



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Ray Halbritter  
Nation Representative  
Oneida Indian Nation  
5218 Patrick Road  
Verona, NY 13478

Dear Representative Halbritter:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Chief Sidney Hill  
Onondaga Nation Territory  
Hemlock Road, Box 319-B  
Nedrow, NY 13120

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Lisa Goree  
Chairwoman, Council of Trustees  
Shinnecock Indian Nation  
PO Box 5006  
Southampton, NY 11969-5006

Dear Chairwoman Goree:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,  
*/S/*

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Chief Roger Hill  
Council Chairman, Administration Office  
Tonawanda Seneca Indian Nation  
7027 Meadville Road  
Basom, NY 14013

Dear Chief Hill:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Chief Tom Jonathan  
Tribal Clerk  
Tuscarora Indian Nation  
2006 Mount Hope Road  
Lewiston, NY 14092

Dear Chief Jonathan:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Chief Kenneth Patterson  
Tuscarora Indian Nation  
1967 Upper Mountain Road  
Lewiston, NY 14092

Dear Chief Patterson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Chief Harry Wallace  
Unkechaug Indian Territory  
207 Poospatuck Lane  
Mastic, NY 11950

Dear Chief Wallace:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Clint Halftown  
Nation Representative  
Cayuga Nation  
P.O. Box 803  
Seneca Falls, NY 13148

Dear Representative Halftown:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Darwin Hill, Clerk  
Administration Office  
Tonawanda Seneca Indian Nation  
7027 Meadville Road  
Basom, NY 14013

Dear Colleague:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Chief Ross Garrow  
Saint Regis Mohawk Tribe  
412 State Route 37  
Akwesasne, NY 13655

Dear Chief Garrow:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Wada Samuels  
Keeper of Records  
Unkechaug Indian Territory  
P.O. 86  
Mastic, NY 11950

Dear Colleague:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Daniel Collins, Sr.  
Sachem  
Shinnecock Indian Nation  
PO Box 5006  
Southampton, New York 11969-5006

Dear Sachem Collins:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Tim Twoguns  
Nation Representative  
Cayuga Nation  
P.O. Box 803  
Seneca Falls, NY 13148

Dear Representative Twoguns:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Gary Wheeler  
Nation Representative  
Cayuga Nation  
P.O. Box 803  
Seneca Falls, NY 13148

Dear Representative Wheeler:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Maurice A. John Sr.  
President  
Seneca Nation of Indians  
P.O. Box 231  
Salamanca, NY 14779

Dear President John:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Patricia Tarrant  
Executive Director  
American Indian Community House  
275 Madison Avenue  
Suite 2014  
New York, NY 10016

Dear Executive Director Tarrant:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Joseph Heath  
Nation Representative  
Cayuga Nation  
512 Jamesville Ave.  
Syracuse, NY 13210

Dear Representative Heath:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Lance Gumbs  
Vice Chairman, Council of Trustees  
Shinnecock Indian Nation  
PO Box 5006  
Southampton, NY 11969

Dear Vice Chairman Gumbs:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 15, 2025

Donald Thompson Jr.  
Saint Regis Mohawk Tribe  
412 State Route 37  
Akwesasne, NY 13655

Dear Chief Thompson:

Pursuant to our tribal consultation policy, enclosed please find a summary of each proposed amendment to the New York State Plan. We encourage you to review the enclosed information and use the link below to also view the plan pages and Federal Public Notices for each proposal. Please provide any comments or request a personal meeting to discuss the proposed changes within two weeks of the date of this letter.

[https://www.health.ny.gov/regulations/state\\_plans/tribal/](https://www.health.ny.gov/regulations/state_plans/tribal/)

We appreciate the opportunity to share this information with you and if there are any comments or concerns, please feel free to contact Regina Deyette, Medicaid State Plan Coordinator, Office of Health Insurance Programs at 518-473-3658.

Sincerely,

/S/

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

cc: Sean Hightower  
US Dept. of Health and Human Services

Barbara Prehmus  
CMS Native American Contact

**SUMMARY**  
**SPA #25-0053**

This State Plan Amendment proposes to carve out select drugs from the inpatient hospital rates.

DRAFT

New York  
145(a)

**1905(a)(1) Inpatient Hospital Services**

**Carved Out Drug Reimbursement**

1. Select drugs administered by a physician in an inpatient hospital setting are carved out and reimbursed separately from the inpatient payment. Carved-out drugs will be reimbursed in accordance with Attachment 4.19-B of the State Plan. The list of carved out drugs is maintained on the NYS Department of Health website located at: <https://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/>.
  - a. Providers may not use 340B inventory for drugs on the carved-out list.

DRAFT

TN #25-0053

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

Supersedes TN NEW

Effective Date October 1, 2025

# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

## PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with 2025-2026 enacted budget. The following changes are proposed:

### Long Term Care Services

Effective on or after August 17, 2025, the previously established demonstration program for young adults with medical fragility will continue through August 16, 2027.

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

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

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

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

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

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

1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional services to comply with 42 U.S.C. 1396a(13) and 42 C.F.R. Section 447. The following changes are proposed:

### Institutional Services

Effective on or after August 1, 2025, this proposal would modify the existing State Plan to carve out certain drugs from the inpatient hospital rate to ensure access to certain treatments.

There is no estimated expected change in annual aggregate expenditures as a result of this proposed initiative.

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

### Long Term Care Services

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

- Elderwood at North Creek

The aggregate payment amounts totaling up to \$2,342,637 for the period August 1, 2025, through September 30, 2025.

- Elderwood at Waverly

The aggregate payment amounts totaling up to \$3,301,545 for the period August 1, 2025, through September 30, 2025.

- Elderwood at Ticonderoga

The aggregate payment amounts totaling up to \$1,343,797 for the period August 1, 2025, through September 30, 2025.

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

Department of Parks, Recreation and Historic Preservation

In accordance with § 104 of the Public Officers Law, notice is hereby given of the upcoming meeting of New York State 250th Com-

memoration Commission from 10:00 to 12:00 on Tuesday August 12, 2025. The meeting shall be held simultaneously with public access at the following locations:

1) New York State Department of Education, 89 Washington Ave. Room EB 5A/B, Albany NY 12234

2) Erie 1 BOCES: 355 Harlem Rd, Room A-3, West Seneca, NY 14224

3) New York City: The Gotham Center for New York City History, 365 5th Ave #6103, The Skylight Room, New York, NY 10016

4) Southern Westchester BOCES: 450 Mamaroneck Ave, Third Floor Windward Room, Harrison, NY 10528

5) Eastern Suffolk BOCES: 201 Sunrise Highway, Patchogue, NY 11772

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

The meeting is open to the public.

To be considered for inclusion in a commission agenda, comments may be submitted to Phil Giltner, Office of Parks, Recreation and Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189 by May 27, 2025.

*For further information, contact:* Phil Giltner, Office of Parks Recreation and Historic Preservation, P.O. Box 189, Waterford, NY 12188-0189. Email: [phil.giltner@parks.ny.gov](mailto:phil.giltner@parks.ny.gov)

## PUBLIC NOTICE

Department of State

F-2024-0769

Date of Issuance – July 30, 2025

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

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

In F-2024-0769, Transco, LLC [PropelNY] is proposing the installation of submarine and terrestrial components that, in total, include approximately 89.7 miles of new underground transmission lines (approximately 78.5 miles at 345 kilovolts [kV] and approximately 11.2 miles at 138 kV) and direct interconnection with nine existing and/or new substations. Suffolk, Nassau, Queens, Bronx, and Westchester Counties, Long Island Sound, Hempstead Harbor, Alley Pond, East River.

