



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

June 9, 2026

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/

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

June 9, 2026

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.

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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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

June 9, 2026

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.

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Sincerely,

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Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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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

June 9, 2026

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.

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Sincerely,

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Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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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

June 9, 2026

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.

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Sincerely,

/S/

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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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

June 9, 2026

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.

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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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

June 9, 2026

Patricia Tarrant
Executive Director
American Indian Community House
234 West 39th Street
Floor 6
New York, NY 10018

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.

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Sincerely,

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Medicaid Director
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Enclosures

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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

June 9, 2026

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.

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**Department
of Health**

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Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

June 9, 2026

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.

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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

June 9, 2026

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.

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/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 #26-0015

Effective for services provided on or after April 1, 2026, and each state fiscal year thereafter, a uniform rate add-on will be paid through the Prospective Payment System (PPS) rates for both freestanding and hospital-based Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

DRAFT

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

Prospective Payment System (PPS) Uniform Rate Add-on:

Effective for services provided on or after April 1, 2026, and each state fiscal year thereafter, a uniform rate add-on of \$18.24 will be paid through the Prospective Payment System (PPS) rates for both freestanding and hospital-based Federally Qualified Health Centers (FOHCs) and Rural Health Clinics (RHCs).

The uniform rate add-on was calculated by dividing \$93.4 million (\$80 million freestanding clinics and \$13.4 million hospital-based clinics) by the total number of Medicaid Fee-for-Service and Medicaid Managed Care threshold visits for all freestanding and hospital-based FOHCs/RHCs, as reported in their respective 2024 Ambulatory Health Care Facility Cost Reports and 2024 Institutional Cost Reports.

The uniform rate add-on will not be subject to the annual Medicare Economic Index adjustment that is applied to the operating (non-capital) portion of the PPS rate each October 1st.

DRAFT

TN #26-0015

Approval Date _____

Supersedes TN NEW

Effective Date April 1, 2026

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0022

This State Plan Amendment proposes to **amend the Title XIX (Medicaid) State Plan for State Method on Cost Effectiveness and Voluntary Participation in Employer-Based Group Health Plans to comply with Social Security Act §1906A. The following changes are proposed:**

Participation in Employer-Based Group Health Plans

New York State Medicaid is requesting to update the State Plan Amendment (SPA) to reflect the process currently utilized for determining cost effectiveness of employer-based group health plans. The process compares the cost of Medicaid Managed Care premium(s) to the cost of group health plan coverage, adhering to Social Security Act §1906A. Applicants and recipients (A/R's) who have access to, or are currently enrolled in, employer sponsored group health coverage will be determined for cost effectiveness using NYS DOH form 5106 and any additional documentation necessary. The cost of the employer sponsored coverage, deductible, cost sharing, additional costs of services not covered by the health plan, cost for services paid as Fee-for-Service, and administrative fees will be compared to the cost of the Medicaid Managed Care premium to determine if the coverage is cost effective. The previous process compared the costs of the employer sponsored coverage to average claim expenditures based on age, sex, geographic region.

The requirements in Social Security Act §1906A, for determining if the employer-based group health plan may be considered for cost effective determinations include:

- The coverage must qualify as creditable under section 2701 (c) (1) of the Public Health Service Act.
- The employer must contribute 40 percent of the total premium.
- The coverage must be offered to all individuals in a manner that is considered a nondiscriminatory eligibility classification.

In addition to the requirements of Social Security Act §1906A, NYS Medicaid also requires the coverage to be comprehensive.

An updated Employer Sponsored Health Insurance Request for Information, DOH Form 5106, will be utilized to collect all necessary information. Information regarding the employer contribution will be captured within the new form.

Enrollment in the cost-effective coverage is optional and will allow Medicaid to reimburse the A/R for such costs after they have been paid and A/R can request a cost-effective determination prior to or after enrolling in coverage. As participation is optional, the A/R will also be able to terminate the coverage and will no longer receive reimbursement of the healthcare premium(s).

There is no estimated changes to gross Medicaid expenditure as a result of this proposed amendment. Based on the updated processes, there is minimal change expected, and any changes are anticipated to be offsetting.

SPA 26-0022
Attachment A
Annotated Pages

Annotated Page: **2**

DRAFT

New York
2~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

- ~~3. Can the past utilization of medical expenses be expected to continue or increase?~~

~~During the interview, inquire if any acute or chronic medical conditions exist. If so, does the condition require or could it potentially require extensive medical services? Will these potential expenses be covered by the policy?~~

- ~~4. Does a situation exist which warrants maintaining the policy even though there is no history of high medical utilization.~~

~~Due to the client's age or a pre-existing condition, is it reasonable to assume that the client may not be able to obtain another policy in the future or that a pre-existing condition would not be covered by a new policy for a period where medical utilization may be expected?~~

- ~~5. For policies in force, what are the maximum benefit levels of the policy?~~

- ~~➤ Have the maximum benefit levels been met, rendering the A/R ineligible for benefits?~~
- ~~➤ If so, is the maximum benefit recurring? Will it be reinstated on an annual basis, at the end of a specific benefit period, or does it apply separately to unrelated injuries, sicknesses, and/or conditions?~~
- ~~➤ If there will be benefits or recurring benefits that will pertain to the A/R's potential medical expenses, how do these benefits compare to the cost of the premium?~~

- ~~6. Review the number of dependents in a family. In general, the larger the family, the more cost beneficial it is to purchase family coverage.~~

- ~~7. Compare the cost of premium to the cost of all medical services received by the applicant/recipient in the previous year (see #2). Using this comparison and the other factors related to anticipated future utilization (3 through 6) decide whether or not it is cost beneficial to maintain the policy. That is, does the cost of the premium payment and cost-sharing amounts appear likely to be less than Medicaid expenditures for an equivalent set of services?~~

~~NOTE: For those districts that use the "Health Insurance Cost Appraisal Program (HICAP)" make sure that the premium payment used in the calculation is the Medicaid portion of the premium payment.~~

TN #26-0022

Approval Date

Supersedes TN #00-05

Effective Date April 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	Condition or Requirement
§1906(a) of the Act	State Method on Cost Effectiveness of <u>and Voluntary Participation in Employer-Based Group Health Plans</u>

The determination of cost benefit for any health insurance policy is an evaluation of many varied but interrelated criteria. It is difficult to establish exact guidelines for cost benefit determinations that can be applied uniformly in all cases. Unless a person is already in poor health, whenever insurance is purchased, a risk is taken as to whether or not health expenses will be incurred. Therefore, cost benefit determinations must be made on an individual basis after the local district or Department of Health staff obtain information about the insurance policy and the individual applying for the premium payment. ~~If the average Medicaid payment is known for certain demographics (e.g., sex, age, location), cost effectiveness for paying the premium can be easily determined by comparing that cost to the cost of a premium for the same demographics.~~ Due to mandatory managed care enrollment, cost effective determination is made by comparing the cost of the Medicaid managed care premiums to the cost of the employer-based group health plan.

Please note that for some cases, even after reviewing these criteria, the determination to pay for a health insurance policy may still be unclear. In these cases, the final decision will rest solely on the judgement of local district or Department of Health staff.

- A. The following points should be considered at the time of determination and redetermination for coverage provided through employer-based group health plans.
 1. Assess the types of medical services covered by the health insurance policies. The group or individual health plan must include a comprehensive set of benefits including: inpatient care, home health, emergency room, clinic, physician, pharmacy, substance abuse, psychiatric, ex-ray, lab and end of life care.
 2. ~~Has there been a high utilization of medical services by the applicant/recipient (A/R)? Request the applicant/recipient to bring to the interview all medical bills (paid and unpaid), statements of insurance benefit payments and premium notice for the past year. Determine the total amount paid by all parties for the medical services.~~ Determine the amount of deductible for the health insurance policy. If the deductible is equal to or exceeds the amount of the current IRS high-deductible amounts, the policy is considered as not cost effective.

TN #26-0022

Approval Date

Supersedes TN #00-05

Effective Date April 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

3. If the criteria in 1. is met then, compare the Medicaid recipient's monthly share of the group or individual plan premium, yearly deductible, coinsurance, the cost of Medicaid wrap-around services which may include pharmacy, dental, vision, transportation, durable medical equipment, and an administrative fee to the monthly Medicaid managed care rate for the individual.
4. When the cost for the premium, yearly deductible, coinsurance, wrap services, and administrative fee for the premium assistance program added together is less than the cost of the Medicaid managed care rate for the individual, then the health plan meets the criteria for premium reimbursement.

B. Redetermination Review

1. A review must be completed at least yearly for all Health Insurance Premium Program (HIPP) enrollees . The yearly review will consist of:
- a. Verifying Medicaid eligibility;
 - b. Verifying continued enrollment in Employer Sponsored Coverage;
 - c. Completing a cost-effective analysis
2. If determined to be cost-effective, then re- determine HIPP eligibility at any point if:
- a. A change to the employee portion of the premium rate is identified;
 - b. The Medicaid Managed Care premium rate is updated;
 - c. There is a change to any Medicaid wrap around services or the administrative fee in the Cost-Effective calculation.
 - d. There is a change (identified systematically or manually):
 - i. In Medicaid eligibility;
 - ii. In the services covered under the policy;
 - iii. In the Medicaid eligible individuals on the policy.
3. Failure to submit required documents for redetermination may result in disenrollment from the HIPP program.
4. Failure to meet HIPP enrollment eligibility during redetermination, will result in HIPP disenrollment.

C. Purchasing or paying for health insurance coverage is deemed not cost- effective when:

- 1. Medicaid beneficiary is also enrolled in Medicare;
- 2. A court has ordered a non-custodial parent to provide medical insurance;
- 3. An individual or employee has been fully reimbursed for his/her payment of health care premiums; or
- 4. A recipient is also enrolled in a Medicaid managed care plan
- 5. A recipient is residing in a nursing home
- 6. The applicable deductible is above the IRS defined limit for a High Deductible Health Plan (HDHP).

TN #26-0022

Approval Date _____

Supersedes TN #00-05Effective Date April 1, 2026

SUMMARY
SPA #26-0023

This State Plan Amendment proposes to extend the Indigent Care Pool (ICP) Methodology through December 31, 2029, and continue the reductions included in previous budgets, including the following:

- \$150.0 million (gross) reduction in ICP payments to voluntary hospitals implemented in the FY 2021 Enacted Budget,
- Additional reduction of \$85.4 million (gross) in ICP payments to voluntary hospitals implemented in the FY 2024 Enacted Budget, and
- Discontinuing ICP payments for public general hospitals in New York City operated by New York City Health and Hospitals, which was implemented in the FY 2026 Enacted Budget and provides a total Global Cap savings of \$113.4 million (gross), or \$56.7 million State share.

DRAFT

New York
161(d)

1905(a)(1) Inpatient Hospital Services

Indigent Care Pool Reform – effective January 1, 2013

The provisions of this section will be effective for the period January 1, 2013 through December 31, ~~2025~~2029.

(a) Indigent Care Pool Reform Methodology. **Each hospital's uncompensated care** nominal need will be calculated in accordance with the following:

1. Inpatient Uncompensated Care. Inpatient units of service for uninsured (self-pay and charity) patients, as reported in Exhibit 32 of the Institutional Cost Report (ICR) for the calendar year two years prior to the distribution year for each inpatient service area which has a distinct reimbursement rate, excluding hospital-based residential health care facility (RHCF) and hospice units of service, will be multiplied by the applicable Medicaid inpatient rates in effect for January 1 of the distribution year.

Medicaid inpatient rates for acute and psychiatric services will be the statewide base price adjusted for hospital-specific factors including an average case mix adjustment plus all rate add-ons except the public goods surcharge. Medicaid inpatient rates for all other inpatient services will be the per diem rate, excluding the public goods surcharge add-on. Units of service for acute care services will be uninsured patient discharges; units of service for all other inpatient services will be uninsured patient days, not including alternate level of care (ALC) days.

2. Outpatient Uncompensated Care. Outpatient units of service for those uninsured (self-pay and charity) patients reported in Exhibit 33 of the ICR for the calendar year two years prior to the distribution year, excluding referred ambulatory services and home health units of service, will be multiplied by the average paid Medicaid outpatient rates that reflect the exclusive utilization of the ambulatory patient groups (APG) rate-setting methodology; however, for those services for which APG rates are not available the applicable Medicaid rate in effect for January 1 of the distribution year will be utilized. The outpatient rates used are exclusive of the public goods surcharge.

