



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

June 30, 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 #26-0040
Non-Institutional Services

Dear Director McMillion:

The State requests approval of the enclosed amendment #26-0040 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective April 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). Copies of the public notices of this plan amendment, which were given in the *New York State Register* on March 25, 2026, and subsequently clarified on July 15, 2026, 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 6 — 0 0 4 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

April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabili

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/26-09/30/26 \$ 1,535,492b. FFY 10/01/26-09/30/27 \$ 3,070,983

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Pages: 3L-4, 3M, 3N, 3O, 3P, 3Q, 8a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B Pages: 3L-4, 3M, 3N, 3O, 3P, 3Q, 8a

9. SUBJECT OF AMENDMENT

2.7% Targeted Inflationary Increase and MW - OMH Rehab - SFY27

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

June 30, 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

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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

Effective Date April 1, 2026

**New York
3M**

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13d. Rehabilitative Services

Assertive Community Treatment (ACT) Reimbursement

ACT services are reimbursed regional monthly fees per individual for ACT teams corresponding to the number of individuals served, as defined in the fee schedule. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. The agency's fee schedule rate is adjusted, including changes for the statutory minimum wage increase, as of April 1, ~~2025~~ 2026, and such rate is effective for services provided on or after that date. All rates are published at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx

Monthly fees are based on projected costs necessary to operate an ACT team of each size and are calculated by dividing allowable projected annual costs by 12 months and by team size. Such monthly fee is then adjusted by a factor to account for fluctuations in case load or when the provider cannot submit full or partial month claims because the minimum contact threshold cannot be met. No costs for room and board are included when calculating ACT reimbursement rates.

ACT services are reimbursed either the full or partial/stepdown fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided during a month. Providers may not bill more than one monthly fee for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. ACT services are also reimbursed the partial/stepdown fee for a maximum of five months for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full fee may be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of six contacts per month, of which up to two contacts may be provided while the individual was in the hospital. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge.

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Supersedes TN #25-0052

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42 CFR 440.130(d)

Fees are developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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

13.d Rehabilitative Services

OMH Community Residential Eating Disorder Integrated Treatment Services

Reimbursement methodology for OMH Community Residential Eating Disorder Integrated Treatment Services:

The Office of Mental Health established regional fee schedules for Community Residential Eating Disorder Integrated Treatment Services (CREDIT) provided by OMH licensed facilities of sixteen (16) or fewer beds. The unit of services is per diem.

Fee schedule rates are based on regional average actual costs to operate a facility licensed to serve either adults only or adults and youth, as reported by CREDIT Services providers to the state through annual consolidated fiscal reports, comparable program costs and other relevant published Federal statistical and economic data. The initial fee schedule rates are trended to the rate year using the Medicare Market Basket Index and are further adjusted by a utilization factor to account for fluctuations in case load. No costs for room and board are included in the rates for CREDIT Services.

Rates effective April 1, ~~2025~~ 2026 are published at the following link:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/redt.xlsx

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**New York
3P**

1905(a)(13) Other diagnostic, screening, preventative, and rehabilitative services

13.d Rehabilitative Services

Coordinated Specialty Care Services

Reimbursement Methodology for Coordinated Specialty Care Services

Effective July 1, 2023, for services provided by OMH licensed providers, reimbursement for Coordinated Specialty Care (CSC) services will be made in the form of a monthly fee if the minimum number of services, as defined herein is provided. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

Monthly fees were calculated using provider-submitted Consolidated Fiscal Reports (CFR) for Coordinated Specialty Care services and were calculated by dividing allowable annual costs by 12 months and by provider case size. Such monthly fees are then adjusted by a factor to account for fluctuations in case load and the expected frequency of full or partial month claims based on established minimum contact thresholds.

CSC services are reimbursed either the full or half month fee based on the number of discrete contacts of at least 15 minutes in duration in which CSC services are provided. Providers will not bill more than one monthly fee, including the full or half month fee, for the same individual in the same month.

CSC services are reimbursed the full month fee for a minimum of four contacts per month, at least two of which must be with the individual. CSC services are reimbursed the half month fee for a minimum of two and fewer than four contacts per month, of which one must be with the individual. CSC services are also reimbursed the half-month fee for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full monthly fee will be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of four contacts per month, of which two contacts will be provided while the individual is admitted to the hospital. Such reimbursement for individuals admitted to a general hospital is limited to five continuous months. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge. No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one contact with an individual and one collateral contact. Services provided using telehealth technology and services with collateral contacts are included for purposes of determining total monthly visits.