The stated purpose of the proposed action is to facilitate both the interconnection of new, renewable generation resources to the NYS electric grid and the ultimate delivery of energy to end-use customers across NYS.

The applicant's consistency certification and supporting information are available for review at: <https://dos.ny.gov/f-2024-0769> or at <https://dos.ny.gov/public-notices>

The United States Army Corps issued a 30-day public notice in the Federal Register and is available for review at: <https://www.nan.usace.army.mil/Missions/Regulatory/Regulatory-Public-Notices/Article/4221758/nan-2024-00408-mmi/>

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 August 29, 2025.

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

**SUMMARY**  
**SPA #25-0061**

This State Plan Amendment proposes a reduction in the rate paid for adaptive behavior treatment provided by unlicensed individuals/technicians. This change in reimbursement methodology ensures providers of ABA services are compensated equitably for their training and experience.

DRAFT



# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

Claims for abandoned property must be filed with the New York State Comptroller's office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: office of the State Comptroller, office of Unclaimed Funds, 110 State St., Albany, NY 12236.

## PUBLIC NOTICE

### Division of Criminal Justice Services

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

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 365-a (2)(jj).

The following changes are proposed:

#### Non-Institutional Services

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

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

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is (\$1.3 million).

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

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

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

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

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

**Bronx County, Tremont Center**  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Subdivision 2 of section 365-a paragraph nn of the Social Services Law. The following changes are proposed:

#### Non-Institutional Services

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

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

### PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

#### Non-Institutional Services

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

### PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

#### Institutional Services

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

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

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

#### Non-Institutional Services

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

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

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

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

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

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

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

**SUMMARY**  
**SPA #25-0064**

This State Plan Amendment proposes to modify the existing State Plan to reimburse select drugs identified on a carve-out list at the existing lower of methodology. Drugs on the carve-out list will be billed only at the usual and customary price.

DRAFT



**New York**  
**4(d)(2)**

**1905(a)(12) Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses**

7. Practitioner administered or provided drugs billed separately under the medical benefit are reimbursed as follows:

- a. When administered or provided during an office visit, facility setting, or ordered ambulatory setting, drugs will be reimbursed at the lower of:
  - i. National Average Drug Acquisition Cost (NADAC) or, in the event of no NADAC pricing available, Wholesale Acquisition Cost (WAC); or
  - ii. the Federal Upper Limit (FUL); or
  - iii. the State Maximum Acquisition Cost (SMAC); or
  - iv. the actual cost of the drug to the practitioner.

No professional dispensing fee is paid.

Drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act must be billed at their actual acquisition cost.

Drugs on the carve-out list must be billed at the provider's usual and customary price.

- b. When administered in an outpatient setting to a patient of a disproportionate share hospital, clinic, or emergency department, payment may be made through either the Ambulatory Patient Group (APG) classification and reimbursement system, as referenced in this Attachment, or, if carved out of the APG system, in accordance with Section 7.a.

Reimbursement for drugs in the APG reimbursement are paid as follows:

1. Practitioner-administered drugs assigned to an APG and paid through the APG drug band are reimbursed based on the weighted average, using Medicaid paid claims data. Payment for drugs purchased by covered entities at the prices authorized under Section 340B of the Public Health Services Act and paid through the APG drug band are paid at 75% of the drug's APG band payment amount.
2. Practitioner-administered drugs assigned to an APG and paid through the APG Fee Schedule are paid in accordance with Section 7.a.

No professional dispensing fee is paid.

- c. Federally Qualified Health Centers (FQHC) and Indian Health Services/Tribal/Urban Indian Clinic Facilities have the option of receiving their payment through the Federal Prospective (PPS) rate, or through the APG reimbursement methodology as an "alternative rate setting methodology". In the event the facility chooses to be reimbursed through the Federal PPS Rate, the rate is considered inclusive of any practitioner administered drugs. In the event the facility has opted for the APG reimbursement methodology, payment for drugs administered by a practitioner during a visit to the facility will be in accordance with Section 7.b. If a facility's Medicaid reimbursement under APGs is lower than what their payment would have been under the Federal PPS rate, the facility is entitled to receive a supplemental payment reflecting the difference between what they were paid under APGs and what they would have been paid using the PPS rate. No professional dispensing fee is paid.

8. Reimbursement for Investigational Drugs is not a covered service. The Department may consider Medicaid coverage on a case by case basis for life-threatening medical illnesses when no other treatment options are available. If/when approved by a Medical Director, reimbursement is at actual acquisition cost. When dispensed by a pharmacy enrolled in the NYS Medicaid FFS Program, reimbursement includes the professional dispensing fee in Section 2.

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

### **PUBLIC NOTICE** **Department of Health**

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

#### **Non-Institutional Services**

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

### **PUBLIC NOTICE** **Department of Health**

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

#### **Institutional Services**

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

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

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

#### **Non-Institutional Services**

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

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

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

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

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

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

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

**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 non-institutional services to comply with section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

**Non-Institutional Services**

The following is a clarification to the September 24, 2025, noticed provision to reimburse select inpatient drugs identified on a carve out list at the existing lower of methodology.

With clarification, there is no estimated change to gross Medicaid expenditures as a result of this proposed amendment for state fiscal year 2026-2027.

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

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

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

Queens County, Queens Center

3220 Northern Boulevard  
Long Island City, New York 11101

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

For further information and to review and comment, please contact:

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](mailto:spa-inquiries@health.ny.gov)

**SUMMARY**  
**SPA #25-0065**

This State Plan Amendment proposes awarding \$35,474,352 to Bassett Medical Center, \$13,800,000 to Calvary Hospital, and \$14,600,000 to Community Memorial Hospital to be paid over a three-year period beginning 10/1/2025 and ending 3/31/2028. Additionally, \$130,000,000 will be provided to Buffalo General Medical Center to be paid over a three-year period beginning 11/1/2025 and ending 3/31/2028. This funding will support these providers' strategic plans to stabilize cash flow and ensure long-term sustainability by investing in practice transformation and expansion efforts, enhancing each organization's financial stability.

DRAFT

New York  
136(b)

1905(a)(1) Inpatient Hospital Services

b. Temporary rate adjustments have been approved for the following hospital providers in the amounts and for the effective periods listed:

Hospitals:

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
<u>Bassett Medical Center</u>	\$11,824,784	10/01/2025 – 03/31/2026
	\$11,824,784	04/01/2026 – 03/31/2027
	\$11,824,784	04/01/2027 – 03/31/2028
Brookdale Hospital Medical Center	<del>\$ 88,248,783</del>	<del>03/01/2023 – 03/31/2023</del>
	\$106,344,546	04/01/2023 – 03/31/2024
	\$120,401,180	04/01/2024 – 03/31/2025
<u>Buffalo General Medical Center</u>	\$26,000,000	11/01/2025 – 03/31/2026
	\$52,000,000	04/01/2026 – 03/31/2027
	\$52,000,000	04/01/2027 – 03/31/2028
<u>Calvary Hospital</u>	\$4,600,000	10/01/2025 – 03/31/2026
	\$4,600,000	04/01/2026 – 03/31/2027
	\$4,600,000	04/01/2027 – 03/31/2028
Catskill Regional Medical Center	<del>\$3,514,212</del>	<del>01/01/2023 – 03/31/2023</del>
	\$3,514,212	04/01/2023 – 03/31/2024
	\$3,514,212	04/01/2024 – 03/31/2025
<u>Community Memorial Hospital</u>	\$6,026,241	10/01/2025 – 03/31/2026
	\$5,060,023	04/01/2026 – 03/31/2027
	\$3,513,736	04/01/2027 – 03/31/2028
<del>Eastern Niagara Hospital</del>	<del>\$666,667</del>	<del>08/19/2021 – 09/30/2021</del>
	<del>\$666,667</del>	<del>10/01/2021 – 12/31/2021</del>
	<del>\$666,667</del>	<del>01/01/2022 – 03/31/2022</del>
	<del>\$1,000,000</del>	<del>04/01/2022 – 06/30/2022</del>
	<del>\$1,000,000</del>	<del>07/01/2022 – 09/30/2022</del>

\*Denotes this provider is a Critical Access Hospital (CAH).