Units of service for ambulatory surgery services will be uninsured procedures, not including those which result in inpatient admissions; units of service for all other outpatient services will be uninsured visits, not including those which result in inpatient admissions.

TN #26-0023 Approval Date

Supersedes TN #23-0051 Effective Date April 1, 2026

New York
161(j)

1905(a)(1) Inpatient Hospital Services

4. Voluntary ICP Pool Reduction. For calendar years 2020 through ~~2025~~2029, total distributions made to eligible voluntary general hospitals will reflect a reduction of one hundred fifty million dollars annually. For calendar years 2023 through ~~2025~~2029, total distributions made to eligible voluntary general hospitals will reflect an additional reduction of eighty five million four hundred thousand dollars annually. Hospitals that qualify as Enhanced Safety Net hospitals under §2807-c(34) of the Public Health Law in State Fiscal Year 2019-2020 are exempt from such reductions. The methodology to allocate the reduction will take into account the payor mix of each voluntary hospital, including the percentage of inpatient days paid by Medicaid. Such methodology will calculate the total public payor mix of each facility and calculate a statewide average public payor mix. For the purposes of this subparagraph, public payor mix means the percentage of total reported Medicaid and Medicare inpatient days, as reported in Exhibit 32 of the Institutional Cost Report (ICR) for the reporting period two years prior to the distribution year, where Medicaid and Medicare were the primary payors, out of total reported inpatient days which includes all inpatient services but excludes Alternate Level of Care days. Hospitals exceeding the calculated average of public payor mix will be exempt from reductions pursuant to this subparagraph. Hospitals that fall below the calculated average of public payor mix will be subject to a proportionate reduction pursuant to this subparagraph.

5. Enhanced Safety Net Transition Collar Pool. For calendar years 2020 through ~~2025~~2029, sixty-four million six hundred thousand dollars will be distributed to voluntary hospitals qualifying as Enhanced Safety Net Hospitals under §2807-c(34) of the Public Health Law in State Fiscal Year 2019-2020 that experience a reduction in their distribution year Indigent Care Pool payments when compared to their 2019 ICP payments. The methodology to allocate this funding will be proportional to the reduction received by the facility. The proportionate allocation will **be equal to each qualifying Enhanced Safety Net Hospital's percentage share of total ICP losses** when compared to CY 2019 distributions for all qualifying Enhanced Safety Net Hospitals.

6. Voluntary UPL Payment Reductions. The distributions in this section will be reduced by the final payment amounts paid to the eligible voluntary general hospitals, excluding government general hospitals, made in accordance with the Voluntary Supplemental Inpatient and Outpatient Payments section.

7. DSH Payment Limits. The distributions in this section are subject to the provisions of the Disproportionate share limitations section. **Should a facility's total payments exceed its DSH cap, the facility will receive the State share only of any ICP award in excess of the hospital specific DSH limit as set out in paragraph 9 (Reconciliation and Redistribution of Overpayments) below.**

8. Financial Assistance Compliance Pool. For calendar years 2014 through ~~2025~~2029, an amount equivalent to one percent of total DSH funds will be segregated into the Financial Assistance Compliance Pool (FACP) and allocated to all hospitals which prior to December 31, 2015 demonstrate substantial compliance with §2807-k(5-d)(b)(iv) of the Public Health Law (New York State Financial Aid Law) as in effect on January 1, 2013. There will be separate pool amounts for major governmental and voluntary hospitals. The DSH funds in the FACP will be proportionately allocated to all compliant hospitals using the Indigent Care Methodology described in paragraph (a) of this section. Compliance will be on a pass/fail basis. When a hospital is deemed compliant, one hundred percent of its share of the FACP funds will be released; there will be no partial payment for partial compliance. Any unallocated funds resulting from hospitals being non-compliant will be proportionally reallocated to compliant hospitals in each respective group based on their relative share of the distributions calculated in paragraph (a).

TN #26-0023

Approval Date

Supersedes TN #23-0051

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

New York County
250 Church Street
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Queens County, Queens Center
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Brooklyn, New York 11201

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Bronx, New York 10457

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0024

This State Plan Amendment proposes to revise the State Plan for a 2.7% targeted inflationary increase (TII) per the 2027 Budget to the following non-institutional services; Day Treatment, Article 16, Independent Practitioner Services for Individuals with Developmental disabilities (IPSIDD) and Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD).

DRAFT

New York
2(t.6.a)

1905(a)(9) Clinic Services, 1905(a)(2) Outpatient Hospital Services

VI. APG Base Rates for OPWDD certified or operated clinics - Continued

<u>Peer Group</u>	<u>Base Rate</u>	<u>Effective Date of Base Rate</u>
<u>Peer Group A</u>	<u>\$223.12</u>	<u>4/1/26</u>
<u>Peer Group B</u>	<u>\$234.05</u>	<u>4/1/26</u>
<u>Peer Group C</u>	<u>\$334.97</u>	<u>4/1/26</u>

DRAFT

TN #26-0024

Approval Date _____

Supersedes TN NEW

Effective Date April 1, 2026

New York
3h12.3

1905(a)(9) Clinic Services

Effective April 1, 2023, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
UCP Suffolk	250 Marcus Boulevard	\$242.49	\$121.25	\$0.00	\$242.49	\$242.49

Effective April 1, 2024, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
UCP Suffolk	250 Marcus Boulevard	\$249.38	\$124.69	\$0.00	\$249.38	\$249.38

Effective April 1, 2025, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		4170 Full Day	4171 Half Day	4172 Collocated Model	4173 Intake	4174 Diagnosis & Evaluation
UCP Suffolk	250 Marcus Boulevard	\$255.86	\$127.93	\$0.00	\$255.86	\$255.86

Effective April 1, 2026, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program provider is as follows:

Corp Name	Site	Rate Codes				
		<u>4170</u> <u>Full Day</u>	<u>4171</u> <u>Half Day</u>	<u>4172</u> <u>Collocated Model</u>	<u>4173</u> <u>Intake</u>	<u>4174</u> <u>Diagnosis & Evaluation</u>
<u>UCP Suffolk</u>	<u>250 Marcus Boulevard</u>	<u>\$262.77</u>	<u>\$131.39</u>	<u>\$0.00</u>	<u>\$262.77</u>	<u>\$262.77</u>

TN #26-0024

Approval Date

Supersedes TN #25-0041

Effective Date April 1, 2026

New York
Page 3(h.14)

1905(a)(13) Rehabilitative Services

Rate Setting

1. The method of reimbursement for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD) will be a fee established by OPWDD in conjunction with the New York State Department of Health and approved by the New York State Division of the Budget. The fee schedule to be paid is as follows:

LEVEL OF INVOLVMENT	LEVEL	UPSTATE FEE	DOWNSTATE FEE	UNIT OF SERVICE
Stable	1	\$ <u>66.86</u> 65.11	\$ <u>76.94</u> 74.91	Monthly
Mild	2	\$ <u>445.76</u> 434.04	\$ <u>512.87</u> 499.39	Monthly
Moderate	3	\$ <u>481.42</u> 468.76	\$ <u>553.90</u> 539.33	Monthly
Intensive	4	\$ <u>949.47</u> 924.51	\$ <u>1,092.39</u> 1,063.67	Monthly

- i. Payment Levels
- a. Stable – periodic (quarterly) intervention - At least one month in each quarter requires the delivery of a service.
 - b. Mild – monthly intervention – Provider will bill the monthly unit of service when CSIDD services are rendered and at a minimum one service is delivered in the month.
 - c. Moderate – multiple outreaches per month - Provider will bill the monthly unit of service when CSIDD services are rendered, and more than one service is delivered per month.
 - d. Intensive – weekly or more outreach - Provider will bill the monthly unit of service when CSIDD services are rendered, and services are provided on a weekly basis.

The same monthly rate will be used to reimburse CSIDD services delivered in a face-to-face manner or via telehealth in accordance with State guidance.

- ii. Reporting requirements
- a. Providers will be required to complete cost reports on an annual basis.

TN #26-0024

Supersedes TN #25-0041

Approval Date _____

Effective Date April 1, 2026

New York
5(a)(ii)

1905(a)(6) Medical Care, or Any Other Type of Remedial Care

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

(A) Payments are made in accordance with a fee schedule developed by the Department of Health and approved by the Division of the Budget. The State-developed fee schedule rates are the same for both governmental and private providers of IPSIDD services which are included under independent practitioner services.

(1) The IPSIDD fee schedule was set as of April 1, 2016 and is effective for services provided on and after that date. The fee schedules are published on the Department of Health website and can be found at the following links:

- (i) IPSIDD fee schedule effective April 1, 2016, through December 31, 2016:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/ipsidd_04-01-16
- (ii) IPSIDD fee schedule effective January 1, 2017, through December 31, 2017:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2017_01_01_ipsidd.htm
- (iii) IPSIDD fee schedule effective January 1, 2018, through December 31, 2018:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2018/2018_01_01_ipsidd.htm
- (iv) IPSIDD fee schedule effective January 1, 2019, through December 31, 2019:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2019/2019_01_01_ipsidd.htm
- (v) IPSIDD fee schedule effective January 1, 2020, through June 30, 2021:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2020/2020_01_01_ipsidd.htm
- (vi) IPSIDD fee schedule effective July 1, 2021, through March 31, 2022:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2021/2021_07_01_ipsidd.htm
- (vii) IPSIDD fee schedule effective April 1, 2022, through March 31, 2023:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2022/2022_04_01_ipsidd.htm
- (viii) IPSIDD fee schedule effective April 1, 2023, through March 31, 2024:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2023/2023_04_01_ipsidd.htm
- (ix) IPSIDD fee schedule effective April 1, 2024, through March 31, 2025:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2024/2024_04_01_ipsidd.htm
- (x) IPSIDD fee schedule effective April 1, 2025, through March 31, 2026 ~~and forward~~:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2025/2025_04_01_ipsidd.htm
- (xi) IPSIDD fee schedule effective April 1, 2026, and forward:
https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/2026/2026_04_01_ipsidd.htm

TN #26-0024

Approval Date _____

Supersedes TN #25-0041Effective Date April 1, 2026

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0025

This State Plan Amendment proposes to revise the State Plan for a 2.7% targeted inflationary increase (TII) per the 2027 budget to the following inpatient service, Specialty Hospitals.

DRAFT

New York
2(b)

1905(a)(1) Inpatient Hospital Services

3) DOH will semi-annually update Capital reimbursement for all providers in January and July. Also, DOH will update capital to include all new and approved PPAs twice a year. The update may require the Department to annualize the PPA, which could include more than 12 months of costs in the first year.

ii. Operating Component of Rate Rates for providers with 21 beds and over will be as follows:

Rate period	Rate
On and After 10/01/2023	\$943.09
04/01/2024 through 03/31/2025	\$969.87
04/01/2025 through 3/31/2026 and forward	\$995.09
<u>04/01/2026 and forward</u>	<u>\$1,021.96</u>

Rates for providers with 20 beds and under will be as follows:

Rate period	Rate
07/01/2024 through 03/31/2025	\$1,115.04
04/01/2025 through 3/31/2026 and forward	\$1,144.03
<u>04/01/2026 and forward</u>	<u>\$1,174.92</u>

iii. The Capital Component and Operating Components will be combined to determine the final payment rate.

TN #26-0025

Approval Date

Supersedes TN #25-0043

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
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Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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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

SUMMARY
SPA #26-0026

This State Plan Amendment proposes to revise the State Plan for **an 2.7% targeted inflationary increase (TII)** per the 2027 budget **to the following institutional service, Intermediate Care Facility (ICF/IID).**

DRAFT

New York
22(a)

1905(a)(15) ICF/IID

- a. The applicable trend factor effective July 01, 2021, through March 31, 2022, will be calculated as follows. Operating rates of payment will be increased for a Cost of Living Adjustment (COLA), calculated to support a one percent (1.0%) annual aggregate payment to be paid out over the 9 month period between July 1, 2021 and March 31, 2022, and a one percent (1%) annual increase to be paid out over 12 months in subsequent years until such time as the COLA increase is reflected in the base period cost reports.
- b. The applicable trend factor effective April 01, 2022, through March 31, 2023, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a five-point four percent (5.4%) increase until such time as the COLA increase is reflected in the base period cost reports.
- c. The applicable trend factor effective April 01, 2023, through March 31, 2024, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a four percent (4.0%) increase until such time as the COLA increase is reflected in the base period cost reports.
- d. The applicable trend factor effective April 01, 2024, through March 31, 2025, will be calculated as follows. Operating rates of payment will be increased for a Cost-of-Living Adjustment (COLA) to support a two-point eight four percent (2.84%) increase until such time as the COLA increase is reflected in the base period cost reports.
- e. The applicable trend factor effective April 01, 2025, through March 31, 2026, will be calculated as follows. Operating rates of payment will be increased for a Targeted Inflationary Increase (TII) to support a two-point six percent (2.6%) increase until such time as the TII is reflected in the base period cost reports.
- f. The applicable trend factor effective April 01, 2026, through March 31, 2027, will be calculated as follows. Operating rates of payment will be increased for a Targeted Inflationary Increase (TII) to support a two-point seven percent (2.7%) increase until such time as the TII is reflected in the base period cost reports.