OMH Coordinated Specialty Care providers will maintain complete case records which form the basis of all claims and statistical and financial reports for at least six years from the date of service. All such records will be subject to audit for six years from the date the claim was submitted. Providers must also submit annual cost reports. The State periodically reviews case records, claims data, and provider cost reports to evaluate the adequacy and efficiency of bundled reimbursement rates.

The State also monitors the provision of CSC services to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their needs through services and provider monitoring tools including required client and program-level data reporting and annual fidelity assessment. Providers of CSC services are also required to perform patient-specific reporting to the State at routine intervals as a condition of authorization to provide CSC services.

The agency's fee schedule rate is adjusted as of April 1, ~~2025~~-2026, and such rate is effective for services provided on or after that date. Fees for CSC Services are available on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/

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Effective Date April 1, 2026

Effective Date April 1, 2026

New York
8a

1905(a)(13) Rehabilitative Services

Rehabilitative Services (42 CFR 440.130(d)): OMH outpatient mental health services
- Reimbursement Methodology continued

- I. **Definitions:** The list of definitions in the “Ambulatory Patient Group System - freestanding clinic” section of this attachment will also apply to the methodology for OMH outpatient mental health services except as follows:
- **After hours** means outside the time period 8:00 am – 6:00 pm on weekdays or any time during weekends.

II. Quality Improvement (QI) Program

An enhanced APG peer group base rate is available for participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI finding and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

III. Minimum Wage Increases

The minimum wage methodology described in the “Minimum Wage Rate Increases for Non-State-operated Freestanding OMH-Licensed Mental Health Clinics” section of this attachment will also apply to the minimum wage methodology for OMH outpatient community-based mental health rehabilitative services.

- IV. Reimbursement Rates:** Effective for dates of service on or after April 1, ~~2025~~ 2026, the state sets APG peer group base rates for all OMH outpatient mental health services providers, including changes for the statutory minimum wage increase, and base rates for providers participating in the OMH Quality Improvement program. Effective October 1, 2023, APG base rates for hospital-based mental health outpatient treatment and rehabilitative services providers are eligible to include a Quality Improvement Supplement. Also, effective April 1, 2023, APG peer group base rates for services provided in OMH-approved school-based satellites will be increased by 25 percent. Base rates are published on the State's website at:
https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/apg-peer-group-base-rate.xlsx

TN #26-0040

Approval Date

Supersedes TN #25-0052

Effective Date April 1, 2026

Appendix II
2026 Title XIX State Plan
Second Quarter Amendment
Summary

SUMMARY
SPA #26-0040

This State Plan Amendment proposes to implement a 2.7 percent targeted inflationary increase, and minimum wage adjustment, to the reimbursement fees for NYS Office of Mental Health Rehabilitation programs, effective April 1, 2026.

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

SPA 26-0040

Authorizing Provisions

Part P of Chapter 57 of the laws of 2026

40 Section 1. 1. Subject to available appropriations and approval of the
41 director of the budget, the commissioners of the office of mental
42 health, office for people with developmental disabilities, office of
43 addiction services and supports, office of temporary and disability
44 assistance, office of children and family services, and the director of
45 the state office for the aging (hereinafter "the commissioners") shall
46 establish a state fiscal year 2026-2027 targeted inflationary increase,
47 effective April 1, 2026, for projecting for the effects of inflation
48 upon rates of payments, contracts, or any other form of reimbursement
49 for the programs and services listed in subdivision four of this
50 section. The targeted inflationary increase established herein shall be
51 applied to the appropriate portion of reimbursable costs or contract
52 amounts. Where appropriate, transfers to the department of health (DOH)
53 shall be made as reimbursement for the state and/or local share of
54 medical assistance.

1 2. Notwithstanding any inconsistent provision of law, subject to the
2 approval of the director of the budget and available appropriations
3 therefor, for the period of April 1, 2026 through March 31, 2027, the
4 commissioners shall provide funding to support a two and seven-tenths
5 percent (2.7%) targeted inflationary increase under this section for all
6 eligible programs and services as determined pursuant to subdivision
7 four of this section.