TN # 25-0065 \_\_\_\_\_

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

Superseding TN # 23-0021 \_\_\_\_\_

Effective Date: October 1, 2025

Web The webcast information for this meeting will be posted on  
 Streaming the Division of Criminal Justice website under the  
 information: Newsroom, Open Meeting/ Webcasts.  
<https://www.criminaljustice.ny.gov/pio/openmeetings.htm>

If you require any ADA Reasonable Accommodation to participate fully in the meeting, please email [dei@dcjs.ny.gov](mailto:dei@dcjs.ny.gov) to communicate your request at least 10 business days prior to this meeting. For more information on Americans with Disabilities or Reasonable Accommodations, please visit the Division of Criminal Justice Services website at Reasonable Accommodation - NY DCJS. Please contact [dei@dcjs.ny.gov](mailto:dei@dcjs.ny.gov) with any questions about accessibility.

For further information, contact: Division of Criminal Justice Services, Office of Probation and Correctional Alternatives, 80 Swan St., Albany, NY 12210, (518) 485-7692.

### PUBLIC NOTICE

#### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

#### Institutional Services

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

- Buffalo General Medical Center with aggregate payment amounts totaling up to \$26,000,000 for the period November 1, 2025, through March 31, 2026, \$52,000,000 for the period of April 1, 2026, through March 31, 2027, \$52,000,000 for the period of April 1, 2027, through March 31, 2028.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026, 2026-2027 and 2027-2028 is \$26,000,000, \$52,000,000 and \$52,000,000, respectively.

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

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

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

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

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

Bronx County, Tremont Center  
 1916 Monterey Avenue  
 Bronx, New York 10457

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

For further information and to review and comment, please contact:

Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210 [spa-inquiries@health.ny.gov](mailto:spa-inquiries@health.ny.gov)

### PUBLIC NOTICE

#### Office of Parks, Recreation and Historic Preservation

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Wednesday, December 3, at the New York State Museum.

The following properties will be considered:

1. Hamlet of Schuyler Falls Historic District, Schuyler Falls, Clinton County
2. Au Sable Forks Historic District, Jay, Essex County
3. Benton-Sherwood House, Cortland, Cortland County
4. Norstar Building, Buffalo, Erie County
5. Smith-Henry Building, Buffalo, Erie County
6. Buffalo Envelope Company Building, Buffalo, Erie County
7. Unitarian Universalist Church of Staten Island, Staten Island, Richmond County
8. Burton H. Hurd House, Elma, Erie County
9. West Winfield Historic District, West Winfield, Herkimer County
10. Lustron House Westchester Deluxe Model 02, Syracuse, Onondaga County
11. McDonald Towers, Cohoes, Albany County
12. Roulier Heights Historic District, Cohoes, Albany County
13. Center and Pearl Streets Historic District, Forestville, Chautauqua County
14. Saint Mary of the Angels, Olean, Cattaraugus County
15. Bay View Houses, Brooklyn, Kings County
16. Bailey Avenue-West 193rd Street Houses, Bronx, Bronx County
17. East 180th Street-Monterey Avenue Houses, Bronx, Bronx County
18. Fort Independence Street-Heath Avenue Houses, Bronx, Bronx County
19. Richard Mott House, Far Rockaway, Queens County

To be considered by the board, comments may be submitted to Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189, no later than Tuesday, December 2 or may be submitted in person at the meeting by contacting Daniel Mackay at the same address no later than December 2.

For further information, contact: Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, NY 12188-0189, 518-268-2171

### PUBLIC NOTICE

#### Department of State

F-2025-0384

Date of Issuance – October 29, 2025

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

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

In F-2025-0384, the applicant the Town of Huntington, is proposing to install stone scour protection along approximately 100 linear feet of existing seawall by excavating approx. 28 cubic yards of material and

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

**PUBLIC NOTICE**  
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Section 2808-f of Public Health Law. The following changes are proposed:

**Long Term Care**

The following is a clarification to the March 26, 2025, noticed provision to establish a demonstration program for aging adults with medical fragility.

With clarification to a July 1, 2025, effective date, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is now \$44.7 million.

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

**PUBLIC NOTICE**  
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services and Non-Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

**Institutional Services**

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

- Mary Imogene Bassett Hospital with aggregate payment amounts totaling up to \$11,824,784 for the period October 1, 2025, through March 31, 2026, \$11,824,784 for the period of April 1, 2026, through March 31, 2027, \$11,824,784 for the period of April 1, 2027, through March 31, 2028.

- Calvary Hospital, Inc with aggregate payment amounts totaling up to \$4,600,000 for the period October 1, 2025, through March 31, 2026, \$4,600,000 for the period of April 1, 2026, through March 31, 2027, \$4,600,000 for the period of April 1, 2027, through March 31, 2028.

- Community Memorial Hospital, Inc with aggregate payment amounts totaling up to \$6,026,241 for the period October 1, 2025, through March 31, 2026, \$5,060,023 for the period of April 1, 2026, through March 31, 2027, \$3,513,736 for the period of April 1, 2027, through March 31, 2028.

**Non - Institutional Services**

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

- North Country Family Health Center, Inc with aggregate payment amounts totaling up to \$621,365 for the period October 1, 2025, through March 31, 2026, \$496,007 for the period of April 1, 2026, through March 31, 2027, \$251,506 for the period of April 1, 2027, through March 31, 2028.

- Richmond University Medical Center with aggregate payment amounts totaling up to \$6,656,002 for the period October 1, 2025, through March 31, 2026, \$2,450,000 for the period of April 1, 2026, through March 31, 2027, \$500,000 for the period of April 1, 2027, through March 31, 2028.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026, 2026-2027 and 2027-2028 is \$29,728,392, \$24,430,814 and \$20,690,026 respectively.

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

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

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

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

Kings County, Fulton Center

114 Willoughby Street  
Brooklyn, New York 11201

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### New York State and Local Retirement System Unclaimed Amounts Payable to Beneficiaries

Pursuant to the Retirement and Social Security Law, the New York State and Local Retirement System hereby gives public notice of the amounts payable to beneficiaries.

The State Comptroller, pursuant to Sections 109(a) and 409(a) of the Retirement and Social Security Law has received, from the New York State and Local Retirement System, a listing of beneficiaries or Estates having unclaimed amounts in the Retirement System. A list of names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at 110 State St., in the City of Albany, New York.

Set forth below are the names and last known city of record of the beneficiaries and Estate appearing from the records of the New York State and Local Retirement System, entitled to the unclaimed benefits.

