



**Department
of Health**

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

March 31, 2026

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

RE: SPA #26-0021
Non-Institutional Services

Dear Director McMillion:

The State requests approval of the enclosed amendment #26-0021 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective March 1, 2026 (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 February 25, 2026, 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,



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 <u>2 6</u> — <u>0 0 2 1</u> | 2. STATE <u>NY</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |

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

4. PROPOSED EFFECTIVE DATE
March 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabil

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 03/01/26-09/30/26 \$ 256,442
b. FFY 10/01/26-09/30/27 \$ 1,137,918

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page: 10(a.9), 10(a.9)(a)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

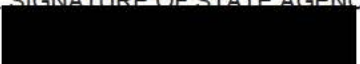
9. SUBJECT OF AMENDMENT

OASAS Substance Use Disorder Acute Residential Services - Freestanding Withdrawal Management and Rehabilitation

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
March 31, 2026

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

20. TYPED NAME OF APPROVING OFFICIAL

19. SIGNATURE OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Appendix I
2026 Title XIX State Plan
First Quarter Amendment
Amended SPA Pages

New York
10(a.9)(a)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Substance Use Disorder Acute Residential Services (Withdrawal and Rehabilitation) (cont.)

| <u>Bed Size</u> | <u>IPR Fee</u> | <u>Bed Size</u> | <u>IPR Fee</u> | <u>Bed Size</u> | <u>IPR Fee</u> | <u>Bed Size</u> | <u>IPR Fee</u> | <u>Bed Size</u> | <u>IPR Fee</u> | <u>Bed Size</u> | <u>IPR Fee</u> |
|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
| 26 | \$497.39 | 44 | \$462.80 | 62 | \$441.57 | 80 | \$426.40 | 98 | \$414.71 | 116 | \$405.25 |
| 27 | \$494.82 | 45 | \$461.39 | 63 | \$440.59 | 81 | \$425.69 | 99 | \$414.15 | 117 | \$404.77 |
| 28 | \$492.38 | 46 | \$460.00 | 64 | \$439.65 | 82 | \$424.98 | 100 | \$413.59 | 118 | \$404.30 |
| 29 | \$490.01 | 47 | \$458.65 | 65 | \$438.72 | 83 | \$424.28 | 101 | \$413.02 | 119 | \$403.84 |
| 30 | \$487.74 | 48 | \$457.34 | 66 | \$437.81 | 84 | \$423.58 | 102 | \$412.43 | 120+ | \$403.39 |
| 31 | \$485.56 | 49 | \$456.05 | 67 | \$436.91 | 85 | \$422.88 | 103 | \$411.89 | | |

The geographic regions and regional cost factors used to determine the final facility-specific fee are as follows:

| <u>Region</u> | <u>Factor</u> | <u>Counties</u> |
|---------------|---------------|---|
| <u>1</u> | <u>1.2267</u> | <u>NYC</u> |
| <u>2</u> | <u>1.2001</u> | <u>Westchester</u> |
| <u>3</u> | <u>1.1825</u> | <u>Nassau, Suffolk, Rockland, Orange, Putnam</u> |
| <u>4</u> | <u>1.1009</u> | <u>Dutchess</u> |
| <u>5</u> | <u>1.0317</u> | <u>Erie, Niagara</u> |
| <u>6</u> | <u>0.9710</u> | <u>Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida</u> |
| <u>7</u> | <u>0.9192</u> | <u>Rest of State</u> |

TN #26-0021

Approval Date _____

Supersedes TN NEW

Effective Date March 1, 2026

Appendix II
2026 Title XIX State Plan
First Quarter Amendment
Summary

SUMMARY
SPA #26-0021

This State Plan Amendment proposes to establish rates of reimbursement for the provision of acute residential care for persons treated in freestanding residential facilities certified under Title 14 NYCRR, Chapter XXI, Part 821 – Withdrawal Management and Rehabilitation Services effective March 1, 2026.

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

Included below is 43.01 and 43.02 - which we cite as authority to establish methods of payment:

§ 43.01 Fees and rates for department services.

(a) The department shall charge fees for its services to patients and residents, provided, however, that no person shall be denied services because of inability or failure to pay a fee.