TN #26-0026

Approval Date

Supersedes TN #25-0042

Effective Date April 1, 2026

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:

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

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

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

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

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

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

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

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Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

SUMMARY
SPA #26-0027

This State Plan Amendment proposes to add an across-the-board adjustment of a 2.7% targeted inflationary increase (TII) per the enacted 2027 budget for the following inpatient service, Psychiatric Residential Treatment Facilities (PRTFs).

DRAFT

New York
4A

1905(a)(16) Inpatient Psychiatric Hospital – PRTF

Effective April 01, 2026, through March 31, 2027, operating rates of payment will be increased for a Targeted Inflationary Increase (TII) to support a two-point seven percent (2.7%) increase until such a time as the TII increase is reflected in the base period cost reports.

DRAFT

TN #26-0027

Approval Date _____

Supersedes TN NEW

Effective Date April 1, 2026

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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

Queens County, Queens Center
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Long Island City, New York 11101

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0028

This State Plan Amendment proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with the following enacted statutory provisions:

Chapter 57 of the Laws of 2026, Part P of the SFY26/27 enacted budget outlines a 2.7% targeted inflationary increase (TII) in eligible Children and Family Treatment and Support Services (CFTSS) rates.

DRAFT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE
1905(a)(6) Medical Care, or Any Other Type of Remedial Care

Non-Physician Licensed Behavioral Health Practitioner Services (EPSDT only)

Reimbursement for EPSDT NP-LBHP as outlined in Item 6.d(i). per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York. Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers.

- ~~Effective 1/1/2019~~ The provider agency's rates were initially set ~~as of January 1, 2019,~~ for Other Licensed Practitioner, and are effective for these services provided on or after that date.
- Effective 4/01/2021 through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled Children and Family Treatment and Support Services (CFTSS) Rate Adjustments.
- Effective 4/01/2022 the rates were increased by the 5.4% Cost of Living Adjustment (COLA).
- Effective 10/01/2022 the 25% rate increase originally effective 4/1/2021 was ~~has been~~ permanently extended.
- Effective 4/01/2023 the rates were increased by the 4% Cost of Living Adjustment (COLA).
- Effective 11/01/2023, ~~new rates were created to implement~~ Evidenced Based Practices ~~reimbursement, including:~~ Family Functional Therapy (FFT) and Parent-Child Interaction Therapy (PCIT) rates were newly added.
- Effective 4/01/2024 the rates were increased by the 2.84% Cost of Living Adjustment (COLA).
- Effective 1/1/2025, ~~new rates were created to implement~~ Evidenced Based Practices ~~reimbursement, including:~~ Multi-Dimensional Family Therapy (MDFT) rates were newly added.
- Effective 4/01/2025 the rates were increased by the 2.6% Targeted Inflationary Increase (TII).
- Effective 4/1/2026 the rates were increased by the 2.7% Targeted Inflationary Increase (TII).

All current/pending Other Licensed Practitioner rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/child-family_rate_summary.pdf

All historical Other Licensed Practitioner rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/historical/index.htm

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: New York
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

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

Rehabilitative Services (EPSDT only)

Reimbursement for EPSDT Rehabilitative Services as outlined in item 13.d per Attachment 3.1-A, are paid based upon Medicaid rates established by the State of New York. Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. ~~The provider agency's rates were set as of~~

- Effective ~~January 1, 1/1/2019~~; provider agency's rates were initially set for Community Psychiatric Supports and Treatment; and Psychosocial Rehabilitation Supports; and are effective for these services provided on or after that date.

~~Provider agency's rates were set as of~~

- Effective ~~July 1, 7/1/2019~~; provider agency's rates were initially set for Family Peer Support Services and are effective for these services provided on or after that date. ~~Additionally, the agency's rates were set as of~~
- Effective ~~January 1, 1/1/2020~~; provider agency's rates were initially set for Crisis Intervention and Youth Peer Supports ~~and Training~~ and are effective for these services provided on or after that date.
- Effective ~~4/1/2021~~ through 9/30/2022 a temporary rate increase of 25% was authorized under the American Rescue Plan Act of 2021 (ARPA) Section 9817, Action Item #28, entitled Children and Family Treatment and Support Services (CFTSS) Rate Adjustments.
- Effective ~~4/1/2022~~ the rates were increased by the 5.4% Cost of Living Adjustment (COLA).
- Effective ~~10/1/2022~~ the 25% rate increase originally effective 4/1/2021 was ~~has been~~ permanently extended.
- Effective ~~4/1/2023~~ the rates were increased by the 4% Cost of Living Adjustment (COLA).
- Effective ~~11/1/2023~~; Evidenced Based Practices ~~are added to the fee schedule including:~~ Family Functional Therapy (FFT) rates are newly added.
- Effective ~~4/1/2024~~ the rates were increased by the 2.84% Cost of Living Adjustment (COLA).
- Effective ~~1/1/2025~~; ~~new rates were created to implement~~ Evidenced Based Practices ~~reimbursement, including:~~ Multi-Dimensional Family Therapy (MDFT) rates were newly added.
- Effective ~~4/1/2025~~ the rates were increased by the 2.6% Targeted Inflationary Increase (TII).
- Effective ~~4/1/2026~~ the rates were increased by the 2.7% Targeted Inflationary Increase (TII).

All current/pending Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation Supports, Family Peer Support Services and Youth Peer Supports rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf

All historical Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation Supports, Family Peer Support Services and Youth Peer Supports rates are published on the Department of Health website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/historical/index.htm

TN #26-0028

Approval Date _____

Supersedes TN #25-0048

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

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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

SUMMARY
SPA #26-0029

This State Plan Amendment proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions.

Chapter 57 of the Laws of 2026, Part P of the SFY26/27 Enacted Budget outlines a 2.7% targeted inflationary increase (TII) in eligible Health Home rates for those Health Home members that meet the risk and acuity criteria for Health Home Plus and for those Health Home members that meet the risk and acuity criteria for Health Home Plus and are receiving Assisted Outpatient Treatment (AOT).

DRAFT

[Records](#) / [Submission Packages - Your State](#)

NY - Submission Package - NY2026MS0001D - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2026MS0001D	Submission Type	Draft
Program Name	NYS Health Home Program	State	NY
Version Number	1	Region	New York, NY
		Package Status	Pending

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New York **Medicaid Agency Name:** Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DRAFT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions.

Chapter 57 of the Laws of 2026, Part P of the SFY26/27 Enacted Budget outlines a 2.7% Targeted Inflationary Increase (TII) in eligible Health Home rates for those Health Home members that meet the risk and acuity criteria for Health Home Plus and for those Health Home members that meet the risk and acuity criteria for Health Home Plus and are receiving Assisted Outpatient Treatment (AOT).

Federal Budget Impact and Statute/Regulation Citation



Federal Budget Impact

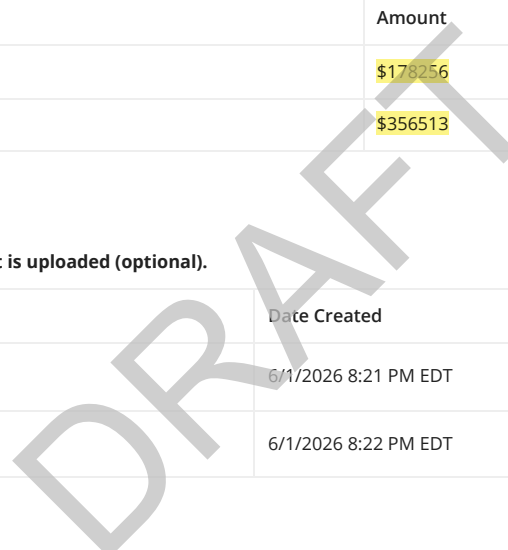
	Federal Fiscal Year	Amount
First	2026	\$178256
Second	2027	\$356513

Federal Statute / Regulation Citation

Section 1945 of the Social Security Act.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Calculations (26-0029) (6-1-26)	6/1/2026 8:21 PM EDT	
Authorizing Provisions (26-0029) (6-1-26)	6/1/2026 8:22 PM EDT	



Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

DRAFT

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments

1945 Health Home Program

Do not use "Create New 1945 Health Home Program" to amend an existing 1945 Health Home program. Instead, use "Amend existing 1945 Health Home program," below.

- Create new 1945 Health Home program
- Amend existing 1945 Health Home program
- Terminate existing 1945 Health Home program

NYS Health Home Program

1945 Health Home SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Source Type Submission Package
<input checked="" type="checkbox"/>	Health Homes Intro	(APPROVED
<input type="checkbox"/>	Health Homes Geographic Limitations	(APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	(APPROVED
<input type="checkbox"/>	Health Homes Providers	(APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	(APPROVED
<input checked="" type="checkbox"/>	Health Homes Payment Methodologies	(APPROVED
<input type="checkbox"/>	Health Homes Services	(APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	(APPROVED

1 - 8 of 8

1945A Health Home Program

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header


Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Name of 1945 Health Home Program

NYS Health Home Program

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

Name	Date Created	
FPN-NYS Register (03-25-2026)	4/8/2026 1:10 PM EDT	

DRAFT

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Name of 1945 Health Home Program:

NYS Health Home Program

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
No items available	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

- Eligibility
- Benefits
- Service delivery
- Other issue

DRAFT

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SAMHSA Consultation

Name of 1945 Health Home Program

NYS Health Home Program

Date of consultation
1/1/2014

- The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

DRAFT

1945 Health Home Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-25-0047		
	System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Home state plan option under Section 1945 of the Social Security Act.

Name of 1945 Health Home Program

NYS Health Home Program

Executive Summary

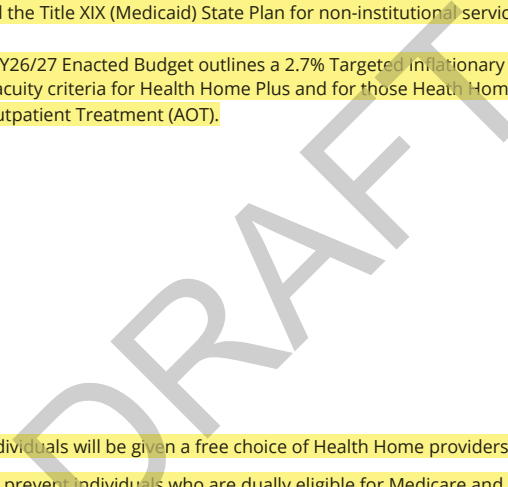
Provide an executive summary of this Health Home program including the goals and objectives of the program, the population, providers, services and service delivery model used

This State Plan Amendment proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with enacted statutory provisions.

Chapter 57 of the Laws of 2026, Part P of the SFY26/27 Enacted Budget outlines a 2.7% Targeted Inflationary Increase (TII) in eligible Health Home rates for those Health Home members that meet the risk and acuity criteria for Health Home Plus and for those Health Home members that meet the risk and acuity criteria for Health Home Plus and are receiving Assisted Outpatient Treatment (AOT).

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Home providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Home services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Home providers.
- The state provides assurance that FMAP for 1945 Health Home services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health home enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.