At the expiration of six months from the date of publication of this list of beneficiaries and Estates, unless previously paid to the claimant, the amounts shall be deemed abandoned and placed in the pension accumulation fund to be used for the purposes of said fund.

Any amounts so deemed abandoned and transferred to the pension accumulation fund, may be claimed by the executor or administrator of the Estates or beneficiaries so designated to receive such amounts, by filing a claim with the State Comptroller. In the event such claim is properly made, the State Comptroller shall pay over to the Estates or the person or persons making such claim, the amount without interest.

#### Beneficiary Name Beneficiary City

Adams, Estate of Roberta M Ripley  
Allen, Cindy L HOUSTON  
Amos P Snopek, Estate of Binghamton  
Anita Hyman Kaplan Cutler, Estate of HIGHLAND PARK  
Anticoli, Estate of Rose LACKAWANNA  
Armstrong, Estate of Dolores POUGHKEEPSIE  
Arthur Walker, Estate of ALBANY  
Aurelio Ortiz Cora, Estate of ORLANDO  
Bannister, Donna M WHITE PLAINS  
Barrett, Fatima CORAM  
Barry, Estate of Jean LORIS  
Beck, Estate of Harford Clayton Elmira  
Beikirch, Estate of Richard N ROCHESTER  
Beley, Estate of Ruth OCEANSIDE  
Bevacqua, Estate of Dorothy T SANTA FE  
Bochnik, Estate of Raymond G DOBBS FERRY  
Bockelmann, Estate of Katherine Ann KINGSTON  
Brady, Estate of Doris Utica  
Buffington, Jeannie F CHITTENANGO  
Bullard, Julie DELMAR  
Burke, Jason O HUNTINGTON

Byers, Richard W NEW PALTZ  
CAMPBELL III, Estate of JAMES H Auburn  
Carmelo Sferrazza, Estate of WHITESTONE  
Carter, Estate of Carol A UTICA  
Colletti, Tara I ISLIP  
Comfort, Teri A WADSWORTH  
Condon, Estate of Jean Syracuse  
Connolly, Estate of Charlene FARMINGVILLE  
Cutler, Leon NISKAYUNA  
Daisy W Blatch, Estate of West Park  
Daniels, Shamar ROCHESTER  
Dawson, Estate of Carolyn A SUGAR LAND  
Decker, Grace E HERKIMER  
Decker, Ronald David WHITESBORO  
DelPozzo, Estate of Lucia MANORVILLE  
Demy, Estate of Joan B NEW YORK  
DeRose, Estate of Patricia BELLEROSE VLG  
Diane Toscano, Estate of Mamaroneck  
Drucker, Myra E. MEADOW,  
Eccleston, Arthur George NEW BERLIN  
Eccleston, Emily NEW BERLIN  
Edwards III, Adolph M OLNEY  
Eriksen, Estate of Ruth WANTAGH  
Fender, Robin A TOMS RIVER  
Ferrara Jr., Joseph G STATEN ISLAND  
Ferrara Nelsen, Nancy SOMERSET  
Figueroa, Estate of Edythe Marie NORTH BABYLON  
Fine, Paul CHARLOTTE  
Fuller, Estate of Brian D BENNINGTON  
Gaffey, Barbara L ROCKY POINT  
Gaffey, Patrick G BABYLON  
Gannon, Estate of Natalie Washington Township  
Gordon J. Simon, Estate of SEBASTIAN  
Grandinetti, Estate of Gloria MANCHESTR CTR  
Gray, James E MOHAWK  
Gray, Steven L YORK  
Griffin, Melissa L STANHOPE  
Hall, Estate of Christopher J ALBRIGHTSVILLE  
Hanley, Josephine APO  
Hardenbrook, Estate of Cole KENDALL  
Harrington, Estate of Carolyn M EAST ISLIP  
Harris, Estate of Edward Dunkirk  
Harris, Robert J THORNTON  
Harrison, Estate of Anita HARRISON  
Harvey, Barbara WEEKI WACHEE  
Hatcher, Ntozake R RIVERHEAD  
Hofmann, Estate of Charlotte L UNIONDALE  
Hughes, Naji-Capri COLUMBIA  
Husner, Estate of Bess MILTON  
IVEY, MARY E SCHENECTADY  
Jean Dombkowski, Estate of Fort Myers  
JEAN PICKERING, Estate of CAPE CORAL  
Jester, Estate of Paul DANSVILLE  
John B Daley, Estate of WEST SENECA  
John P Brady, Estate of NORTHPORT  
John Walker, Estate of CHITTENANGO  
Johnson, Estate of John M EASTCHESTER  
Kelleher, Estate of Mary T SCHENECTADY  
Kelley, Estate of Sylvia NEWARK

**SUMMARY**  
**SPA #25-0066**

This State Plan Amendment proposes awarding \$1,368,878 to North Country Family Health Center and \$9,606,002 to Richmond University Medical Center. These awards will be paid over a three-year period beginning 10/1/2025 and ending 3/31/2028. This funding will support these provider's strategic plans to stabilize cash flow and ensure long-term sustainability by investing in practice transformation and expansion efforts that will enhance each organization's financial status.

DRAFT



New York  
2(a)(1)

1905(a)(2)(B) Rural Health Clinic (RHC) Services and 1905(a)(2)(C) Federally Qualified Health Centers (FQHC)

Federally Qualified Health Centers (FQHCs):

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
Callen-Lorde Community Health Center	\$4,367,716	10/01/24-03/31/25
	\$2,699,711	04/01/25-03/31/26
	\$1,563,973	04/01/26-03/31/27
<u>North Country Family Health Center</u>	<u>\$621,365</u>	<u>10/01/25 – 03/31/26</u>
	<u>\$496,007</u>	<u>04/01/26 – 03/31/27</u>
	<u>\$251,506</u>	<u>04/01/27 – 03/31/28</u>
Oak Orchard Community Health Center	\$1,021,500	10/01/24-03/31/25
	\$926,750	04/01/25-03/31/26
	\$551,750	04/01/26-03/31/27

TN #25-0066

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

Superseding TN #24-0080

Effective Date October 1, 2025

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

**PUBLIC NOTICE**  
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Section 2808-f of Public Health Law. The following changes are proposed:

**Long Term Care**

The following is a clarification to the March 26, 2025, noticed provision to establish a demonstration program for aging adults with medical fragility.

With clarification to a July 1, 2025, effective date, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is now \$44.7 million.

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

**PUBLIC NOTICE**  
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services and Non-Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

**Institutional Services**

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

- Mary Imogene Bassett Hospital with aggregate payment amounts totaling up to \$11,824,784 for the period October 1, 2025, through March 31, 2026, \$11,824,784 for the period of April 1, 2026, through March 31, 2027, \$11,824,784 for the period of April 1, 2027, through March 31, 2028.

- Calvary Hospital, Inc with aggregate payment amounts totaling up to \$4,600,000 for the period October 1, 2025, through March 31, 2026, \$4,600,000 for the period of April 1, 2026, through March 31, 2027, \$4,600,000 for the period of April 1, 2027, through March 31, 2028.

- Community Memorial Hospital, Inc with aggregate payment amounts totaling up to \$6,026,241 for the period October 1, 2025, through March 31, 2026, \$5,060,023 for the period of April 1, 2026, through March 31, 2027, \$3,513,736 for the period of April 1, 2027, through March 31, 2028.

**Non - Institutional Services**

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

- North Country Family Health Center, Inc with aggregate payment amounts totaling up to \$621,365 for the period October 1, 2025, through March 31, 2026, \$496,007 for the period of April 1, 2026, through March 31, 2027, \$251,506 for the period of April 1, 2027, through March 31, 2028.

- Richmond University Medical Center with aggregate payment amounts totaling up to \$6,656,002 for the period October 1, 2025, through March 31, 2026, \$2,450,000 for the period of April 1, 2026, through March 31, 2027, \$500,000 for the period of April 1, 2027, through March 31, 2028.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026, 2026-2027 and 2027-2028 is \$29,728,392, \$24,430,814 and \$20,690,026 respectively.

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

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

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

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

Kings County, Fulton Center

114 Willoughby Street  
Brooklyn, New York 11201

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### New York State and Local Retirement System Unclaimed Amounts Payable to Beneficiaries

Pursuant to the Retirement and Social Security Law, the New York State and Local Retirement System hereby gives public notice of the amounts payable to beneficiaries.

The State Comptroller, pursuant to Sections 109(a) and 409(a) of the Retirement and Social Security Law has received, from the New York State and Local Retirement System, a listing of beneficiaries or Estates having unclaimed amounts in the Retirement System. A list of names contained in this notice is on file and open to public inspection at the office of the New York State and Local Retirement System located at 110 State St., in the City of Albany, New York.

Set forth below are the names and last known city of record of the beneficiaries and Estate appearing from the records of the New York State and Local Retirement System, entitled to the unclaimed benefits.

At the expiration of six months from the date of publication of this list of beneficiaries and Estates, unless previously paid to the claimant, the amounts shall be deemed abandoned and placed in the pension accumulation fund to be used for the purposes of said fund.

Any amounts so deemed abandoned and transferred to the pension accumulation fund, may be claimed by the executor or administrator of the Estates or beneficiaries so designated to receive such amounts, by filing a claim with the State Comptroller. In the event such claim is properly made, the State Comptroller shall pay over to the Estates or the person or persons making such claim, the amount without interest.

#### Beneficiary Name Beneficiary City

Adams, Estate of Roberta M Ripley  
Allen, Cindy L HOUSTON  
Amos P Snopek, Estate of Binghamton  
Anita Hyman Kaplan Cutler, Estate of HIGHLAND PARK  
Anticoli, Estate of Rose LACKAWANNA  
Armstrong, Estate of Dolores POUGHKEEPSIE  
Arthur Walker, Estate of ALBANY  
Aurelio Ortiz Cora, Estate of ORLANDO  
Bannister, Donna M WHITE PLAINS  
Barrett, Fatima CORAM  
Barry, Estate of Jean LORIS  
Beck, Estate of Harford Clayton Elmira  
Beikirch, Estate of Richard N ROCHESTER  
Beley, Estate of Ruth OCEANSIDE  
Bevacqua, Estate of Dorothy T SANTA FE  
Bochnik, Estate of Raymond G DOBBS FERRY  
Bockelmann, Estate of Katherine Ann KINGSTON  
Brady, Estate of Doris Utica  
Buffington, Jeannie F CHITTENANGO  
Bullard, Julie DELMAR  
Burke, Jason O HUNTINGTON

Byers, Richard W NEW PALTZ  
CAMPBELL III, Estate of JAMES H Auburn  
Carmelo Sferrazza, Estate of WHITESTONE  
Carter, Estate of Carol A UTICA  
Colletti, Tara I ISLIP  
Comfort, Teri A WADSWORTH  
Condon, Estate of Jean Syracuse  
Connolly, Estate of Charlene FARMINGVILLE  
Cutler, Leon NISKAYUNA  
Daisy W Blatch, Estate of West Park  
Daniels, Shamar ROCHESTER  
Dawson, Estate of Carolyn A SUGAR LAND  
Decker, Grace E HERKIMER  
Decker, Ronald David WHITESBORO  
DelPozzo, Estate of Lucia MANORVILLE  
Demy, Estate of Joan B NEW YORK  
DeRose, Estate of Patricia BELLEROSE VLG  
Diane Toscano, Estate of Mamaroneck  
Drucker, Myra E. MEADOW,  
Eccleston, Arthur George NEW BERLIN  
Eccleston, Emily NEW BERLIN  
Edwards III, Adolph M OLNEY  
Eriksen, Estate of Ruth WANTAGH  
Fender, Robin A TOMS RIVER  
Ferrara Jr., Joseph G STATEN ISLAND  
Ferrara Nelsen, Nancy SOMERSET  
Figueroa, Estate of Edythe Marie NORTH BABYLON  
Fine, Paul CHARLOTTE  
Fuller, Estate of Brian D BENNINGTON  
Gaffey, Barbara L ROCKY POINT  
Gaffey, Patrick G BABYLON  
Gannon, Estate of Natalie Washington Township  
Gordon J. Simon, Estate of SEBASTIAN  
Grandinetti, Estate of Gloria MANCHESTR CTR  
Gray, James E MOHAWK  
Gray, Steven L YORK  
Griffin, Melissa L STANHOPE  
Hall, Estate of Christopher J ALBRIGHTSVILLE  
Hanley, Josephine APO  
Hardenbrook, Estate of Cole KENDALL  
Harrington, Estate of Carolyn M EAST ISLIP  
Harris, Estate of Edward Dunkirk  
Harris, Robert J THORNTON  
Harrison, Estate of Anita HARRISON  
Harvey, Barbara WEEKI WACHEE  
Hatcher, Ntozake R RIVERHEAD  
Hofmann, Estate of Charlotte L UNIONDALE  
Hughes, Naji-Capri COLUMBIA  
Husner, Estate of Bess MILTON  
IVEY, MARY E SCHENECTADY  
Jean Dombkowski, Estate of Fort Myers  
JEAN PICKERING, Estate of CAPE CORAL  
Jester, Estate of Paul DANSVILLE  
John B Daley, Estate of WEST SENECA  
John P Brady, Estate of NORTHPORT  
John Walker, Estate of CHITTENANGO  
Johnson, Estate of John M EASTCHESTER  
Kelleher, Estate of Mary T SCHENECTADY  
Kelley, Estate of Sylvia NEWARK

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

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

DRAFT

New York  
2

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

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

\* Description provided on attachment.

New York  
2

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

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

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

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

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

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

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

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

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

TN #25-0067

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

Supersedes TN #21-0014

Effective Date October 1, 2025

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

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

\*Description provided on attachment.

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

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

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

\*Limitations described on attachment

TN #25-0067

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

Supersedes TN #17-0058

Effective Date October 1, 2025



# MISCELLANEOUS NOTICES/HEARINGS

## Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

Claims for abandoned property must be filed with the New York State Comptroller's office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: office of the State Comptroller, office of Unclaimed Funds, 110 State St., Albany, NY 12236.

## PUBLIC NOTICE

### Division of Criminal Justice Services

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

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with NYS Social Services Law § 365-a (2)(jj).

The following changes are proposed:

#### Non-Institutional Services

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

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

The estimated net aggregate decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is (\$1.3 million).

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with Subdivision 2 of section 365-a paragraph nn of the Social Services Law. The following changes are proposed:

#### Non-Institutional Services

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

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

#### Non-Institutional Services

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

#### Institutional Services

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

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

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

#### Non-Institutional Services

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

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

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

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

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

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

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

**SUMMARY**  
**SPA #25-0068**

This State Plan Amendment proposes to allow medically fragile young adults who reside in pediatric specialized nursing facilities to remain at such facilities after reaching the age of twenty-one and until they reach the age of thirty-six.

