIONAL SERVICES**  
**State Plan Amendment #25-0067**

**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	\$156.4M	\$312.8M

- 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:

<b>Entity</b>	<b>Annual Amount</b>
New York City	\$5.378B
Suffolk County	\$256M
Nassau County	\$241M
Westchester County	\$223M
Erie County	\$216M
Rest of State (53 Counties)	\$1.320B
<b>Total</b>	<b>\$7.634B</b>

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.