1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-25-0047		
	System-Derived		

Payment Methodology

The State's Health Home payment methodology will contain the following features

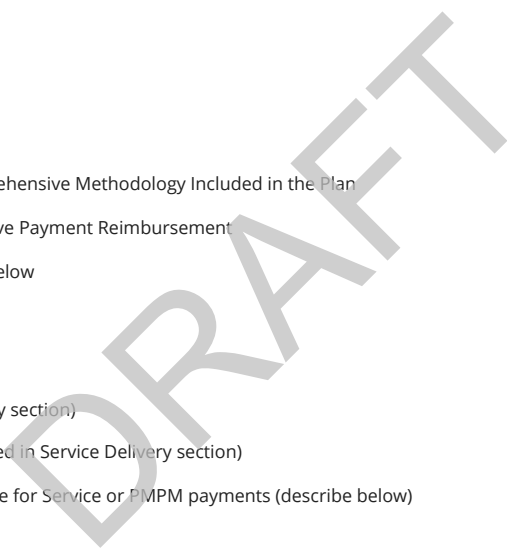
- Fee for Service
 - Individual Rates Per Service
 - Per Member, Per Month Rates
 - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other

Describe below
see text box below regarding rates

- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
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Superseded SPA ID	NY-25-0047		
	System-Derived		

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

4/1/2026

Website where rates are displayed

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates.htm

DRAFT

1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-25-0047		
	System-Derived		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provider Types

NYS Medicaid providers eligible to become Health Homes (HHs) include: Medicaid Managed Care Plans (MMCPs); hospitals; medical, mental, and chemical dependency treatment clinics; primary care practitioner practices; PCMHs; Federally Qualified Health Centers (FQHCs); Targeted Case Management (TCM) providers; Certified Home Healthcare Agencies (CHHAs), and any other Medicaid enrolled providers that meet HH provider standards.

Care Management (CM) Fees

HHs meeting State and Federal standards are paid a per member per month (PMPM) CM fee that is adjusted based on region and case mix method for Health Homes Serving Adults (HHSAs) class members; or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for Health Homes Serving Children (HHSC) (age 0 through 20). The total costs relating to a care manager (salary, fringe benefits, non-personal services, capital and administration costs), in conjunction with caseload assumptions, are used to develop the HHCM fees. The State periodically reviews HH claims data in conjunction with Department of Labor salary data to ensure that the fees are sufficient to ensure quality services. Except as otherwise noted in the plan, State developed fee schedules are the same for both governmental and private providers.

All current/pending HHSC, HHSAs, and HH+ fees are published on the DOH website:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates.pdf

All historical HHSC, HHSAs, and HH+ fees are published on the DOH website:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/archive/historical.htm

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month HH providers must, at a minimum, provide one of the core HH services per month. The monthly payment will be paid via the active CM PMPM. Once a patient has consented to receive services, has been assigned a care manager, and is enrolled in the HH program; the active CM PMPM may be billed. Care managers must document all services provided to the member in the member's care plan.

Population Case Mix Definitions for Health Homes Serving Adults (HHSAs) Class Members

Health Home Plus (HH+) class CM includes adults with an active AOT order or expired AOT order within the last year; adults stepping down from State Psychiatric Care (PC) and Assertive Community Treatment (ACT); Health and Recovery Plan (HARP) members that meet high risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the MMCP or State designated entity for adults not currently enrolled in a MMCP.

HHSAs High Risk/High Need class CM includes adults that are Health and Recovery Plan (HARP) enrolled members not included in HH+ CM; any adult member meeting high risk criteria based on the high, medium and low Clinical and Functional Assessment; and members identified at the discretion of the MMCP or State designated entity for adults not currently enrolled in a MMCP.

HHSAs Home Transition class includes adults who, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, are Adult Home Residents with serious mental illness (SMI) who are required to transition from Adult Homes located in New York City to the community.

HHSAs class CM includes all other adults not meeting the criteria for HH+ CM, High Risk/High Need CM, or HHSAs Home Transition.

Managed Care (MC) Considerations

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for HH services through MMCPs, but at State set fees for the service. The State will address any existing CM resources in the current plan premium for HH enrollees under CMS guidelines (bring this resource out of the capitation and create federal

matching for those resources under the HH payment). MMCPs will pay HH providers State set fees when providers are contracted to provide all HH services. In cases where the MMCP performs a portion of the HH service (e.g. telephonic post discharge tracking) and downstream providers perform a separate portion (e.g. face to face CM), the MMCP will split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract has been modified to include language similar to that outlined below which addresses any duplication of payment between the Managed Care Organization (MCO) capitation payments and HH payments. The delivery design and payment methodology will not result in any duplication of payment between HHs and managed care.

- MMCPs are not required to provide services that would duplicate CMS reimbursed HH services for members participating in the State's HH program.
- MMCPs will be informed of members assigned to a HH or will assign its members to a HH for services. MMCPs may need to expand their networks to include additional State designated HH providers to ensure appropriate access.
- MMCPs are required to have signed contracts including clearly established responsibilities with the provider based HHs.
- MMCPs are required to inform either the individual's HH or the State of any inpatient admission or discharge of a HH member that the MMCP learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- MMCPs will assist State designated HH providers in their network with coordinating access to data as needed.
- MMCPs will, as appropriate, assist with the collection of required CM and patient experience of care data from State designated HH providers in its network.

The State has a HH advisory committee of providers and MMCPs through which any issues with payment should be raised and addressed. Directions have been given to MMCPs to match HH payment to providers based on relative HHCM effort. Further information on specific construction on HH payments includes specific administration compensation to guide rate differential construct.

Effective January 1, 2012 the State envisions that eventually all Targeted Case Management (TCM) programs operating in New York will convert to or become part of HHs, and these providers will require time to meet State and Federal HH standards. The State will allow TCM providers that can meet HH standards to convert to HHs or join with larger HHs. TCM providers that convert to HHs will be governed under NYS HH Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new HH fee payment structure.

HHCM services may be provided to children that are eligible and enrolled in both the Early Intervention (EI) and HHSC programs and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the EI program.

All payments will be made under the HH payment detailed above in the CM Fee section if they convert to or become part of a HH.

Effective December 1, 2016 risk adjusted payments (high, medium, low acuity levels) for all Health Home member classes allow providers to service a diverse population of patients and assign patients to various levels of CM intensity without having to meet preset standards for contact counts. Providers are able to respond to and adjust the intensity and frequency of intervention based on a patient's current condition and needs (from tracking to high touch).

Effective June 1, 2018 the PMPM CM fee for HHs that are designated HHSC only, or designated HHSC in 43 counties and both HHSA and HHSC in 1 county, shall receive an additional \$4 million in payments to supplement CM fees. The supplemental payments shall be lump sum payments paid no later than March 31, 2019 and will be allocated proportionately among such HHs based on services provided between June 1, 2018 and December 1, 2018.

Effective January 1, 2019 Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915c B2H waivers, who shall provide HHCM services in accordance with this section shall be eligible for a transition fee add-on for two years to enable providers to transition to HHSC fees. HHSC CM services eligible for the transition fee add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the HHSC fee without the add-on.

Effective October, 1, 2022 HHSC may receive an assessment fee to ensure that any child who may be eligible for Home and Community-Based Services (HCBS) under the Consolidated Children's Waiver or State Plan authority will be eligible to receive a timely HCBS assessment under the HH program. The HHSC HCBS assessment fee will compensate the HH for the costs associated with conduct of:

- Evaluation and/or re-evaluation of HCBS level of care;
- Assessment and/or reassessment of the need for HCBS;
- Inclusion of all aspects of an HCBS Plan of Care in the HH's Comprehensive Care Plan.

This fee will be paid in addition to the CM PMPM and is contingent upon the HH completing a timely and complete assessment.

Effective January 1, 2024 a PMPM CM fee was developed separately for HHSC designated by the NYS designation process and providing High Fidelity Wraparound (HFW). The fee is based on modeling estimated enrollment, staff salaries, benefits, non-personnel costs, overhead, and administrative costs that is based on region under HFW based on caseload assumptions. Separate projections and fees are developed for this population of most vulnerable children who meet the following conditions to be part of this service:

SED diagnosis as well as additional criteria, namely that the child or youth is:

- Between 6 and 21 years of age;
- Has a functional impairment in the home, school, or community as measured by the CANS-NY system;
- Is HH enrolled/eligible through SED or has 2 mental health (MH) diagnoses;
- Is involved with two or more systems;
- Has a history of service utilization with out-of-home residential or inpatient services, crisis and emergency services, intensive treatment programs or represents high needs populations.

Effective April 1, 2024 a supplemental PMPM CM fee was developed for the HHSA designated by the NYS designation process and providing HH+ CM to members who are receiving HH+ CM due to an Assisted Outpatient Treatment (AOT) Order.

Effective April 1, 2025 a 2.6% Targeted Inflationary Increase (TII) is applied to the CM fees for those HH members that meet the risk and acuity criteria for HH+ and for those members that meet the risk and acuity criteria for HH+ and are receiving AOT as per the SFY 2026 enacted budget.

Effective April 1, 2026 a 2.7% TII is applied to the CM fees for those HH members that meet the risk and acuity criteria for HH+ and for those members that meet the risk and acuity criteria for HH+ and are receiving AOT as per the SFY 2027 enacted budget.

DRAFT

1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2026MS0001D | NYS Health Home Program

Package Header

Package ID	NY2026MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NY-25-0047		
	System-Derived		

Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Home services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates.pdf

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
2026 NI Rate SFQs (26-0029) (6-1-26)	6/1/2026 8:25 PM EDT	

DRAFT

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/2/2026 3:03 PM EDT

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Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0030

This State Plan Amendment proposes to update the personal care reimbursement methodology to a regional standard deviation approach where rates cannot be above or fall below one standard deviation. Allowable administrative costs will be capped at 15 percent of the total rate. Nursing supervision and nursing assessment rates will be a set fee, established by the Commissioner of Health.

DRAFT

New York
6(a)(1)1905(a)(24) Personal ~~C~~are ~~S~~ervices

For personal care services provided pursuant to a contract between a social services district and a voluntary, proprietary or public personal care services provider, payment ~~is made~~ for direct care services is based on reported allowable costs not to exceed, or fall below, one standard deviation of the mean for the applicable geographic group. The administrative portion of the rate will not exceed 15 percent of the total rate. Personal care services providers' payments for nursing assessment and nursing supervision services will be a fee determined by the Commissioner of Health. All personal care services provider payments are at the lower of the provider's charge to the general public for personal care services or a rate the Department establishes for the provider, subject to the approval of the Director of the Division of the Budget, in accordance with a cost-based methodology. Under the cost-based methodology, the Department determines a provider's rate based upon the provider's reported allowable costs, as adjusted by annual trend factors provided, however, for services on and after April 1, 2008, the Commissioner of Health will apply a trend factor projection equal to 65% of the otherwise applicable trend factor for calendar year 2008, as calculated in accordance with the general trend factor methodology contained on page 1(c)(i) in this Attachment.

For rates of payment effective for personal care services provided on and after January 1, 2009 through March 31, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be adjusted such that any increase to the average trend factor for the period April 1, 2008 through December 31, 2008 will be reduced, on an annualized basis, by 1.3%. However, no retroactive adjustment to such trend factor will be made for the period April 1, 2008 through December 31, 2008. Effective on and after April 1, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be zero.

For rates of payment effective for personal care services provided on and after January 1, 2009 through March 31, 2009, a trend factor equal to the otherwise applicable trend factor attributable to the period January 1, 2009 through December 31, 2009, less 1% will be applied. Effective on and after April 1, 2009 the otherwise applicable trend factor attributable to the 2009 calendar year period will be zero.

For rates of payment effective for services provided on and after January 1, 2010 through March 31, 2010, the otherwise applicable final trend factor attributable to the 2010 calendar year period will be zero.

For rates of payment effective for personal care services provided on and after April 1, 2010, the otherwise applicable trend factor attributable to the 2010 calendar year period will be zero.

For rates of payment effective for personal care services provided on and after April 1, 2011, the otherwise applicable trend factors attributable to the 2011 through 2014 calendar year periods will be no greater than zero. For such rates effective for the period January 1, 2015 through March 31, 2015 and for the period April 23, 2015 through December 31, 2015 otherwise applicable trend factors attributable to the 2015 calendar year period will be no greater than zero. For rates of payment effective for services provided on and after January 1, 2016 through March 31, 2017 and for the period April 1, 2017 through December 31, 2017, the otherwise applicable final trend factor attributable to the 2016 and 2017 calendar year periods will be zero. For rates of payment effective for services provided on and after January 1, 2018 through March 31, 2019 and for the period April 1, 2019 through December 31, 2019, the otherwise applicable final trend factor attributable to the 2018 and 2019 calendar year periods will be zero. For rates of payment effective for services provided on and after January 1, 2020, the otherwise applicable trend factor will be zero.

For nursing services rates, the Commissioner of Health may apply a trend factor, subject to the approval of the Director of the Division of the Budget.