(b) The commissioner may establish, at least annually, schedules of rates for inpatient services that reflect the costs of services, care, treatment, maintenance, overhead, and administration which assure maximum recovery of such costs.

In addition, the commissioner may establish, at least annually, schedules of fees for noninpatient services which need not reflect the costs of services, care, treatment, maintenance, overhead, and administration.

(c) The executive budget, as recommended, shall reflect, by individual facility, the costs of services, care, treatment, maintenance, overhead, and administration.

(d) All schedules of fees and rates which are established by the commissioner, shall be subject to the approval of the director of the division of the budget. Immediately upon their approval, copies of all schedules of fees and rates established pursuant to this section shall be forwarded to the chairman of the assembly ways and means committee and the chairman of the senate finance committee.

§ 43.02 Rates or methods of payment for services at facilities subject to licensure or certification by the office of mental health, the office for people with developmental disabilities or the office of alcoholism and substance abuse services.

(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
2026 Title XIX State Plan
First 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 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 March 2026 will be conducted on March 11 and March 12 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 the requirements of 42 CFR Section 447.205, the Department of Health, in coordination with the Office of Addiction Services and Supports (OASAS), 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 Title 14 NYCRR, Chapter XXI, Parts 818, 816, and pending amendment to Part 821. The following changes are proposed:

Non-Institutional Services

Effective on or after March 1, 2026, the New York State Office of Addiction Services and Supports will modify the Medicaid reimbursement for freestanding chemical dependence inpatient (residential) rehabilitation services (Title 14 NYCRR, Chapter XXI, Part 818) and freestanding chemical dependence medically supervised inpatient (residential) withdrawal and stabilization services (Part 816). Reimbursement will be provided under a new service type, known as "Comprehensive Inpatient", which combines elements of both the

Part 818 and Part 816 services under a single certification pursuant to Part 821. The new fee methodology will apply only to freestanding facilities certified solely under Article 32 of the New York State Mental Hygiene Law and shall not apply to facilities certified under Article 28 of the Public Health Law. Medicaid reimbursement will be provided as a per diem rate established under a cost-based fee methodology that includes both operating and capital costs. No separate capital add-on will be permitted, and there will be no separate Medicaid reimbursement of capital costs.

Fees will be established using a regression model based on the relationship between normalized cost and certified program capacity. Statewide base rates, calculated by program capacity, will be adjusted using regional cost factors as shown below. Any change in certified program capacity will result in a corresponding rate change effective on the same date.

Geographic Regions and Regional Cost Factors

| Region | Factor | Counties |
|--------|--------|--|
| 1 | 1.2267 | NYC |
| 2 | 1.2001 | Westchester |
| 3 | 1.1825 | Nassau, Suffolk, Rockland, Orange, Putnam |
| 4 | 1.1009 | Dutchess |
| 5 | 1.0317 | Erie, Niagara |
| 6 | 0.9710 | Madison, Onondaga, Oswego, Tompkins, Jefferson, Herkimer, Oneida |
| 7 | 0.9192 | Rest of State |

The estimated net aggregate increase in gross Medicaid expenditures attributable to this proposal is \$9,800 for state fiscal year 2025-2026 and \$1.54 million for state fiscal year 2026-2027. Thereafter, the estimated ongoing net aggregate increase in gross Medicaid expenditures is \$2.62 million per state fiscal year.

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

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

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

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

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

Bronx County, Tremont Center

1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan & NYCE IRA

The New York City Deferred Compensation Plan & NYCE IRA (the "Plan") is seeking proposals from qualified vendors to provide Auditing Services for the City of New York Deferred Compensation Plan. The Request for Proposals ("RFP") will be available beginning on Wednesday, February 11, 2026. Responses are due no later than 4:30 p.m. Eastern Time on Wednesday, March 11, 2026. To obtain a copy of the RFP, please visit the Plan's website at www1.nyc.gov/site/olr/about/about-rfp.page and download and review the applicable documents.

If you have any questions, please email them to Beth Kushner, Executive Director, at RFPMail@nyceplans.org.