8 3. Notwithstanding any inconsistent provision of law, and as approved
9 by the director of the budget, the 2.7 percent targeted inflationary
10 increase established herein shall be inclusive of all other inflationary
11 increases, cost of living type increases, inflation factors, or trend

12 factors that are newly applied effective April 1, 2026. Except for the
13 2.7 percent targeted inflationary increase established herein, for the
14 period commencing on April 1, 2026 and ending March 31, 2027 the commis-
15 sioners shall not apply any other new targeted inflationary increases or
16 cost of living adjustments for the purpose of establishing rates of
17 payments, contracts or any other form of reimbursement. The phrase "all
18 other inflationary increases, cost of living type increases, inflation
19 factors, or trend factors" as defined in this subdivision shall not
20 include payments made pursuant to the American Rescue Plan Act or other
21 federal relief programs related to the Coronavirus Disease 2019 (COVID-
22 19) pandemic public health emergency. This subdivision shall not prevent
23 the office of children and family services from applying additional
24 trend factors or staff retention factors to eligible programs and
25 services under paragraph (v) of subdivision four of this section.

26 4. Eligible programs and services. (i) Programs and services funded,
27 licensed, or certified by the office of mental health (OMH) eligible for
28 the targeted inflationary increase established herein, pending federal
29 approval where applicable, include: office of mental health licensed
30 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
31 the office of mental health regulations including clinic (mental health
32 outpatient treatment and rehabilitative services programs), continuing
33 day treatment, day treatment, intensive outpatient programs and partial
34 hospitalization; outreach; crisis residence; crisis stabilization,
35 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
36 emergency program services; crisis intervention; home based crisis
37 intervention; family care; residential program services, excluding prop-
38 erty costs, for supported single room occupancy and community residence
39 single room occupancy; supported housing programs/services excluding
40 rent; treatment congregate; supported congregate; community residence -

41 children and youth; treatment/apartment; supported apartment; on-site
42 rehabilitation; employment programs; recreation; respite care; transpor-
43 tation; psychosocial club; assertive community treatment; case manage-
44 ment; care coordination, including health home plus services; local
45 government unit administration; monitoring and evaluation; children and
46 youth vocational services; single point of access; school-based mental
47 health program; family support children and youth; advocacy/support
48 services; drop in centers; recovery centers; transition management
49 services; bridge; home and community based waiver services; behavioral
50 health waiver services authorized pursuant to the section 1115 MRT waiv-
51 er; self-help programs; consumer service dollars; conference of local
52 mental hygiene directors; multicultural initiative; ongoing integrated
53 supported employment services; supported education; mentally
54 ill/chemical abuse (MICA) network; personalized recovery oriented
55 services; children and family treatment and support services; residen-
56 tial treatment facilities operating pursuant to part 584 of title

1 14-NYCRR; geriatric demonstration programs; community-based mental
2 health family treatment and support; coordinated children's service
3 initiative; homeless services; and promise zones.

4 (ii) Programs and services funded, licensed, or certified by the
5 office for people with developmental disabilities (OPWDD) eligible for
6 the targeted inflationary increase established herein, pending federal
7 approval where applicable, include: local/unified services; chapter 620
8 services; voluntary operated community residential services; article 16
9 clinics; day treatment services; family support services; 100% day
10 training; epilepsy services; traumatic brain injury services; hepatitis
11 B services; independent practitioner services for individuals with
12 intellectual and/or developmental disabilities; crisis services for
13 individuals with intellectual and/or developmental disabilities; family

14 care residential habilitation; supervised residential habilitation;
15 supportive residential habilitation; respite; day habilitation; prevoca-
16 tional services; supported employment; community habilitation; interme-
17 diate care facility day and residential services; specialty hospital;
18 pathways to employment; intensive behavioral services; community transi-
19 tion services; family education and training; fiscal intermediary;
20 support broker; and personal resource accounts.

21 (iii) Programs and services funded, licensed, or certified by the
22 office of addiction services and supports (OASAS) eligible for the
23 targeted inflationary increase established herein, pending federal
24 approval where applicable, include: medically supervised withdrawal
25 services - residential; medically supervised withdrawal services -
26 outpatient; medically managed detoxification; inpatient rehabilitation
27 services; outpatient opioid treatment; residential opioid treatment;
28 residential opioid treatment to abstinence; problem gambling treatment;
29 medically supervised outpatient; outpatient rehabilitation; specialized
30 services substance abuse programs; home and community based waiver
31 services pursuant to subdivision 9 of section 366 of the social services
32 law; children and family treatment and support services; continuum of
33 care rental assistance case management; supported housing services,
34 excluding rent, for the following programs: NY/NY III post-treatment
35 housing, NY/NY III housing for persons at risk for homelessness, and
36 permanent supported housing; youth clubhouse; recovery community
37 centers; recovery community organizing initiative; residential rehabili-
38 tation services for youth (RRSY); intensive residential; community resi-
39 dential; supportive living; residential services; job placement initi-
40 ative; case management; family support navigator; local government unit
41 administration; peer engagement; vocational rehabilitation; HIV early
42 intervention services; dual diagnosis coordinator; problem gambling

43 resource centers; problem gambling prevention; prevention resource
44 centers; primary prevention services; other prevention services; compre-
45 hensive outpatient clinic; jail-based supports; and regional addiction
46 resource centers.

47 (iv) Programs and services funded, licensed, or certified by the
48 office of temporary and disability assistance (OTDA) eligible for the
49 targeted inflationary increase established herein, pending federal
50 approval where applicable, include: the nutrition outreach and education
51 program (NOEP).

52 (v) Programs and services funded, licensed, or certified by the office
53 of children and family services (OCFS) eligible for the targeted infla-
54 tionary increase established herein, pending federal approval where
55 applicable, include: programs for which the office of children and fami-
56 ly services establishes maximum state aid rates pursuant to section

1 398-a of the social services law and section 4003 of the education law;
2 emergency foster homes; foster family boarding homes and therapeutic
3 foster homes; supervised settings as defined by subdivision 22 of
4 section 371 of the social services law; adoptive parents receiving
5 adoption subsidy pursuant to section 453 of the social services law; and
6 congregate and scattered supportive housing programs and supportive
7 services provided under the NY/NY III supportive housing agreement to
8 young adults leaving or having recently left foster care.

9 (vi) Programs and services funded, licensed, or certified by the state
10 office for the aging (SOFA) eligible for the targeted inflationary
11 increase established herein, pending federal approval where applicable,
12 include: community services for the elderly; expanded in-home services
13 for the elderly; and the wellness in nutrition program.

14 5. Each local government unit or direct contract provider receiving
15 funding for the targeted inflationary increase established herein shall

16 submit a written certification, in such form and at such time as each
17 commissioner shall prescribe, attesting how such funding will be or was
18 used to first promote the recruitment and retention of support staff,
19 direct care staff, clinical staff, non-executive administrative staff,
20 or respond to other critical non-personal service costs prior to
21 supporting any salary increases or other compensation for executive
22 level job titles.

23 6. Notwithstanding any inconsistent provision of law to the contrary,
24 agency commissioners shall be authorized to recoup funding from a local
25 governmental unit or direct contract provider for the targeted infla-
26 tionary increase established herein determined to have been used in a
27 manner inconsistent with the appropriation, or any other provision of
28 this section. Such agency commissioners shall be authorized to employ
29 any legal mechanism to recoup such funds, including an offset of other
30 funds that are owed to such local governmental unit or direct contract
31 provider.

32 § 2. This act shall take effect immediately and shall be deemed to
33 have been in full force and effect on and after April 1, 2026.

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.

SECTION 43.01

Fees and rates for department services

Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 43

§ 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.

Appendix IV
2026 Title XIX State Plan
Second 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 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 all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to reflect a 1.7% percent Targeted Inflationary Increase for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$24.9 million.

Non-Institutional Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to account for increased labor costs resulting from statutorily required increases in New York State minimum wage for the following Office of Mental Health (OMH) State

Plan Services: OMH Outpatient Services, OMH Clinic Services, and OMH Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$85,000.

Effective on or after April 1, 2026, the State will invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, licensed under Article 28 of the Public Health Law, by an aggregate amount up to \$60 million per year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$60 million.

Effective on April 1, 2026, for the 2026 rate year and thereafter, the reimbursement methodology for personal care services will be revised. Personal care direct services rates will be based on reported allowable costs not to exceed, or fall below, one standard deviation of the mean for the applicable geographic group. The administrative portion of the rate will not exceed 15 percent of the total rate. Providers' payments for nursing services will be a fee.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative is (\$15 million).

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital outpatient services when combined with investments in hospital inpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Effective on or after April 1, 2026, the State will provide Medicaid reimbursement to freestanding birth centers, including midwifery birth centers and birth centers licensed as diagnostic and treatment centers. The Ambulatory Patient Group (APG) payment methodology will be utilized to reimburse services provided in freestanding birth centers. A separate payment will also be made to the healthcare professionals providing services in freestanding birth centers.

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

Institutional Services

Effective on or after April 1, 2026, this proposal continues the indigent care pool payments made to general hospitals, subject to all provisions of PHL 2807-k.

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

Effective on or after April 1, 2026, the proposed amendment to the State Plan will allow Title XIX (Medicaid) reimbursement to general hospitals, as defined in Subdivision 10 of Section 2801 of the Public Health Law, for provision of inpatient acute care that is provided off-site, pursuant to the conditions set forth in proposed Subdivision 15 of Section 2803 of the Public Health Law (see Proposed Executive Budget, Health and Mental Hygiene, Part K, Section 6). Reimbursement rates will match those provided for inpatient acute care services provided on-site in licensed general hospital settings.

Under the proposed law, the Commissioner of Health of the State of New York may allow general hospitals to provide off-site acute care medical services that are (a) not home care services or professional services as defined in Subdivisions 1 and 2 of Section 3602 of the

Public Health Law; (b) provided by a medical professional, including a physician, registered nurse, nurse practitioner, or physician assistant, to a patient with a preexisting clinical relationship with the general hospital or with the health care professional providing the service; and (c) provided to a patient for whom a medical professional has determined is appropriate to receive acute medical services at their residence. To participate, the general hospital must also have appropriate discharge planning in place to coordinate discharge to a home care agency where medically necessary and consented to by the patient after the patient's acute care episode ends, consistent with all applicable federal, state, and local laws.

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

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital inpatient services when combined with investments in hospital outpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Long Term Care

Effective on or after April 1, 2026, this proposal would end-date the previously enacted 10% reduction to nursing home capital reimbursement. The 10% reduction will not continue going forward.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$58 million.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in residential health care facility services when combined with investments in hospital inpatient and hospital outpatient services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

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

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide US small-cap equity core investment management services for the Small Cap Equity Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide long term growth of capital by investing primarily in the stocks of smaller rapidly growing companies. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

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

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide liquidity support services, including maintenance of daily liquidity, for the Stable Income Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide an opportunity to invest in high quality fixed income securities with an emphasis on safety of principal and consistency of returns. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

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

F-2026-0002

Date of Issuance – March 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-2026-0002, the applicant, Joseph Milito, PHH Bank, is proposing to install an approx. 200' long rock revetment along the toe of the bluff, including 10' and 12' returns, and place erosion control matting with approx. 1,400 cubic yards of clean sand backfill to be planted with indigenous species to revegetate the bluff face. This project is located at 10 Richards Path, Village of St. James, Suffolk County, Long Island Sound.

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

<https://dos.ny.gov/f-2026-0002> 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):

- Town of Smithtown Local Waterfront Revitalization Program:
<https://dos.ny.gov/location/town-smithtown-local-waterfront-revitalization-program>
- Villages of Head of the Harbor and Nissequogue Local Waterfront Revitalization Program:

Public Notice
NYS 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 all services to comply with the 2026-2027 enacted budget. The following changes are proposed:

All Services

The following is a clarification to the March 25th, 2026, noticed proposal to adjust rates of payment statewide to reflect a 1.7 percent (1.7%) Targeted Inflationary Increase. With clarification, this increase will now be 2.7 percent (2.7%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment,

Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$39.6 million.

Non-Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, by an aggregate amount up to \$60 million per year, effective on or after April 1, 2026.

With clarification, that State will invest up to \$80 million per year in diagnostic and treatment centers, designated as Federally Qualified Health Centers or Rural Health Clinics, effective on or after April 1, 2026.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$80 million.

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$1.5 billion in hospital outpatient services, when combined with investments in hospital inpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, when combined with investments in hospital inpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$1.5 billion in hospital inpatient services, when combined with investments in hospital outpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital inpatient services, when combined with investments in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals.

With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$480 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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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:

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave
One Commerce Plaza
Suite 1432
Albany, New York 12210
spa-inquiries@health.ny.gov

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

NON-INSTITUTIONAL SERVICES
State Plan Amendment #26-0040

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.

		4/1/26 – 3/31/27	
Payment Type	Non-Federal Share Funding	Non-Federal	Gross
Normal Per Diem	General Fund; County Contribution	\$122.7M	\$245.4M

- 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 Medical 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.

- 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.