TN #26-0030 Approval Date _____

Supersedes TN #19-0042 Effective Date April 1, 2026

New York
6(a)(1)(i)

1905(a)(24) Personal care services

The provider's rate for direct care includes payment for the provider's reported allowable trended costs only in an amount that does not exceed, or fall below, one standard deviation of the mean for ~~the ceilings for allowable costs that the Department has established for all providers in~~ the applicable geographic group to which the provider belongs. The rate includes adjustments for worker recruitment and retention, background and fingerprinting, and minimum wage growth. ~~an adjustment for profit, for proprietary providers, or surplus, for voluntary providers.~~ The provider's reported allowable administrative expenses cannot exceed 15 percent of the total rate. Nursing supervision and nursing assessment services will be paid a fee, as established by the Commissioner of Health.

DRAFT

TN #26-0030

Approval Date _____

Supersedes TN #13-33

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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Brooklyn, New York 11201

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0033

This State Plan Amendment proposes to adjust the operating component of the inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, and out-of-state acute care hospitals, to reflect an across-the-board increase of seven point three five percent (7.35%), effective for dates of services on and after April 1, 2026 through March 31, 2028. The across-the-board adjustment will be decreased to four point four six percent (4.46%), effective for dates of services on and after April 1, 2028.

DRAFT

New York
A(1)(c.3)

1905(a)(1) Inpatient Hospital Services

Across the Board Hospital Inpatient Increase

(1) For dates of service on and after April 1, 2026 through March 31, 2028, the inpatient operating rate components listed below for Article 28 hospitals, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across-the-board increase of seven point three five percent (7.35%). For dates of service on and after April 1, 2028, the across-the-board increase is reduced to four point four six percent (4.46%).

a. Sections in this Attachment applicable to these increases are as follows:

- i. Statewide Base Price
- ii. Add-Ons to the Acute Rate Per Discharge except as follows:
 - 1. Minimum wage add-on
- iii. Exempt units and hospitals
 - 1. Physical medical rehabilitation inpatient services - operating component
 - 2. Chemical dependency rehabilitation inpatient services - operating component
 - 3. Critical access hospitals - operating component
 - 4. Cancer hospitals - operating component
 - 5. Specialty long term acute care hospital - operating component
 - 6. Acute care children's hospitals - operating component
 - 7. Substance abuse detoxification inpatient services - operating component
 - 8. Inpatient psychiatric services provided in general hospitals, or distinct units of general hospitals, specializing in such inpatient psychiatric services - operating component and Direct Graduate Medical Education (DGME)
- iv. Graduate Medical Education - Medicaid Managed Care Reimbursement
- v. Alternate Level of Care Payments (ALC)
- vi. Swing Bed inpatient services - operating component
- vii. Out-of-State inpatient hospital services - operating component

TN #26-0033 Approval Date _____

Supersedes TN NEW Effective Date April 1, 2026

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0034

This State Plan Amendment proposes to provide a three percent (3%) across the board increase to hospital outpatient department operating rates effective for services on or after April 1, 2026.

DRAFT

New York
A (7.14)

1905(a)(2)(A) Outpatient Hospital Services

Additional Across the Board Medicaid Rate Increase

(1) For dates of services on or after April 1, 2026, the operating component of Medicaid hospital outpatient rates of reimbursement, for services specified in paragraph (2) of this page, will be increased by three percent (3%).

(2) Services included in this Attachment applicable to paragraph (1) are as follows:

- a. APG Rate Computation – Hospital Outpatient
- b. Hospital-Based APG Base Rate Table
- c. Hospital-Based Primary Care Physician Services Provided Offsite
- d. Exempt Acute Care Children's Hospital

DRAFT

TN #26-0034

Approval Date _____

Supersedes TN NEW

Effective Date April 1, 2026

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:

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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

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
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Kings County, Fulton Center
114 Willoughby Street
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1916 Monterey Avenue
Bronx, New York 10457

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

New York County
250 Church Street
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Queens County, Queens Center
3220 Northern Boulevard
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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

SUMMARY
SPA #26-0035

This State Plan Amendment proposes to eliminate the 10% reduction to the capital component of the Medicaid rates for residential health care facilities.

DRAFT

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

- xii. Utilization Review
- xiii. Other Ancillary
- xiv. Plant Operations and maintenance – (cost for facilities and real estate and occupancy taxes only).

(3) The allowable facility specific non-comparable component of the rate will be reimbursed at a payment rate equal to adjusted reported non-comparable costs, after first deducting capital costs and allowable items not subject to trending, divided by the facility's total 1983 patient days.

(g) Capital Component of the Rate.

The allowable facility specific capital component of the rate will include allowable capital costs determined in accordance with section 86-2.19, 86-2.20, 86-2.21 and 86-2.22 of this Subpart and costs of other allowable items determined by the department to be non-trendable divided by the facility's patient days in the base year determined applicable by the department.

- (g)(1) Effective on and after April 2, 2020, the capital component of all Medicaid rates for residential health care facilities will be reduced by 5%.
- (g)(2) Effective on ~~and after~~ April 1, 2024, ~~and through March 31, 2026~~, the capital component of all Medicaid rates for residential health care facilities (excluding pediatric residential health care facilities) will be reduced by 10%, after all prior enacted increases and reductions are applied.
- (h) A facility's payment rate for 1986 and subsequent rate years will be equal to the sum of the operating portion of the rate as defined in paragraph (2) of subdivision (b) of this section and the capital component as defined in subdivision (g) of this section.

(i) Specialty Facilities.

Facilities which provide extensive nursing, medical, psychological and counseling support services to children with diverse and complex medical, emotional and social problems will be considered

TN #26-0035

Approval Date _____

Supersedes TN #24-0042

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0036

This State Plan Amendment proposes to provide a 2.7% targeted inflationary increase effective April 1, 2026 for OASAS Residential Rehabilitation Services for Youth (RRSY).

DRAFT

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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MISCELLANEOUS NOTICES/HEARINGS

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1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State
F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0037

This State Plan Amendment proposes a 2.7% targeted inflationary increase effective April 1, 2026, for OASAS Freestanding Outpatient Services, OASAS Part 818 Residential Rehabilitation Services, Part 820 Residential Services, and OASAS Part 816 Residential Medically Supervised Withdrawal Services, and Part 821 Withdrawal Management and Rehabilitation Services.

DRAFT

New York
10(a.1)(b)

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

Rehabilitative Services - Addiction Services

Addiction Residential Services (cont.)

Effective March 1, 2023, the downstate region fee for Residential Stabilization will receive a 5.6% rate increase for parity to the upstate region. Also on March 1, 2023, Residential Stabilization will receive an additional 15.0% rate increase for both the upstate and downstate regions (compounding with the 5.6% rate increase in the downstate region). On March 1, 2023, Residential Rehabilitation will receive a 4.5% rate increase in each region. Residential Reintegration fees will remain unchanged. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

Effective April 1, 2023, all three elements of the Part 820 service will receive a 4.0% cost-of-living adjustment. Effective April 1, 2024, all three elements of the Part 820 service will receive a 2.84% cost-of-living adjustment. Effective April 1, 2025, all three elements of the Part 820 service will receive a targeted inflationary increase of 2.6%. Effective April 1, 2026, all three elements of the Part 820 service will receive a targeted inflationary increase of 2.7%. The revised rates will be posted at the link above.

TN #26-0037

Approval Date _____

Supersedes TN #25-0046

Effective Date April 1, 2026

New York
10(a.3.ii)1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services
Reimbursement methodology (cont.)

Effective January 1, 2024, the freestanding Ambulatory Patient Group base rates are as follows:

Service	Region	1/1/2024
Addiction Rehab	Upstate	\$ 172.78
Addiction Rehab	Downstate	\$ 202.16
Addiction Day Rehab	Upstate	\$ 172.78
Addiction Day Rehab	Downstate	\$ 202.16
Opioid Treatment Program (OTP)	Upstate	\$ 172.78
Opioid Treatment Program (OTP)	Downstate	\$ 202.16
Offsite - Rehab and Day Rehab	Upstate	\$ 241.89
Offsite - Rehab and Day Rehab	Downstate	\$ 283.02
Offsite - OTP	Upstate	\$ 241.89
Offsite - OTP	Downstate	\$ 283.02

The fee schedule rates in the table above apply to both governmental and private providers.

The rates in the table above are posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

Effective April 1, 2024, freestanding Ambulatory Patient Group base rates will receive a 2.84% cost-of-living adjustment. Effective April 1, 2025, these rates will receive a targeted inflationary increase of 2.6%. Effective April 1, 2026, these rates will receive a targeted inflationary increase of 2.7%. The revised rates will be posted at the link above.

TN #26-0037

Approval Date _____

Supersedes TN #25-0046

Effective Date April 1, 2026

New York
10(a.5)

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

Statewide RMSW fees:

Bed Size	RMSW Fees
6	\$ 408.97
7	\$ 401.53
8	\$ 395.20
9	\$ 389.70
10	\$ 384.85
11	\$ 380.51
12	\$ 376.59
13	\$ 373.01
14	\$ 369.74
15	\$ 366.72
16	\$ 363.91

The geographic regions and regional cost factors applicable to the statewide fees derived from the table above and used to determine the final facility-specific free-standing residential medically supervised withdrawal fees are as follows:

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

Effective April 1, 2022, the January 1, 2019, fees in the table above will receive a 5.4% cost-of-living adjustment. Effective January 1, 2023, the RMSW, fees will receive a 5.0% rate increase. Effective April 1, 2023, RMSW fees will receive a 4.0% cost-of-living adjustment. All fees will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/non-ambulatory>

Effective April 1, 2024, RMSW fees will receive a 2.84% cost-of-living adjustment. The revised rates will be posted at the link above. Effective April 1, 2025, the RMSW fees will receive a targeted inflationary increase of 2.6%. Effective April 1, 2026, the RMSW fees will receive a targeted inflationary increase of 2.7%.

TN #26-0037

Approval Date _____

Supersedes TN #25-0046

Effective Date April 1, 2026

New York
10(a.7)(a)

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

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology
– Freestanding Weekly Bundles (cont.)

Effective April 1, 2022, and through June 30, 2022, the November 1, 2021, freestanding OTP weekly bundle fees will receive a 5.4% cost-of-living adjustment (COLA). Effective July 1, 2022, freestanding OTP weekly bundle fees will receive a 5.4% COLA. Effective January 1, 2023, freestanding OTP weekly bundle fees will receive an additional 5.0% rate increase. Effective April 1, 2023, freestanding OTP weekly bundle fees will receive a 4.0% cost-of-living adjustment. All fees associated with these adjustments will be posted on the OASAS website at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

Effective April 1, 2024, freestanding OTP weekly bundle fees will receive a 2.84% cost-of-living adjustment. Effective April 1, 2025, the freestanding OTP weekly bundle fees will receive a targeted inflationary increase of 2.6%. Effective April 1, 2026, the freestanding OTP weekly bundle fees will receive a targeted inflationary increase of 2.7%. The revised rates will be posted at the link above.

TN #26-0037

Approval Date _____

Supersedes TN #25-0046

Effective Date April 1, 2026

New York
10(a.9)(a)

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

Substance Use Disorder - Withdrawal Management and Rehabilitation Services (cont.)

OASAS Part 821 Rehabilitation Status Fees (effective March 1, 2026 - unregionalized):

Bed Size	IPR Fee	Bed Size	IPR Fee	Bed Size	IPR Fee	Bed Size	IPR Fee	Bed Size	IPR Fee	Bed Size	IPR Fee
14	\$541.41	32	\$483.43	50	\$454.78	68	\$436.02	86	\$422.22	104	\$411.36
15	\$536.32	33	\$481.41	51	\$453.54	69	\$435.14	87	\$421.53	105	\$410.82
16	\$531.61	34	\$479.44	52	\$452.33	70	\$434.29	88	\$420.90	106	\$410.27
17	\$527.22	35	\$477.54	53	\$451.18	71	\$433.44	89	\$420.22	107	\$409.77
18	\$523.10	36	\$475.71	54	\$450.00	72	\$432.61	90	\$419.58	108	\$409.25
19	\$519.23	37	\$473.92	55	\$448.89	73	\$431.80	91	\$418.95	109	\$408.72
20	\$515.60	38	\$472.20	56	\$447.77	74	\$431.01	92	\$418.33	110	\$408.22
21	\$512.16	39	\$470.52	57	\$446.70	75	\$430.19	93	\$417.72	111	\$407.70
22	\$508.91	40	\$468.90	58	\$445.62	76	\$429.41	94	\$417.10	112	\$407.20
23	\$505.82	41	\$467.30	59	\$444.59	77	\$428.64	95	\$416.48	113	\$406.71
24	\$502.89	42	\$465.76	60	\$443.55	78	\$427.90	96	\$415.91	114	\$406.21
25	\$500.08	43	\$464.26	61	\$442.55	79	\$427.15	97	\$415.30	115	\$405.75
26	\$497.39	44	\$462.80	62	\$441.57	80	\$426.40	98	\$414.71	116	\$405.25
27	\$494.82	45	\$461.39	63	\$440.59	81	\$425.69	99	\$414.15	117	\$404.77
28	\$492.38	46	\$460.00	64	\$439.65	82	\$424.98	100	\$413.59	118	\$404.30
29	\$490.01	47	\$458.65	65	\$438.72	83	\$424.28	101	\$413.02	119	\$403.84
30	\$487.74	48	\$457.34	66	\$437.81	84	\$423.58	102	\$412.43	120+	\$403.39
31	\$485.56	49	\$456.05	67	\$436.91	85	\$422.88	103	\$411.89		

The regional cost factors used to determine the final facility-specific fee are based on an 80/20 weighting of the 2018 Medicare Wage Factors and New York State county-specific capital factors, and are as follows:

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

Effective April 1, 2026, the fees in the table above will receive a targeted inflationary increase of 2.7%.