DRAFT

New York  
110(d)(31.1(a))

**1905(a)(4)(A) Nursing Facility Services**

**Medically Fragile Young Adults**

1. Medically fragile young adults will mean individuals who meet the definition of children with medical fragility, as described in this section, but for the fact such individuals are aged between twenty-one and thirty-five years old.
2. The department will promulgate rules and regulations to allow medically fragile young adults who reside in pediatric specialized nursing facilities to remain at such facilities. Unless a higher reimbursement rate is expressly authorized by the department, the reimbursement rate and methodology for such medically fragile young adults will remain the same as it was prior to reaching age twenty-one and will include a daily per diem rate and coverage for bed holds. Medicaid reimbursement for this population for reserved beds due to hospitalization and for therapeutic and hospice leaves of absence must remain at one hundred percent of the Medicaid rate of medically fragile children, without any daily limit for this population.

DRAFT

TN #25-0068

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

Supersedes TN NEW

Effective Date November 1, 2025

12. Project Sponsor and Facility: Pennsylvania Grain Processing LLC, Clearfield Borough, Clearfield County, Pa. Application for groundwater withdrawal of up to 0.259 mgd (30-day average) from Well GW-1, and modification to add a source (Well GW-1) for consumptive use (Docket No. 20220909).

13. Project Sponsor and Facility: RES Coal LLC, Boggs Township, Clearfield County, Pa. Application for renewal with modification of consumptive use of up to 0.099 mgd (30-day average) (Docket No. 20120613).

14. Project Sponsor: Schuylkill County Municipal Authority. Project Facility: Tremont Service Area, Tremont Borough and Tremont Township, Schuylkill County, Pa. Applications for renewal of groundwater withdrawals (30-day averages) of up to 0.194 mgd from Well 4 and 0.087 mgd from Well 15 (Docket Nos. 19950103 and 19990902).

15. Project Sponsor and Facility: State College Borough Water Authority, Benner Township, Centre County, Pa. Applications for renewal of groundwater withdrawals (30-day averages) of up to 1.440 mgd from Well 71, 1.224 mgd from Well 73, 1.584 mgd from Well 78, and 0.576 mgd from Well 79 (Docket No. 19940903).

#### Opportunity to Appear and Comment:

Interested parties may appear or call into the hearing to offer comments to the Commission on any business listed above required to be the subject of a public hearing. Given the nature of the meeting, the Commission strongly encourages those members of the public wishing to provide oral comments to pre-register with the Commission by e-mailing Jason Oyler at [joyler@srbc.gov](mailto:joyler@srbc.gov) before the hearing date. The presiding officer reserves the right to limit oral statements in the interest of time and to control the course of the hearing otherwise. Access to the hearing via telephone will begin at 5:45 p.m. Guidelines for the public hearing are posted on the Commission's website, [www.srbc.gov](http://www.srbc.gov), before the hearing for review. The presiding officer reserves the right to modify or supplement such guidelines at the hearing. Written comments on any business listed above required to be the subject of a public hearing may also be mailed to Mr. Jason Oyler, Secretary to the Commission, Susquehanna River Basin Commission, 4423 North Front Street, Harrisburg, Pa. 17110-1788, or submitted electronically through <https://www.srbc.gov/meeting-comment/default.aspx?type=2&cat=7>. Comments mailed or electronically submitted must be received by the Commission on or before Monday, November 10, 2025.

Authority: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: September 30, 2025

Jason E. Oyler,

General Counsel and Secretary to the Commission

### PUBLIC NOTICE

Office of General Services

The New York State GreenNY Council

Pursuant to Executive Order No. 22, Leading by Example: Directing State Agencies to Adopt a Sustainability and Decarbonization Program, September 20, 2022 ("EO 22"), the GreenNY Council hereby gives public notice of the following:

Thirteen (13) sustainable procurement specifications were tentatively approved by the GreenNY Council and have been posted for public comment.

These include new or amended specifications on the following topics:

- Coating Removal Products
- Envelopes
- Food Service Ware
- Furniture
- Hand Sanitizers
- Indoor Waste Containers
- Reusable Bags
- Sorbents
- Surface Disinfectants

- Pens
- Mobile Phones
- Televisions
- Turf and Landscaping

The above specifications are available for viewing at: <https://ogs.ny.gov/greenny/greenny-tentatively-approved-specifications>

Information regarding the GreenNY procurement specification approval process is also available at the above link.

*Comments may be submitted electronically to: [GreenNY@dec.ny.gov](mailto:GreenNY@dec.ny.gov)*

Comments from the public regarding the tentatively approved specifications will be accepted until Monday, November 17, 2025.

### PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with 2025-2026 enacted budget. The following changes are proposed:

#### Long Term Care Services

Effective on or after November 1, 2025, the Department shall amend the public health law to allow medically fragile young adults who reside in pediatric specialized nursing facilities to remain at such facilities after reaching the age of twenty-one and until they reach the age of thirty-six.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is \$9.8 million, growing to \$28.6 million annually thereafter.

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

**SUMMARY**  
**SPA #25-0069**

This State Plan Amendment proposes to remove the September 30, 2025, expiration date from the existing State Plan to continue the mandatory Medication Assisted Treatment (MAT) benefit to comply with federal statute.

DRAFT

SPA 25-0069

Attachment A

Annotated Pages

Annotated Page:

**Attachment 3.1-A Pages: 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f)**

**Attachment 3.1-B Pages: 8, 8.1, 8.1(a), 8.1(b), 8.1(c), 8.1(d), 8.1(e), 8.1(f)**

DRAFT

New York  
8

~~1905(a)(29) Medication-Assisted Treatment (MAT)~~

~~Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)~~

~~1905(a)(29) X MAT as described and limited in Supplement 3b-37 to Attachment 3.1-A.~~

~~ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.~~

DRAFT

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

New York  
8.1

~~1905(a)(29) Medication-Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)~~

~~i. General Assurance~~

~~MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.~~

~~ii. Assurances~~

~~a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).~~

~~b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.~~

~~c. The state assures coverage of all current and future formulations of drugs prescribed or administered for MAT that are approved for the treatment of OUD under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and future formulations of biological drugs prescribed or administered for MAT that are licensed for the treatment of OUD under section 351 of the Public Health Service Act (42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and Methadone prescribed or administered for MAT.~~

~~iii. Service Package~~

~~The state covers the following counseling services and behavioral health therapies as part of MAT.~~

~~a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.~~

~~From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:~~

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025











New York  
8.1(f)

~~1905(a)(29) Medication-Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)~~

~~v. Limitations~~

~~Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.~~

~~NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters.~~

~~The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs. MAT drugs and biologicals are included in the following Drug Utilization Management programs:~~

- ~~1. Brand-Less-Than-Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.~~
- ~~2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.~~
- ~~3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols and computer technology and data processing to assist in the management of data~~

~~The Preferred Drug Program and the Brand-Less-Than Program is referenced on the NY SPA page 2(b) Attachment 3.1A and 3.1B section 12a. The Drug Utilization Review program is referenced on the NY SPA page 74 attachment 1.1 section 4.26.~~

~~No more than one medication management may be billed per day.~~

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

New York  
8

~~1905(a)(29) Medication-Assisted Treatment (MAT)~~

Citation: ~~3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy (Continued)~~

1905(a)(29) X MAT as described and limited in Supplement 3b-37 to Attachment 3.1-B.