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

PUBLIC NOTICE

Department of State
Notice of Review for the
Village of Cayuga

Draft Local Waterfront Revitalization Program

PURSUANT to Article 42 of the New York State Executive Law and 19 NYCRR Part 601, the New York State Department of State (DOS) has accepted a Draft Local Waterfront Revitalization Program (LWRP) for the Village of Cayuga, located within Cayuga County and the Central NY Region. The LWRP is a comprehensive management program for the Village's waterfront resources along Cayuga Lake.

To approve the Village of Cayuga LWRP, the Secretary of State must find that it is consistent with Article 42 of the NYS Executive Law and that it does not conflict with existing State programs and policies. Since State agency actions must be consistent with an approved LWRP, Article 42 requires that the public and any potentially affected State and regional agencies be given the opportunity to comment on the proposed program. For this purpose, the Village of Cayuga Draft LWRP is available online at: <https://dos.ny.gov/public-notices>

Comments on the Village of Cayuga Draft LWRP should be submitted by April 25, 2026, to: Lisa Vasilakos, Department of State, Office of Planning, Development and Community Infrastructure via email at lwrp@dos.ny.gov

PUBLIC NOTICE

Department of State
F-2025-0668

Date of Issuance – February 25, 2026

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

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

In F-2025-0668, Seatuck Five LLC, Anthony Villareale is proposing a marina improvement project, including the following:

- 714 linear feet of existing bulkhead to be reconstructed in-place or 4 to 6-foot landward;
- 2,010 square feet of land to be excavated (515 cubic yards) and spread out over the storage and parking areas;
- Installation of the following floating docks and decks:
 - o 5-foot x 10-foot dock;
 - o 6-foot x 22-foot dock;
 - o 4-foot x 32-foot dock;
 - o 8-foot x 10-foot platform;
 - o 6-foot x 98-foot deck;
 - o Four 4-foot x 35-foot docks;
- Addition of 7 slips;
- Extension of the existing travel lift 6-feet seaward and installation a 2-foot-wide catwalk along the lift.

The project is located at 50 South Bay Avenue in the Town of Southampton, Suffolk County, Seatuck Cove.

The stated purpose of the proposed action is to allow increased capacity and more efficient use of the site for vessel mooring and navigation.

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

<https://dos.ny.gov/f-2025-0668> 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 March 27, 2026.

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-2025-0711

Date of Issuance – February 25, 2026

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

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

In F-2025-0711, Breakwater Key Marina, Lee Henchman, is proposing to mechanically dredge approximately 24,900 cubic yards of sediment from shoaled areas totaling 3.3 acres within the Breakwater Key Marina. This area will be dredged to the proposed depth of -8.75 feet at mean lower low water, plus one foot of allowable overdepth. The dredged sediment will be disposed of at the Central Long Island Disposal Site (CLDS) or Western Long Island Sound Disposal Site (WLDS) as a potential alternative.

The CLDS is located within Long Island Sound, south of South End Point, East Haven, Connecticut and north of the Village of Shoreham, Town of Brookhaven, Suffolk County. The site boundary is a 2.4 square nautical mile rectangle centered at 41° 08.95' N and 72° 52.95' W (NAD 83).

The WLDS is located within Long Island Sound, is located ap-

Appendix V
2026 Title XIX State Plan
First Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #26-0021

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.

| Payment Type | Non-Federal Share Funding | 4/1/25 – 3/31/26 | |
|-----------------|-----------------------------------|------------------|----------|
| | | Non-Federal | Gross |
| Normal Per Diem | General Fund; County Contribution | \$21.35M | \$42.71M |

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 | \$5.378B |
| Suffolk County | \$256M |
| Nassau County | \$241M |
| Westchester County | \$223M |
| Erie County | \$216M |
| Rest of State (53 Counties) | \$1.320B |
| Total | \$7.634B |

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

NOTE: The Local Contribution is not tied to a specific claim or service category and instead is a capped amount based on 2015 county spending levels as stated above.

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

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

- 4. 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.

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

Response: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

ACA Assurances:

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

MOE Period.

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

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

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

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

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

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

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

Tribal Assurance:

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

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

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

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