TN #26-0037

Approval Date _____

Supersedes TN NEWEffective Date April 1, 2026

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

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

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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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

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

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

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

SUMMARY
SPA #26-0038

This State Plan Amendment proposes to provide a 2.7% targeted inflationary increase effective April 1, 2026 for OASAS Hospital-Based Outpatient Services.

DRAFT

New York
1(e)(6.1)

1905(a)(2)(A) Outpatient Hospital Services

Dually Licensed Article 28 & Article 32 Outpatient Programs

Effective January 1, 2024, the hospital-based Ambulatory Patient Group base rates are as follows:

Service	Region	1/1/2024
Clinic	Upstate	\$ 197.45
Clinic	Downstate	\$ 231.02
Outpatient Rehab	Upstate	\$ 197.45
Outpatient Rehab	Downstate	\$ 231.02
Opioid Treatment Program (OTP)	Upstate	\$ 197.45
Opioid Treatment Program (OTP)	Downstate	\$ 231.02

The fee schedule rates in the table above apply to both governmental and private providers. Effective April 1, 2024, these rates will receive a cost-of-living adjustment of 2.84%. Effective April 1, 2025, these rates will receive a targeted inflationary increase adjustment of 2.6%. Effective April 1, 2026, these rates will receive a targeted inflationary increase adjustment of 2.7%.

The rates in the table above are posted at:

<https://oasas.ny.gov/reimbursement/ambulatory-providers>

TN #26-0038

Approval Date _____

Supersedes TN #25-0045

Effective Date April 1, 2026

New York
1(p)(iv)

1905(a)(2)(A) Outpatient Hospital Services

OASAS Opioid Treatment Programs (OTPs) Alternative Reimbursement Methodology – Hospital Weekly Bundles (continued)

Each program furnishing OTP bundled services will keep those records necessary to disclose the extent of services the program furnishes to beneficiaries and, on request, furnish to OASAS that information. Such information will include, at minimum, the following: date of service; name of recipient; Medicaid identification number; name of practitioner providing each service; exact nature of the service, extent or units of service; and the place of service. OASAS will review such data in order to revise, as necessary, the bundled payments described herein.

OASAS will conduct regular programmatic reviews for compliance with state regulations and Federal law and issue corrective actions plans for any noted deficiencies. In addition, service frequency and utilization data will be collected and tracked by OASAS.

The bundled payments shown for April 1, 2021 were calculated by regionalizing the statewide COVID bundled payments approved in the NYS disaster relief SPA, which are the 2019 base (unregionalized) Medicare bundled payments, using the OASAS OTP regional factor of 1.1700 (Downstate relative to Upstate) for freestanding facilities. The calculated payments are the same for hospitals and freestanding programs. The regional factor was applied assuming that the Downstate region would continue to have 94.41% of the methadone bundle service volume, which is the value found in the initial service period COVID bundle data used for the rate calculation. The pre-April 1, 2021 statewide bundled payments for rate code 7973 and 7975 were \$207.49 and \$258.47 respectively. The April 1, 2021 medication take home fees are identical to those of Medicare, which are not regionalized.

Effective April 1, 2022, the rates for April 1, 2021 will receive a cost-of-living adjustment of 5.4%. Effective January 1, 2023, the April 1, 2022, rates will receive a 5.0% rate increase. Effective April 1, 2023, the January 1, 2023 rates will receive a 4.0% cost-of-living adjustment. Effective April 1, 2024, the April 1, 2023 rates will receive a cost-of-living adjustment of 2.84%. Effective April 1, 2025, these rates will receive a targeted inflationary increase adjustment of 2.6%. Effective April 1, 2026, these rates will receive a targeted inflationary increase adjustment of 2.7%. All OTP Weekly Bundles rates can be found at the link below:

<https://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

TN #26-0038

Approval Date _____

Supersedes TN #25-0045

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

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

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250 Church Street
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Queens County, Queens Center
3220 Northern Boulevard
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114 Willoughby Street
Brooklyn, New York 11201

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

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

New York City Deferred Compensation Plan

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

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

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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

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

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

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

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

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

Public Notice
NYS Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

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

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

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

Non-Institutional Services

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

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

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

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

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

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

Institutional Services

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

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

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

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

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

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

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

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

SUMMARY
SPA #26-0039

This State Plan Amendment proposes to provide an across the board funding increase of up to \$475 million to nursing homes for the period beginning April 1, 2026 and each year thereafter.

DRAFT

New York
A(a.2)

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

For the period beginning July 1, 2024, and ending March 31, 2025, a one-time across-the-board (ATB) increase will be provided to Article 28 nursing homes, increasing overall Medicaid reimbursement by up to \$280.5 million. For the period beginning April 1, 2025 and ending March 31, 2026, an across-the-board (ATB) increase will be provided to Article 28 nursing homes, increasing overall Medicaid reimbursement by up to \$438.3 million and for the period beginning April 1, 2026 and each year thereafter, an annual across-the-board (ATB) increase will be provided to Article 28 nursing homes increasing overall Medicaid reimbursement by up to \$379.1 million per year. In addition, for the period beginning April 1, 2026 and continuing each year thereafter, an annual across-the-board (ATB) increase will be provided to Article 28 nursing homes increasing overall Medicaid reimbursement by up to \$475 million per year, for a total recurring annual increase of up to \$854.1 million.

- a. Programs to receive funding as a part of this increase include:
 - i. Nursing Homes
 - ii. Specialty care facilities
- b. In order to fully distribute the available funding, one-time lump sum payments will be made to each facility. The lump sum payment per facility will be calculated as follows:
 - i. Divide the available amount of the ATB increase by the total of all facility Medicaid patient days for the most recent reported calendar year. This will result in an ATB increase per Medicaid patient day.
 - ii. Then, take the ATB increase per patient day and multiply it by each facility's Medicaid patient days.
- c. The payments will be made as soon as possible upon approval from CMS and the NYS Division of the Budget.
- d. For the period beginning April 1, 2025 and ending March 31, 2026, \$378.3 million will be distributed according to the above method. The remaining \$60 million will be distributed as follows described below. For the period beginning April 1, 2026 and for each year thereafter, up to \$615.7 million will be distributed according to the above method and up to \$238.4 million will be distributed as described below:
 - i. Divide the available amount of the ATB increase by the total of all facility Medicaid revenue for the most recent reported calendar year. This will result in a percentage based ATB increase.
 - ii. Then, take the ATB increase percentage and multiply it by each facility's Medicaid revenue to arrive at a lump sum payment amount per facility.

TN #26-0039

Approval Date _____

Supersedes TN #25-0035

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

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

PUBLIC NOTICE **Department of Health**

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

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

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

Non-Institutional Services

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

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

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

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

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

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

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

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

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

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

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

Institutional Services

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

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

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

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

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

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

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

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

Long Term Care

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

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

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

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

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

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa-inquiries@health.ny.gov

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide US small-cap equity core investment management services for the Small Cap Equity Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide long term growth of capital by investing primarily in the stocks of smaller rapidly growing companies. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide liquidity support services, including maintenance of daily liquidity, for the Stable Income Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide an opportunity to invest in high quality fixed income securities with an emphasis on safety of principal and consistency of returns. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2026-0002, the applicant, Joseph Milito, PHH Bank, is proposing to install an approx. 200' long rock revetment along the toe of the bluff, including 10' and 12' returns, and place erosion control matting with approx. 1,400 cubic yards of clean sand backfill to be planted with indigenous species to revegetate the bluff face. This project is located at 10 Richards Path, Village of St. James, Suffolk County, Long Island Sound.

The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town of Smithtown Local Waterfront Revitalization Program:
<https://dos.ny.gov/location/town-smithtown-local-waterfront-revitalization-program>
- Villages of Head of the Harbor and Nissequogue Local Waterfront Revitalization Program:

Public Notice
NYS Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

The following is a clarification to the March 25th, 2026, noticed proposal to adjust rates of payment statewide to reflect a 1.7 percent (1.7%) Targeted Inflationary Increase. With clarification, this increase will now be 2.7 percent (2.7%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment,

Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$39.6 million.

Non-Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, by an aggregate amount up to \$60 million per year, effective on or after April 1, 2026.

With clarification, that State will invest up to \$80 million per year in diagnostic and treatment centers, designated as Federally Qualified Health Centers or Rural Health Clinics, effective on or after April 1, 2026.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$80 million.

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital outpatient services, when combined with investments in hospital inpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, when combined with investments in hospital inpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Institutional Services

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital inpatient services, when combined with investments in hospital outpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital inpatient services, when combined with investments in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$480 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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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

SUMMARY
SPA #26-0040

This State Plan Amendment proposes to implement a 2.7 percent targeted inflationary increase, and minimum wage adjustment, to the reimbursement fees for NYS Office of Mental Health Rehabilitation programs, effective April 1, 2026.

DRAFT

New York
3L-4

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Intensive Rehabilitation (IR):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing at least one IR service to an individual who has received at least six units during the month. For purposes of calculating the minimum of six units, services provided off-site in a location in the community outside of the licensed facility will not be counted twice.

In instances where a PROS provider provides IR services to an individual, but CRS services are provided by another PROS provider or no CRS services are provided in the month, the minimum six units required will be limited to the provision of IR services and only the IR add-on will be reimbursed.

The maximum number of IR add-on payments to a PROS provider will not exceed 50 percent of that provider's total number of monthly base rate claims reimbursed in the same calendar year.

Ongoing Rehabilitation and Support (ORS):

In addition to the monthly base rate (and reimbursement for Clinical Treatment, if applicable), PROS providers will receive an additional monthly add-on for providing ORS services. Reimbursement requires a minimum of two face-to-face contacts per month, which must occur on two separate days. A minimum contact is 30 continuous minutes in duration. The 30 continuous minutes may be split between the individual and the collateral. At least one visit per month must be with the individual only. The ORS or IR add-on payment can be claimed independently or in addition to the base rate (and Clinical Treatment, if applicable). ORS and IR will not be reimbursed in the same month for the same individual.

Effective July 1, 2024, reimbursement requires a minimum of four 15 minute service units per month, which must occur on a minimum of two separate days. At least one service per month must be with the individual only.

Pre-admission Screening Services:

PROS providers will be reimbursed at a regional monthly case payment for an individual in pre-admission status. Reimbursement for an individual in pre-admission status is limited to the pre-admission rate. If the individual receives pre-admission screening services during the month of admission, the base rate is calculated using the entire month.

Reimbursement for pre-admission screening services is limited to two consecutive months.

PROS Rates of Payment: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is adjusted on or after April 1, ~~2025~~ 2026; such rates are effective for services provided on or after that date. All rates are published on the OMH website at:

http://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/pros.xlsx

TN #26-0040 Approval Date
Supersedes TN #25-0052 Effective Date April 1, 2026

New York
3M

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13d. Rehabilitative Services

Assertive Community Treatment (ACT) Reimbursement

ACT services are reimbursed regional monthly fees per individual for ACT teams corresponding to the number of individuals served, as defined in the fee schedule. Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of ACT services. The agency's fee schedule rate is adjusted, including changes for the statutory minimum wage increase, as of April 1, ~~2025~~ 2026, and such rate is effective for services provided on or after that date. All rates are published at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/act.xlsx

Monthly fees are based on projected costs necessary to operate an ACT team of each size and are calculated by dividing allowable projected annual costs by 12 months and by team size. Such monthly fee is then adjusted by a factor to account for fluctuations in case load or when the provider cannot submit full or partial month claims because the minimum contact threshold cannot be met. No costs for room and board are included when calculating ACT reimbursement rates.