~~ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.~~

DRAFT

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

New York  
8.1

~~1905(a)(29) Medication-Assisted Treatment (MAT)~~

~~Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)~~

~~i. General Assurance~~

~~MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.~~

~~ii. Assurances~~

- ~~a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).~~
- ~~b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.~~
- ~~c. The state assures coverage of all current and future formulations of drugs prescribed or administered for MAT that are approved for the treatment of OUD under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and future formulations of biological drugs prescribed or administered for MAT that are licensed for the treatment of OUD under section 351 of the Public Health Service Act (42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and Methadone prescribed or administered for MAT.~~

~~iii. Service Package~~

~~The state covers the following counseling services and behavioral health therapies as part of MAT.~~

- ~~a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.~~

~~From October 1, 2020 through September 30, 2025, the state assures that MAT to treat OUD as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:~~

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025













State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as described and limited in Supplement 3b-37 to Attachment 3.1-A.

DRAFT

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN NEW

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

**General Assurances**

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

**Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT: [Please describe in the text fields as indicated below.]

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Effective October 1, 2020, the state assures that MAT to treat Opioid Use Disorder (OUD) as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

1. Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment, or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.

2. Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients' family/collaterals, where appropriate.

3. Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: New York**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Continued

treatment; skill development for coping with and managing symptoms and behaviors associated with opioid use disorder, such as the participant’s perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

4. Peer Support - Peer counseling to address a beneficiary’s major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.

5. Medication Management – Psychotropic and other medication management as permitted under State Law; Medication Assisted Treatment (MAT) when medically necessary, including the direct administration of medication.

DRAFT

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN   #25-0069  

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

Supersedes TN   #20-0077  

Effective Date   October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

All individual practitioners and providers may provide any component of the Medication Assisted Treatment services consistent with State law and practice as noted below:

1. Assessment services may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor, or a credentialed alcoholism and substance abuse counselor – trainee.

2. Service Planning may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, a credentialed alcoholism and substance abuse counselor – trainee, Certified Recovery Peer Advocate, or unlicensed un-credentialed staff that are under the supervision of a qualified health professional.

3. Counseling/Therapy may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, credentialed alcoholism and substance abuse counselor – trainees, or unlicensed uncredentialed staff that are under the supervision of a qualified health professional.

4. Peer Support may be provided by a Certified Recovery Peer Advocate.

5. Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved guidelines and certifications.

- Licensed Master Social Workers, Licensed Clinical Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Registered Nurses, Licensed Creative Arts Therapists, Licensed Practical Nurses, Nurse Practitioners, Physicians, and Psychologists are licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.

- Credentialed Alcoholism and Substance Abuse Counselors are credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law. Including: 1. a minimum of 6,000 hours of documented supervised experience, including provision of direct services in an approved OASAS work setting or substitute Master's Degree in a Human Services field for 4,000 hours experience; Bachelor's Degree in a Human Services field for 2,000 hours experience; an Associate's Degree in a Human Services field for 1,000 hours experience; 2. Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience OR education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan; 3. Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

- Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T) are provisionally credentialed by operating under their scope of practice under state law for a period of five years

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: New York**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Continued

to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable.

However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. The candidate must satisfy the following to obtain a trainee certificate: 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

- Certified Recovery Peer Advocate (CRPA) is a self-identified consumer in recovery from mental illness and/or substance use disorder to furnish services within an entity certified pursuant to state law and under supervision of a licensed or credentialed practitioner within their scope of practice as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets the following OASAS regulatory standards for education, work experience and training: 1. Completion of education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report. 2. Hold a high school diploma or jurisdictionally certified high school equivalency. 3. 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. 4. Complete 500 hours of volunteer service; 5. Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description. 6. Pass the NYCB/IC&RC Peer Advocate Exam. 7. Complete 20 hours of continuing education earned every two years, including six hours in ethics. 8. Employment by and providing services within an OASAS Certified Program.

- Non-Credentialed Counselors must meet education, experiential and training requirements, including: 1. Education a. minimum of HS Diploma or GED; and i. a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors, the Commission of Rehabilitation Counselor Certification, the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR ii. Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting; 2. Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

Additions; at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR; 3. A background check. 4. Be furnishing services in an entity certified under New York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.

DRAFT

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
  - Preferred drug lists
  - Clinical criteria
  - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

Click or tap here to enter text.

NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters. The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs. MAT drugs and biologicals are included in the following Drug Utilization Management programs:

1. Brand Less Than Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.
2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.
3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025





State Plan under Title XIX of the Social Security Act  
State/Territory: [Select State or Territory]

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-B Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as described and limited in 3b-37 to Attachment 3.1-B.

DRAFT

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN NEW

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: [Please describe in the text fields as indicated below.]

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Effective October 1, 2020, the state assures that MAT to treat Opioid Use Disorder (OUD) as defined in section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Service Components include:

1. Assessment - The purpose of the assessment is to provide sufficient information for problem identification, opioid use disorder treatment, or referral for the beneficiary to gain access to other needed Medicaid Addiction or mental health services.
2. Service Planning - Clinical treatment plan development –The treatment plan for opioid use disorder treatment services must be patient-centered and developed in collaboration with the patient and patients' family/collaterals, where appropriate.
3. Counseling/Therapy - Counseling/Therapy to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling/Therapy includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: New York**

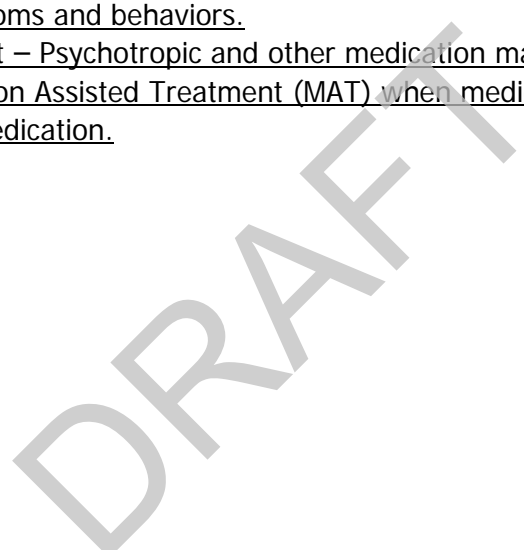
**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Continued

treatment; skill development for coping with and managing symptoms and behaviors associated with opioid use disorder, such as the participant’s perspective and lack of impulse control or signs and symptoms of withdrawal. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.

4. Peer Support - Peer counseling to address a beneficiary’s major lifestyle, attitudinal, and behavioral problems. Peer counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; skill development for coping with and managing symptoms and behaviors.

5. Medication Management – Psychotropic and other medication management as permitted under State Law; Medication Assisted Treatment (MAT) when medically necessary, including the direct administration of medication.



PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**TN**     #25-0069    

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

**Supersedes TN**   #20-0077  

**Effective Date**   October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

The below individual practitioners and providers may provide any component of Medication Assisted Treatment services consistent with State law and practice as noted below:

1. Assessment services may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselor, or a credentialed alcoholism and substance abuse counselor – trainee.

2. Service Planning may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, a credentialed alcoholism and substance abuse counselor – trainee, Certified Recovery Peer Advocate, or unlicensed un-credentialed staff that are under the supervision of a qualified health professional.

3. Counseling/Therapy may be provided by licensed practitioners including licensed master social workers, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, registered nurses, licensed creative arts therapists, physician assistants, licensed practical nurses, nurse practitioners, physicians and psychologists, unlicensed and credentialed staff including OASAS credentialed alcoholism and substance abuse counselors, credentialed alcoholism and substance abuse counselor – trainees, or unlicensed uncredentialed staff that are under the supervision of a qualified health professional.

4. Peer Support may be provided by a Certified Recovery Peer Advocate.

5. Medication Management may only be provided by physicians, psychiatrists, nurse practitioners, physician assistants, and registered nurses as permitted under state law.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and OASAS approved guidelines and certifications.

- Licensed Master Social Workers, Licensed Clinical Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Psychoanalysts, Registered Nurses, Licensed Creative Arts Therapists, Licensed Practical Nurses, Nurse Practitioners, Physicians, and Psychologists are licensed by New York Education Department to furnish services within their scope of practice in accordance with state law.

- Credentialed Alcoholism and Substance Abuse Counselors are credentialed by OASAS, working within an entity certified pursuant to state law and operating under their scope of practice under state law. Including: 1. a minimum of 6,000 hours of documented supervised experience, including provision of direct services in an approved OASAS work setting or substitute Master's Degree in a Human Services field for 4,000 hours experience; Bachelor's Degree in a Human Services field for 2,000 hours experience; an Associate's Degree in a Human Services field for 1,000 hours experience; 2. Meet minimum education and training requirements including a minimum of 350 hours which address the full range of knowledge, skills and professional techniques related to chemical dependence counseling; Note: A formal internship or formal field placement may be claimed as work experience or education and training, but not both. Work experience claimed may not include any experience gained as part of, or required under, participation as a patient in a formal alcoholism and/or substance abuse or problem gambling treatment/aftercare program and/or plan; 3. Pass International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors comprised of 150 multiple-choice questions derived from the counselor tasks identified in the IC&RC Candidate Guide.

- Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC-T) are provisionally credentialed by operating under their scope of practice under state law for a period of five years

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

to meet requirements to be a CASAC. The CASAC Trainee certificate is not renewable. However, if the CASAC-T is an examination candidate when the CASAC Trainee certificate expires, a three-year extension may be requested. The candidate must satisfy the following to obtain a trainee certificate: 350 hours of the required education and training; OR 4,000 hours of appropriate work experience and the 85 clock hours in Section 1 of the education and training related to knowledge of alcoholism and substance abuse.

- Certified Recovery Peer Advocate (CRPA) is a self-identified consumer in recovery from mental illness and/or substance use disorder to furnish services within an entity certified pursuant to state law and under supervision of a licensed or credentialed practitioner within their scope of practice as identified in the patient's treatment/recovery plan, working under the direction of an OASAS certified agency, and meets the following OASAS regulatory standards for education, work experience and training: 1. Completion of education and training relevant to the performance domains identified in the Recovery Coach Job Task Analysis Report. 2. Hold a high school diploma or jurisdictionally certified high school equivalency. 3. 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. 4. Complete 500 hours of volunteer service; 5. Receive 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description. 6. Pass the NYCB/IC&RC Peer Advocate Exam. 7. Complete 20 hours of continuing education earned every two years, including six hours in ethics. 8. Employment by and providing services within an OASAS Certified Program.

- Non-Credentialed Counselors must meet education, experiential and training requirements, including: 1. Education a. minimum of HS Diploma or GED; and i. a credential, certificate or license from a nationally recognized certifying body including the National Board for Certified Counselors, the Commission of Rehabilitation Counselor Certification, the National Council on Therapeutic Recreation or the American Therapeutic Recreation Association; OR ii. Hold a baccalaureate degree in a field allied to therapeutic recreation and, either before or after receiving such degree, has five years of full-time, paid work experience in an activities program in a health care setting; 2. Successful completion of training, including Supporting Recovery with Medications for Addiction Treatment (MAT), 12 hours Introductory Training in the

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069 Approval Date \_\_\_\_\_  
Supersedes TN #20-0077 Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Continued

Additions; at least 6 Hours of training on the CASAC Canon of Ethics and 3 Hours of Confidentiality related to 42CFR; 3. A background check. 4. Be furnishing services in an entity certified under New York state law and be under supervision of a licensed or certified individual with ability to meet OASAS supervisory standards and statutory and/or regulatory scopes of practice.

DRAFT

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025

State Plan under Title XIX of the Social Security Act  
State/Territory: New York

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
  - Preferred drug lists
  - Clinical criteria
  - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

Click or tap here to enter text.

NYS Medicaid covers drugs and biologicals FDA indicated and labeled or compendia supported for MAT use within dosage and duration parameters. The NYS Medicaid Pharmacy Benefit has several Drug Utilization Management programs. MAT drugs and biologicals are included in the following Drug Utilization Management programs:

1. Brand Less Than Generic Program - This program is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive to the State, than the generic equivalent.
2. Preferred Drug Program - This program promotes the use of less expensive, equally effective prescription drugs when medically appropriate. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.
3. Drug Utilization Review - This program helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences. DUR programs use professional medical protocols

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN #25-0069

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

Supersedes TN #20-0077

Effective Date October 1, 2025





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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with section 1927 of the Social Security Act and 42 CFR Part 10. The following changes are proposed:

#### Non-Institutional Services

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for institutional and non-institutional services to comply with Social Security Act section 1905(ee)(1) and SUPPORT ACT section 1006(b). The following changes are proposed:

#### Institutional Services

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

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

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

#### Non-Institutional Services

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

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

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

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for long term care services to comply with Section 2808-f of Public Health Law. The following changes are proposed:

#### Long Term Care

The following is a clarification to the March 26, 2025, noticed provision to establish a demonstration program for aging adults with medical fragility.

With clarification to a July 1, 2025, effective date, the estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026 is now \$44.7 million.

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

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

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

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

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

Bronx County, Tremont Center  
1916 Monterey Avenue  
Bronx, New York 10457

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

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

## PUBLIC NOTICE

### Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Institutional Services and Non-Institutional Services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

#### Institutional Services

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

- Mary Imogene Bassett Hospital with aggregate payment amounts totaling up to \$11,824,784 for the period October 1, 2025, through March 31, 2026, \$11,824,784 for the period of April 1, 2026, through March 31, 2027, \$11,824,784 for the period of April 1, 2027, through March 31, 2028.

- Calvary Hospital, Inc with aggregate payment amounts totaling up to \$4,600,000 for the period October 1, 2025, through March 31, 2026, \$4,600,000 for the period of April 1, 2026, through March 31, 2027, \$4,600,000 for the period of April 1, 2027, through March 31, 2028.

- Community Memorial Hospital, Inc with aggregate payment amounts totaling up to \$6,026,241 for the period October 1, 2025, through March 31, 2026, \$5,060,023 for the period of April 1, 2026, through March 31, 2027, \$3,513,736 for the period of April 1, 2027, through March 31, 2028.

#### Non - Institutional Services

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

- North Country Family Health Center, Inc with aggregate payment amounts totaling up to \$621,365 for the period October 1, 2025, through March 31, 2026, \$496,007 for the period of April 1, 2026, through March 31, 2027, \$251,506 for the period of April 1, 2027, through March 31, 2028.

- Richmond University Medical Center with aggregate payment amounts totaling up to \$6,656,002 for the period October 1, 2025, through March 31, 2026, \$2,450,000 for the period of April 1, 2026, through March 31, 2027, \$500,000 for the period of April 1, 2027, through March 31, 2028.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2025-2026, 2026-2027 and 2027-2028 is \$29,728,392, \$24,430,814 and \$20,690,026 respectively.

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

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

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

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

Kings County, Fulton Center