ACT services are reimbursed either the full or partial/stepdown fee based on the number of discrete contacts of at least 15 minutes in duration in which ACT services are provided during a month. Providers may not bill more than one monthly fee for the same individual in the same month.

ACT services are reimbursed the full fee for a minimum of six contacts per month, at least three of which must be face-to-face with the individual. ACT services are reimbursed the partial/stepdown fee for a minimum of two and fewer than six contacts per month, of which two must be face-to-face with the individual. ACT services are also reimbursed the partial/stepdown fee for a maximum of five months for a minimum of two contacts per month for individuals admitted to a general hospital for the entire month, however the full fee may be reimbursed in the month of the individual's admission or discharge if the provider meets the minimum of six contacts per month, of which up to two contacts may be provided while the individual was in the hospital. For purposes of this provision, an inpatient admission is considered continuous if the individual is readmitted within 10 days of discharge.

TN #26-0040

Approval Date

Supersedes TN #25-0052

Effective Date April 1, 2026

New York
3N

13d. Rehabilitative Services:

1905(a)(13) Other diagnostic, screening, preventative and rehabilitative services
Outpatient and Residential Crisis Intervention Services
42 CFR 440.130(d)

Reimbursement for Outpatient and Residential Crisis Intervention Services as outlined in item 13.d of Attachments 3.1-A and B are paid based upon Medicaid rates established by the State of New York.

Except as otherwise noted in the State Plan, the State-developed fees are the same for both governmental and private providers. Provider agency fees were set as of April 1, ~~2025~~ 2026, for Outpatient and Residential Crisis Intervention Services and are effective for these services provided on or after that date. Provider agency rates were set as of April 1, ~~2025~~ 2026, for Mobile Crisis Intervention Services provided by Comprehensive Psychiatric Emergency Programs and are effective for these services provided on or after that date. All fees are published on the Office of Mental Health website.

Mobile Crisis Intervention Services are reimbursed regional fees determined by contact type, practitioner qualifications, and duration of services. Services are reimbursed in either 15 minutes unit increments or daily fees, published on the Office of Mental Health website at:
https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_mobile_telephonic.xlsx

Mobile Crisis Intervention Services Provided by Comprehensive Psychiatric Emergency Programs:
https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cpep.xlsx

Crisis Residential Services are reimbursed regional daily fees per individual. Crisis residential services are limited to 28 days per admission, except services for recipients may be reimbursed beyond 28 days if medically necessary and approved by the state. Fees are published on the Office of Mental Health website at:
https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_residential.xlsx

Crisis Stabilization Services are reimbursed a regional daily brief or full fee per individual. Reimbursement is limited to one brief or full claim reimbursement per recipient per day. Fees are published on the Office of Mental Health website at:
https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/crisis_stabilization.xlsx

The reimbursement methodology is composed of provider cost modeling, consistent with New York State certified financial reporting and Bureau of Labor Statistics wage data. The following list outlines the major components of the provider cost model:

- Staffing assumptions and staff wages
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation)
- Program-related expenses (e.g., supplies)
- Provider overhead expenses, and
- Program billable units.

Fees are developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

TN #26-0040

Approval Date _____

Supersedes TN #25-0052

Effective Date April 1, 2026

New York
3Q

1905(a)(13) Other diagnostic, screening, preventive, and rehabilitative services

13d. Rehabilitative Services

Critical Time Intervention (CTI) Reimbursement

CTI services are reimbursed regional monthly fees as follows.

Except as otherwise noted in the plan, monthly fees are the same for both governmental and non-governmental providers of CTI services. The agency's fee schedule rate is effective as of April 1, ~~2025~~ 2026, and such rate is effective for services provided on or after that date. All rates are published at the following link:

https://www.omh.ny.gov/omhweb/medicaid_reimbursement/excel/cti.xlsx

Monthly fees are based on projected costs necessary to operate a CTI team of corresponding caseload and specialization and are calculated by dividing allowable projected annual costs by 12 months, caseload size, and annual volume. Such monthly fee is then adjusted by a factor to account for fluctuations in case load or when the provider cannot submit monthly claims because a minimum contact threshold cannot be met. No costs for room and board are included when calculating CTI reimbursement rates.

CTI services are reimbursed a monthly fee based on the number of contacts in which CTI services, including any combination of medically necessary CTI subcomponent services are provided during a calendar month. A CTI services provider may not bill more than one monthly fee for the same individual in the same month.

No more than one contact per day is counted for reimbursement purposes, except if two separate contacts are provided on the same day, including one face-to-face contact with an individual and one collateral contact.

CTI services provided by New York State Office of Mental Health licensed or authorized adult CTI services providers to individuals aged 16 and over will be reimbursed a tiered, regional monthly fee based on the number of contacts in which CTI services were provided to the eligible individual or collateral during the calendar month, as follows: There are three fee levels. Level 1 for a minimum of eight contacts; Level 2 for a minimum of six contacts; and Level 3 for a minimum of four contacts per calendar month.

TN #26-0040

Approval Date _____

Supersedes TN #25-0052

Effective Date April 1, 2026

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to reflect a 1.7% percent Targeted Inflationary Increase for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$24.9 million.

Non-Institutional Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to account for increased labor costs resulting from statutorily required increases in New York State minimum wage for the following Office of Mental Health (OMH) State

Plan Services: OMH Outpatient Services, OMH Clinic Services, and OMH Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$85,000.

Effective on or after April 1, 2026, the State will invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, licensed under Article 28 of the Public Health Law, by an aggregate amount up to \$60 million per year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$60 million.

Effective on April 1, 2026, for the 2026 rate year and thereafter, the reimbursement methodology for personal care services will be revised. Personal care direct services rates will be based on reported allowable costs not to exceed, or fall below, one standard deviation of the mean for the applicable geographic group. The administrative portion of the rate will not exceed 15 percent of the total rate. Providers' payments for nursing services will be a fee.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative is (\$15 million).

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital outpatient services when combined with investments in hospital inpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Effective on or after April 1, 2026, the State will provide Medicaid reimbursement to freestanding birth centers, including midwifery birth centers and birth centers licensed as diagnostic and treatment centers. The Ambulatory Patient Group (APG) payment methodology will be utilized to reimburse services provided in freestanding birth centers. A separate payment will also be made to the healthcare professionals providing services in freestanding birth centers.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Institutional Services

Effective on or after April 1, 2026, this proposal continues the indigent care pool payments made to general hospitals, subject to all provisions of PHL 2807-k.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026, the proposed amendment to the State Plan will allow Title XIX (Medicaid) reimbursement to general hospitals, as defined in Subdivision 10 of Section 2801 of the Public Health Law, for provision of inpatient acute care that is provided off-site, pursuant to the conditions set forth in proposed Subdivision 15 of Section 2803 of the Public Health Law (see Proposed Executive Budget, Health and Mental Hygiene, Part K, Section 6). Reimbursement rates will match those provided for inpatient acute care services provided on-site in licensed general hospital settings.

Under the proposed law, the Commissioner of Health of the State of New York may allow general hospitals to provide off-site acute care medical services that are (a) not home care services or professional services as defined in Subdivisions 1 and 2 of Section 3602 of the

Public Health Law; (b) provided by a medical professional, including a physician, registered nurse, nurse practitioner, or physician assistant, to a patient with a preexisting clinical relationship with the general hospital or with the health care professional providing the service; and (c) provided to a patient for whom a medical professional has determined is appropriate to receive acute medical services at their residence. To participate, the general hospital must also have appropriate discharge planning in place to coordinate discharge to a home care agency where medically necessary and consented to by the patient after the patient's acute care episode ends, consistent with all applicable federal, state, and local laws.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital inpatient services when combined with investments in hospital outpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Long Term Care

Effective on or after April 1, 2026, this proposal would end-date the previously enacted 10% reduction to nursing home capital reimbursement. The 10% reduction will not continue going forward.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$58 million.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in residential health care facility services when combined with investments in hospital inpatient and hospital outpatient services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa-inquiries@health.ny.gov

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide US small-cap equity core investment management services for the Small Cap Equity Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide long term growth of capital by investing primarily in the stocks of smaller rapidly growing companies. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2026-0002, the applicant, Joseph Milito, PHH Bank, is proposing to install an approx. 200' long rock revetment along the toe of the bluff, including 10' and 12' returns, and place erosion control matting with approx. 1,400 cubic yards of clean sand backfill to be planted with indigenous species to revegetate the bluff face. This project is located at 10 Richards Path, Village of St. James, Suffolk County, Long Island Sound.

The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town of Smithtown Local Waterfront Revitalization Program:
<https://dos.ny.gov/location/town-smithtown-local-waterfront-revitalization-program>
- Villages of Head of the Harbor and Nissequogue Local Waterfront Revitalization Program:

Public Notice
NYS Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

The following is a clarification to the March 25th, 2026, noticed proposal to adjust rates of payment statewide to reflect a 1.7 percent (1.7%) Targeted Inflationary Increase. With clarification, this increase will now be 2.7 percent (2.7%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment,

Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$39.6 million.

Non-Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, by an aggregate amount up to \$60 million per year, effective on or after April 1, 2026.

With clarification, that State will invest up to \$80 million per year in diagnostic and treatment centers, designated as Federally Qualified Health Centers or Rural Health Clinics, effective on or after April 1, 2026.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$80 million.

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital outpatient services, when combined with investments in hospital inpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, when combined with investments in hospital inpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

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The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital inpatient services, when combined with investments in hospital outpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

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The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$480 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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Queens County, Queens Center
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Richmond County, Richmond Center
95 Central Avenue, St. George
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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

SUMMARY
SPA #26-0041

This State Plan Amendment proposes to implement a 2.7 percent targeted inflationary increase, and Minimum Wage Adjustment, to the reimbursement fees for NYS Office of Mental Health Clinic programs, effective April 1, 2026.

DRAFT

New York
2(y)

1905(a)(9) Clinic Services

Collaborative Care Services

Reimbursement for Freestanding Clinics and Hospital Outpatient Departments

Effective January 1, 2015, reimbursement will be provided to freestanding clinics and hospital outpatient departments licensed under Article 28 of the Public Health Law for Collaborative Care Services for patients diagnosed with depression in the form of a monthly case rate, specified below. Effective January 1, 2018, reimbursement will be provided to such providers for Collaborative Care Services for patients with other mental illness diagnoses at the same rates. Reimbursement will be the same for both governmental and non-governmental providers.

The agency's fee schedule rate was set as of April 1, ~~2025~~ 2026, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/collaborative-care-rates.xlsx

DRAFT

TN #26-0041

Approval Date _____

Supersedes TN #25-0050

Effective Date April 1, 2026

New York
3(j.1a)

1905(a)(9) Clinic Services

Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)

The agency's fee schedule rate was set as of April 1, ~~2025~~ 2026, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/cdt-base-rate.xlsx

DRAFT

TN #26-0041

Approval Date _____

Supersedes TN #25-0050

Effective Date April 1, 2026

New York
3k(1a)

1905(a)(9) Clinic Services

Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital
Partial Hospitalization Services

The agency's fee schedule rate was set as of April 1, ~~2025~~ 2026, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/partial-hospitalization.xlsx

DRAFT

TN #26-0041

Approval Date

Supersedes TN #25-0050

Effective Date April 1, 2026

New York
3k(2a)

1905(a)(9) Clinic Services

Day Treatment Services for Children:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of OMH Day Treatment Services for Children providers. The **agency's fee schedule rate was set as** of April 1, ~~2025~~ 2026, and is effective for services provided on or after that date. All rates are published on the State's website at:

https://omh.ny.gov/omhweb/medicaid_reimbursement/excel/day-treatment.xlsx

DRAFT

TN #26-0041

Approval Date _____

Supersedes TN #25-0050

Effective Date April 1, 2026

Public Notice
NYS Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

The following is a clarification to the March 25th, 2026, noticed proposal to adjust rates of payment statewide to reflect a 1.7 percent (1.7%) Targeted Inflationary Increase. With clarification, this increase will now be 2.7 percent (2.7%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment,

Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$39.6 million.

Non-Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, by an aggregate amount up to \$60 million per year, effective on or after April 1, 2026.

With clarification, that State will invest up to \$80 million per year in diagnostic and treatment centers, designated as Federally Qualified Health Centers or Rural Health Clinics, effective on or after April 1, 2026.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$80 million.

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital outpatient services, when combined with investments in hospital inpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, when combined with investments in hospital inpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Institutional Services

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital inpatient services, when combined with investments in hospital outpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital inpatient services, when combined with investments in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$480 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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Division of Finance and Rate Setting
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One Commerce Plaza
Suite 1432
Albany, New York 12210
spa-inquiries@health.ny.gov

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to reflect a 1.7% percent Targeted Inflationary Increase for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$24.9 million.

Non-Institutional Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to account for increased labor costs resulting from statutorily required increases in New York State minimum wage for the following Office of Mental Health (OMH) State

Plan Services: OMH Outpatient Services, OMH Clinic Services, and OMH Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$85,000.

Effective on or after April 1, 2026, the State will invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, licensed under Article 28 of the Public Health Law, by an aggregate amount up to \$60 million per year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$60 million.

Effective on April 1, 2026, for the 2026 rate year and thereafter, the reimbursement methodology for personal care services will be revised. Personal care direct services rates will be based on reported allowable costs not to exceed, or fall below, one standard deviation of the mean for the applicable geographic group. The administrative portion of the rate will not exceed 15 percent of the total rate. Providers' payments for nursing services will be a fee.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative is (\$15 million).

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital outpatient services when combined with investments in hospital inpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Effective on or after April 1, 2026, the State will provide Medicaid reimbursement to freestanding birth centers, including midwifery birth centers and birth centers licensed as diagnostic and treatment centers. The Ambulatory Patient Group (APG) payment methodology will be utilized to reimburse services provided in freestanding birth centers. A separate payment will also be made to the healthcare professionals providing services in freestanding birth centers.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Institutional Services

Effective on or after April 1, 2026, this proposal continues the indigent care pool payments made to general hospitals, subject to all provisions of PHL 2807-k.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026, the proposed amendment to the State Plan will allow Title XIX (Medicaid) reimbursement to general hospitals, as defined in Subdivision 10 of Section 2801 of the Public Health Law, for provision of inpatient acute care that is provided off-site, pursuant to the conditions set forth in proposed Subdivision 15 of Section 2803 of the Public Health Law (see Proposed Executive Budget, Health and Mental Hygiene, Part K, Section 6). Reimbursement rates will match those provided for inpatient acute care services provided on-site in licensed general hospital settings.

Under the proposed law, the Commissioner of Health of the State of New York may allow general hospitals to provide off-site acute care medical services that are (a) not home care services or professional services as defined in Subdivisions 1 and 2 of Section 3602 of the

Public Health Law; (b) provided by a medical professional, including a physician, registered nurse, nurse practitioner, or physician assistant, to a patient with a preexisting clinical relationship with the general hospital or with the health care professional providing the service; and (c) provided to a patient for whom a medical professional has determined is appropriate to receive acute medical services at their residence. To participate, the general hospital must also have appropriate discharge planning in place to coordinate discharge to a home care agency where medically necessary and consented to by the patient after the patient's acute care episode ends, consistent with all applicable federal, state, and local laws.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital inpatient services when combined with investments in hospital outpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Long Term Care

Effective on or after April 1, 2026, this proposal would end-date the previously enacted 10% reduction to nursing home capital reimbursement. The 10% reduction will not continue going forward.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$58 million.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in residential health care facility services when combined with investments in hospital inpatient and hospital outpatient services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

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PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

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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.

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The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town of Smithtown Local Waterfront Revitalization Program:
<https://dos.ny.gov/location/town-smithtown-local-waterfront-revitalization-program>
- Villages of Head of the Harbor and Nissequogue Local Waterfront Revitalization Program:

SUMMARY
SPA #26-0042

This State Plan Amendment proposes to implement a 2.7 percent targeted inflationary increase to the reimbursement fees for NYS Office of Mental Health Comprehensive Psychiatric Emergency Programs (CPEP) Emergency Observation Beds (EOB), effective April 1, 2026.

DRAFT

Public Notice
NYS Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 enacted executive budget. The following changes are proposed:

All Services

The following is a clarification to the March 25th, 2026, noticed proposal to adjust rates of payment statewide to reflect a 1.7 percent (1.7%) Targeted Inflationary Increase. With clarification, this increase will now be 2.7 percent (2.7%) and relating to the following: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment,

Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$39.6 million.

Non-Institutional Services

The following is a clarification to the March 25, 2026, noticed provision to invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, by an aggregate amount up to \$60 million per year, effective on or after April 1, 2026.

With clarification, that State will invest up to \$80 million per year in diagnostic and treatment centers, designated as Federally Qualified Health Centers or Rural Health Clinics, effective on or after April 1, 2026.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$80 million.

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital outpatient services, when combined with investments in hospital inpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, when combined with investments in hospital inpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Institutional Services

The following is a clarification to the May 25, 2026, noticed provision to invest up to \$1.5 billion in hospital inpatient services, when combined with investments in hospital outpatient and residential health care facility services. The state would also invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

With clarification, the state will invest up to \$706 million in hospital inpatient services, when combined with investments in hospital outpatient services, including hospital-based Federally Qualified Health Center and Rural Health Clinic outpatient services, effective on or after April 1, 2026 and each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$706 million.

Long Term Care Services

The following is a clarification to the March 25, 2026, noticed provision to the distribution of the previously identified \$1.5 billion investment for residential health care facilities and hospitals. With clarification, effective on or after April 1, 2026, through March 31, 2027, the State will invest up to \$480 million in residential health care facility services when combined with investments in Adult Day Health Care, AIDS Adult Day Health Care, and Hospice programs. The State will invest up to \$480 million, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$480 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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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

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE **Department of Health**

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for all services to comply with the 2026-2027 proposed executive budget. The following changes are proposed:

All Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to reflect a 1.7% percent Targeted Inflationary Increase for the following Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office for People With Developmental Disabilities (OPWDD) State Plan Services: OMH Outpatient Services, OMH Clinic Services, OMH Rehabilitative Services, Comprehensive Psychiatric Emergency Program, including Extended Observation Beds, Children and Family Treatment and Support Services, Health Home Plus, Psychiatric Residential Treatment Facilities for Children and Youth, OASAS Part 822 Outpatient Addiction Services, OASAS Part 818 Substance Use Disorder Residential Rehabilitation Services (freestanding), OASAS Part 816 Residential Medically Supervised Withdrawal and Stabilization Services (freestanding), OASAS Part 820 Residential Services, OASAS Part 817 Substance Use Disorder Residential Rehabilitation Services for Youth, Intermediate Care Facility (ICF/IDD), Day Treatment, Article 16 Clinic Services, Specialty Hospital, Independent Practitioner Services for Individual with Developmental Disabilities (IPSIDD), and OPWDD Crisis Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$24.9 million.

Non-Institutional Services

Effective on or after April 1, 2026, the Department of Health will adjust Medicaid rates statewide to account for increased labor costs resulting from statutorily required increases in New York State minimum wage for the following Office of Mental Health (OMH) State

Plan Services: OMH Outpatient Services, OMH Clinic Services, and OMH Rehabilitative Services.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$85,000.

Effective on or after April 1, 2026, the State will invest up to \$60 million in diagnostic and treatment centers, including Federally Qualified Health Centers and Rural Health Clinics, licensed under Article 28 of the Public Health Law, by an aggregate amount up to \$60 million per year.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$60 million.

Effective on April 1, 2026, for the 2026 rate year and thereafter, the reimbursement methodology for personal care services will be revised. Personal care direct services rates will be based on reported allowable costs not to exceed, or fall below, one standard deviation of the mean for the applicable geographic group. The administrative portion of the rate will not exceed 15 percent of the total rate. Providers' payments for nursing services will be a fee.

The estimated annual net aggregate decrease in gross Medicaid expenditures attributable to this initiative is (\$15 million).

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital outpatient services when combined with investments in hospital inpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Effective on or after April 1, 2026, the State will provide Medicaid reimbursement to freestanding birth centers, including midwifery birth centers and birth centers licensed as diagnostic and treatment centers. The Ambulatory Patient Group (APG) payment methodology will be utilized to reimburse services provided in freestanding birth centers. A separate payment will also be made to the healthcare professionals providing services in freestanding birth centers.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Institutional Services

Effective on or after April 1, 2026, this proposal continues the indigent care pool payments made to general hospitals, subject to all provisions of PHL 2807-k.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026, the proposed amendment to the State Plan will allow Title XIX (Medicaid) reimbursement to general hospitals, as defined in Subdivision 10 of Section 2801 of the Public Health Law, for provision of inpatient acute care that is provided off-site, pursuant to the conditions set forth in proposed Subdivision 15 of Section 2803 of the Public Health Law (see Proposed Executive Budget, Health and Mental Hygiene, Part K, Section 6). Reimbursement rates will match those provided for inpatient acute care services provided on-site in licensed general hospital settings.

Under the proposed law, the Commissioner of Health of the State of New York may allow general hospitals to provide off-site acute care medical services that are (a) not home care services or professional services as defined in Subdivisions 1 and 2 of Section 3602 of the

Public Health Law; (b) provided by a medical professional, including a physician, registered nurse, nurse practitioner, or physician assistant, to a patient with a preexisting clinical relationship with the general hospital or with the health care professional providing the service; and (c) provided to a patient for whom a medical professional has determined is appropriate to receive acute medical services at their residence. To participate, the general hospital must also have appropriate discharge planning in place to coordinate discharge to a home care agency where medically necessary and consented to by the patient after the patient's acute care episode ends, consistent with all applicable federal, state, and local laws.

There is no estimated change to gross Medicaid expenditures as a result of this proposed amendment.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in hospital inpatient services when combined with investments in hospital outpatient and residential health care facility services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

Long Term Care

Effective on or after April 1, 2026, this proposal would end-date the previously enacted 10% reduction to nursing home capital reimbursement. The 10% reduction will not continue going forward.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is \$58 million.

Effective on or after April 1, 2026 through March 31, 2027, the State will invest up to \$1.5 billion in residential health care facility services when combined with investments in hospital inpatient and hospital outpatient services. The State will invest up to \$1.0 billion, collectively, in each state fiscal year thereafter.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to \$1.5 billion.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
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For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa-inquiries@health.ny.gov

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide US small-cap equity core investment management services for the Small Cap Equity Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide long term growth of capital by investing primarily in the stocks of smaller rapidly growing companies. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

New York City Deferred Compensation Plan

The New York City Deferred Compensation Plan (the "Plan") is seeking qualified vendors to provide liquidity support services, including maintenance of daily liquidity, for the Stable Income Fund ("the Fund") investment option of the Plan. The objective of the Fund is to provide an opportunity to invest in high quality fixed income securities with an emphasis on safety of principal and consistency of returns. To be considered, vendors must submit their product information to Segal Marco Advisors at the following e-mail address: nycdcp.procurement@segalmarco.com. Please complete the submission of product information no later than 4:30 P.M. Eastern Time on April 2, 2026.

Consistent with the policies expressed by the City, proposals from certified minority-owned and/or women-owned businesses or proposals that include partnering arrangements with certified minority-owned and/or women-owned firms are encouraged. Additionally, proposals from small and New York City-based businesses are also encouraged.

PUBLIC NOTICE

Department of State

F-2026-0002

Date of Issuance – March 25, 2026

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The applicant has certified that the proposed activity complies with and will be conducted in a manner consistent with the approved New York State Coastal Management Program.

In F-2026-0002, the applicant, Joseph Milito, PHH Bank, is proposing to install an approx. 200' long rock revetment along the toe of the bluff, including 10' and 12' returns, and place erosion control matting with approx. 1,400 cubic yards of clean sand backfill to be planted with indigenous species to revegetate the bluff face. This project is located at 10 Richards Path, Village of St. James, Suffolk County, Long Island Sound.

The applicant's consistency certification and supporting information are available for review at:

<https://dos.ny.gov/f-2026-0002> or at <https://dos.ny.gov/public-notices>

The proposed activity would be located within or has the potential to affect the following Special Management or Regulated Area(s):

- Town of Smithtown Local Waterfront Revitalization Program:
<https://dos.ny.gov/location/town-smithtown-local-waterfront-revitalization-program>
- Villages of Head of the Harbor and Nissequogue Local Waterfront Revitalization Program: