NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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Medicaid Director
Office of Health Insurance Programs

Enclosures

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US Dept. of Health and Human Services

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Enclosures

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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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,

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Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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Sincerely,

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Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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Office of Health Insurance Programs

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US Dept. of Health and Human Services

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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

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

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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Enclosures

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US Dept. of Health and Human Services

Melvina Harrison
CMS New York State Lead

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

September 11, 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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Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

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

Melvina Harrison
CMS New York State Lead

SUMMARY
SPA #26-0045

This State Plan Amendment proposes to update the Ambulatory Patient Group (APG) payment methodology for hospital-based clinic and ambulatory surgery services, including emergency room services, to reflect the recalculated weight and component updates that will become effective on or after July 1, 2026.

New York
1(e)(2)

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

APG Reimbursement Methodology – Hospital Outpatient

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk, version 3.18; updated as of ~~01/01/26 and 04/01/26~~ 07/01/26 and 10/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm
https://www.emedny.org/Crosswalk/ Click on "Accept" at bottom of page to gain access.

APG Alternative Payment Fee Schedule; updated as of 01/01/24:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from the version of 4/01/08, updated as of ~~01/01/26 and 04/01/26~~ 07/01/26 and 10/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2026"

APG 3M Definitions Manual Versions; updated as of ~~01/01/26 and 04/01/26~~ 07/01/26 and 10/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/crosswalk/index.htm

APG Investments by Rate Period; updated as of 01/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of ~~01/01/26~~ 07/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts" file.

Associated Ancillaries; updated as of 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

New York
1(e)(2.1)

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

Carve-outs; updated as of 10/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of 07/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

If Stand Alone, Do Not Pay APGs; updated as of 01/01/15:
http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

If Stand Alone, Do Not Pay Procedures; updated as of 07/01/22:
http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay Procedures."

Modifiers; updated as of ~~06/01/25~~ 07/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of 07/01/21:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of ~~01/01/26~~ 07/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of 01/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend Procedures."

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 non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2–a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2026, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is $5.3 million.

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

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

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

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

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

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

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

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

PUBLIC NOTICE
Department of Health

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with sections 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2026, the Department of Health will amend the New York Medicaid State Plan for rehabilitation services provided by Assertive Community Treatment (ACT) programs by using inflation adjusted Bureau of Labor Statistics average regional pay to increase rates to maintain provider sustainability and access to services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2026-2027 and 2027-2028 is $8.4 million and $11.2 million, respectively.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. 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
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New York, New York 10018

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

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

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

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

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

PUBLIC NOTICE
Department of Health

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

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

Institutional Services

Effective for services on or after July 1, 2026, and each state fiscal year thereafter, the reduction to hospital inpatient budgeted capital rate add-ons and the actual capital expense add-ons will be changed from 20 percent to 10 percent relative to the rate in effect on such date.

For any rate year, the reduction to all reconciliation capital add-on amounts calculated on or after July 1, 2026, will be changed from 20 percent to 10 percent, and all reconciliation recoupment capital amounts calculated on or after July 1, 2026, will be changed from 20 percent to 10 percent.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2026-2027 is $13.84 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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PUBLIC NOTICE
Department of State
F-2026-0112
Date of Issuance – June 24, 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-2026-0112, Anna Wang is proposing to install a permanent dock and boathouse in place of the existing structures. The dock will be constructed using 6 inch round schedule 40 posts driven into bay floor. The existing boathouse is 13.2 foot wide by 19.4 foot long. The existing and proposed dimensions of the dock around the boathouse are 18 feet long by 2 feet wide, 14 feet wide by 26 feet long and 8 feet wide by 50 foot long. The project is located at 7356 Rose Ave in the Town of Wolcott in Wayne County on Sodus Bay.

The stated purpose of the proposed action is recreational enhancement for the homeowners.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/f-2026-0112 or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or July 24, 2026.

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

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE
Department of State
F-2026-0364(DA)
Date of Issuance – June 24, 2026

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In F-2026-0364(DA), the U.S. Merchant Marine Academy (USMMA) proposes to demolish existing residential structures (~9,000sf house, in-ground pool and associated pool house) to create a construction laydown area for future development at the USMMA. The proposal is for a property owned by the Merchant Marine Academy located at 307 Steamboat Road, in the Village of Kings Point, Nassau County.

The stated purpose of the project is to create a construction laydown area for use during USMMA's Capital Modernization Plan. The use of the proposed area would minimize the disruption to daily campus activities, traffic and parking. This location would ultimately serve as the future location of the Federal Maritime Center of Excellence.

SUMMARY
SPA #26-0046

This State Plan Amendment proposes to update the Ambulatory Patient Group (APG) payment methodology for freestanding clinic and ambulatory surgery center services to reflect the recalculated weight and component updates that will become effective on or after July 1, 2026.

New York
2(g)(2)

1905(a)(9) Clinic Services

APG Reimbursement Methodology – Freestanding Clinics

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm. In addition, prior period information associated with these links is available upon request to the Department of Health.

Contact Information:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Contacts."

3M APG Crosswalk*:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "3M Versions and Crosswalks," then on "3M APG Crosswalk" toward bottom of page, and finally on "Accept" at bottom of page.

APG Alternative Payment Fee Schedule; updated as of 01/01/24:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Alternative Payment Fee Schedule."

APG Consolidation Logic; logic is from version ~~3.18.26.1 and 3.18.26.2~~ 3.18.26.3 and 3.18.26.4, updated as of ~~01/01/26 and 04/01/26~~ 07/01/26 and 10/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/bundling/ Click on "2026"

APG 3M Definitions Manual; version 3.18 updated as of ~~01/01/26 and 04/01/26~~ 07/01/26 and 10/01/26: http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "3M Versions and Crosswalk."

APG Investments by Rate Period; updated as of 07/01/10:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Investments by Rate Period."

APG Relative Weights; updated as of ~~01/01/26~~ 07/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

Associated Ancillaries; updated as of 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm Click on "Ancillary Policy."

*Older 3M APG crosswalk versions available upon request.

New York
2(g)(3)

1905(a)(9) Clinic Services

Carve-outs; updated as of 10/01/12. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Carve Outs."

Coding Improvement Factors (CIF); updated as of 04/01/12 and 07/01/12:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "CIFs by Rate Period."

If Stand Alone, Do Not Pay APGs; updated 01/01/15:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay APGs."

If Stand Alone, Do Not Pay Procedures; updated 07/01/22:
http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm Click on "If Stand Alone, Do Not Pay Procedures."

Modifiers; updated as of ~~06/01/25~~ 07/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Modifiers."

Never Pay APGs; updated as of 07/01/21:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay APGs."

Never Pay Procedures; updated as of ~~01/01/26~~ 07/01/26:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "Never Pay Procedures."

No-Blend APGs; updated as of 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Blend APGs."

No-Blend Procedures; updated as of 01/01/11:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No-Blend Procedures."

No Capital Add-on APGs: updated as of 01/01/20:
http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm Click on "No Capital Add-on APGs."

MISCELLANEOUS
NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

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or visit our web site 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

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to revise provisions of the Ambulatory Patient Group (APG) reimbursement methodology in accordance with the Public Health Law § 2807(2–a)(e). The following changes are proposed:

Non-Institutional Services

Effective on or after July 1, 2026, the Ambulatory Patient Group (APG) reimbursement methodology is revised to include recalculated weight and component updates in order to update reimbursement for APG payments.

The estimated annual net aggregate increase in gross Medicaid expenditures as a result of this proposed amendment is $5.3 million.

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

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

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with sections 43.01 and 43.02 of the New York State Mental Hygiene Law. The following changes are proposed:

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Effective on or after July 1, 2026, the Department of Health will amend the New York Medicaid State Plan for rehabilitation services provided by Assertive Community Treatment (ACT) programs by using inflation adjusted Bureau of Labor Statistics average regional pay to increase rates to maintain provider sustainability and access to services.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2026-2027 and 2027-2028 is $8.4 million and $11.2 million, respectively.

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PUBLIC NOTICE
Department of State
F-2026-0112
Date of Issuance – June 24, 2026

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The stated purpose of the proposed action is recreational enhancement for the homeowners.

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PUBLIC NOTICE
Department of State
F-2026-0364(DA)
Date of Issuance – June 24, 2026

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The stated purpose of the project is to create a construction laydown area for use during USMMA's Capital Modernization Plan. The use of the proposed area would minimize the disruption to daily campus activities, traffic and parking. This location would ultimately serve as the future location of the Federal Maritime Center of Excellence.

SUMMARY
SPA #26-0047

This State Plan Amendment proposes to adjust Assertive Community Treatment reimbursement rates to account for changes in Bureau of Labor Statistic reference salaries to maintain provider sustainability and access to services.

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 July ~~April~~ 1, 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.

MISCELLANEOUS
NOTICES/HEARINGS

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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 U.S. Merchant Marine Academy has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The agency's consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2026-0364(DA), the U.S. Merchant Marine Academy (USMMA) proposes to demolish existing residential structures (~9,000sf house, in-ground pool and associated pool house) to create a construction laydown area for future development at the USMMA. The proposal is for a property owned by the Merchant Marine Academy located at 307 Steamboat Road, in the Village of Kings Point, Nassau County.

The stated purpose of the project is to create a construction laydown area for use during USMMA's Capital Modernization Plan. The use of the proposed area would minimize the disruption to daily campus activities, traffic and parking. This location would ultimately serve as the future location of the Federal Maritime Center of Excellence.

SUMMARY
SPA #26-0048

This State Plan Amendment proposes to change the reduction of budgeted capital add-ons and actual capital expense add-ons for inpatient services on or after July 1, 2026, from twenty percent (20%) to ten percent (10%). Also, for all budget to actual capital reconciliations calculated on or after July 1, 2026, this State Plan Amendment proposes to change the adjustment to the rate difference from twenty percent (20%) to ten percent (10%).

SPA 26-0048

Attachment A

Replacement Pages: 123

New York
123

1905(a)(1) Inpatient Hospital Services

5. *Payment for budgeted allocated capital costs.*

a. Capital per diems for exempt units and hospitals will be calculated by dividing the budgeted capital costs allocated to such rates pursuant to paragraph (4) above by budgeted exempt unit days, reconciled to rate year days and actual rate year exempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per diem rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per diem rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Effective on or after October 1, 2024, the budgeted and actual capital per diem rates will be reduced by an additional ten percent (10%), resulting in a twenty percent (20%) reduction. Additionally, for capital per diem rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%). For capital per diem rates reconciled on or after October 1, 2024, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by twenty percent (20%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by twenty percent (20%).

b. Capital payments for APR-DRG case rates will be determined by dividing the budgeted capital allocated to such rates pursuant to paragraph (4) above by the hospital's budgeted, nonexempt unit discharges, reconciled to rate year discharges and actual rate year nonexempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per APR-DRG case rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Effective on or after October 1, 2024, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional ten percent (10%), resulting in a twenty percent (20%) reduction. Additionally, for capital per APR-DRG case rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%). For capital per APR-DRG case rates reconciled on or after October 1, 2024, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by twenty percent (20%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by twenty percent (20%).

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

1905(a)(1) Inpatient Hospital Services

5. *Payment for budgeted allocated capital costs.*

a. Capital per diems for exempt units and hospitals will be calculated by dividing the budgeted capital costs allocated to such rates pursuant to paragraph (4) above by budgeted exempt unit days, reconciled to rate year days and actual rate year exempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per diem rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per diem rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Effective on or after October 1, 2024, the budgeted and actual capital per diem rates will be reduced by an additional ten percent (10%), resulting in a twenty percent (20%) reduction. Effective on or after July 1, 2026, the budgeted and actual capital per diem rate reduction will be changed from twenty percent (20%) to ten percent (10%). Additionally, for capital per diem rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%). For capital per diem rates reconciled on or after October 1, 2024, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by twenty percent (20%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by twenty percent (20%). For capital per diem rates reconciled on or after July 1, 2026, if the difference between the budgeted and actual capital per diem rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per diem rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%).

b. Capital payments for APR-DRG case rates will be determined by dividing the budgeted capital allocated to such rates pursuant to paragraph (4) above by the hospital's budgeted, nonexempt unit discharges, reconciled to rate year discharges and actual rate year nonexempt unit or hospital-approved capital expense. Effective on or after April 2, 2020, the budgeted and actual capital per APR-DRG case rates will be reduced by five percent (5%). Effective on or after October 1, 2021, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional five percent (5%), resulting in a ten percent (10%) reduction. Effective on or after October 1, 2024, the budgeted and actual capital per APR-DRG case rates will be reduced by an additional ten percent (10%), resulting in a twenty percent (20%) reduction. Effective on or after July 1, 2026, the budgeted and actual capital per APR-DRG case rate reduction will be changed from twenty percent (20%) to ten percent (10%). Additionally, for capital per APR-DRG case rates reconciled on or after April 2, 2020, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that

rate adjustment will be increased by ten percent (10%). For capital per APR-DRG case rates reconciled on or after October 1, 2024, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by twenty percent (20%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by twenty percent (20%). For capital per APR-DRG case rates reconciled on or after July 1, 2026, if the difference between the budgeted and actual capital per APR-DRG case rate results in a positive rate adjustment, that rate adjustment will be reduced by ten percent (10%). Conversely, if the difference between the budgeted and actual capital per APR-DRG case rate results in a negative rate adjustment, that rate adjustment will be increased by ten percent (10%).

c. Capital payments for transferred patients will be the determined by dividing the budgeted capital allocated to the APR-DRG case rate by the hospital's budgeted non-exempt unit days, reconciled to rate year days and actual rate year non-exempt unit or hospital approved capital expense.

6. *Depreciation.*

a. Reported depreciation based on historical cost is recognized as a proper element of cost. Useful lives will be the higher of the reported useful life or those useful lives from the Estimated Useful Lives of Depreciable Hospital Assets, American Hospital Association, consistent with title XVIII provisions.

b. In the computation of rates for voluntary facilities, depreciation will be included on a straight line method on plant and non-movable equipment.

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

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

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

PUBLIC NOTICE
Department of Health

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

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

Institutional Services

Effective for services on or after July 1, 2026, and each state fiscal year thereafter, the reduction to hospital inpatient budgeted capital rate add-ons and the actual capital expense add-ons will be changed from 20 percent to 10 percent relative to the rate in effect on such date.

For any rate year, the reduction to all reconciliation capital add-on amounts calculated on or after July 1, 2026, will be changed from 20 percent to 10 percent, and all reconciliation recoupment capital amounts calculated on or after July 1, 2026, will be changed from 20 percent to 10 percent.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2026-2027 is $13.84 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: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa-inquiries@health.ny.gov

PUBLIC NOTICE
Department of State
F-2026-0112
Date of Issuance – June 24, 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-2026-0112, Anna Wang is proposing to install a permanent dock and boathouse in place of the existing structures. The dock will be constructed using 6 inch round schedule 40 posts driven into bay floor. The existing boathouse is 13.2 foot wide by 19.4 foot long. The existing and proposed dimensions of the dock around the boathouse are 18 feet long by 2 feet wide, 14 feet wide by 26 feet long and 8 feet wide by 50 foot long. The project is located at 7356 Rose Ave in the Town of Wolcott in Wayne County on Sodus Bay.

The stated purpose of the proposed action is recreational enhancement for the homeowners.

The applicant's consistency certification and supporting information are available for review at: https://dos.ny.gov/f-2026-0112 or at https://dos.ny.gov/public-notices

Original copies of public information and data submitted by the applicant are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

Any interested parties and/or agencies desiring to express their views concerning any of the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 30 days from the date of publication of this notice, or July 24, 2026.

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

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

PUBLIC NOTICE
Department of State
F-2026-0364(DA)
Date of Issuance – June 24, 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 U.S. Merchant Marine Academy has determined that the proposed activity complies with and will be conducted in a manner consistent to the maximum extent practicable with the approved New York State Coastal Management Program. The agency's consistency determination and accompanying public information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue, in Albany, New York.

In F-2026-0364(DA), the U.S. Merchant Marine Academy (USMMA) proposes to demolish existing residential structures (~9,000sf house, in-ground pool and associated pool house) to create a construction laydown area for future development at the USMMA. The proposal is for a property owned by the Merchant Marine Academy located at 307 Steamboat Road, in the Village of Kings Point, Nassau County.

The stated purpose of the project is to create a construction laydown area for use during USMMA's Capital Modernization Plan. The use of the proposed area would minimize the disruption to daily campus activities, traffic and parking. This location would ultimately serve as the future location of the Federal Maritime Center of Excellence.

SUMMARY
SPA #26-0049

This State Plan Amendment proposes to provide an across the board funding increase for Assisted Living Programs (ALPS), Adult Day Health Care (ADHC), Adult Day Health Care - Aids (AADHC) and Hospice of up to $25.04 million more than the prior year increase, for the period beginning August 1, 2026 and each year thereafter.

New York
A (7.12)

1905(a)(7) Home Health Services, 1905(a)(18) Hospice Care, 1905(a)(22) Home or Community Care

For the period beginning July 1, 2024 and ending March 31, 2025, a one-time across-the-board (ATB) increase will be provided to non-institutional long term care providers, increasing overall Medicaid reimbursement by up to $19.5 million. For the period beginning April 1, 2025 and ending March 31, 2026, a one-time across-the-board (ATB) increase will be provided to non-institutional long term care providers, increasing overall Medicaid reimbursement by up to $21.7 million and for the period beginning April 1, 2026 and each year thereafter, an annual across-the-board (ATB) increase will be provided to non-institutional long term care providers, increasing overall Medicaid reimbursement by up to ~~$20.9~~ $46 million per year.

a. Programs to receive funding as a part of this increase include:
    i. Assisted Living Programs
    ii. Adult Day Health Care Facilities
    iii. AIDS Adult Day Health Care Facilities
    iv. Hospice Programs

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.

The State will distribute the funds upon approval of the SPA by CMS.

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 non-institutional services to comply with Part O of Chapter 57 of the Laws of 2026. The following changes are proposed:

Non-Institutional Services

Effective on or after August 1, 2026, and each year thereafter, 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. Additionally, effective on or after August 1, 2026, and each year thereafter, the State will invest up to $20 million in Assisted Living Programs. There is no change in the methods or standards.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative is up to $500 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: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa-inquiries@health.ny.gov

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

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

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

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

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

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

Beneficiary Name Beneficiary City
Adair,Richard A SCOTTSVILLE
Adams,Estate of Jean M BINGHAMTON
Alker,Estate of June Lakeville
Allen,Shannon C LIVERPOOL
Althea J Brooks,Estate of ROCHESTER
Anderson,Todd ORANGE CITY
ANNE AHEARN,ESTATE OF POUGHKEEPSIE
Anselmini,Estate of Eleanor A STONY BROOK
Araujo,Laura I NORTH MERRICK

Araujo,Lauraliette NORTH MERRICK
Arnold,Barbara Ann PORT ST LUCIE
Ash,Karen PLAINS
Atwood,Estate of Judith H POUGHKEEPSIE
Austin,Brian J BUFFALO
Austin,Timothy C ROCHESTER
Banach,Bonnie MYRTLE BEACH
Banach,Estate of John PENN YAN
Barton,Robert W PALM COAST
Belardo,Catherine M NORWALK
Bell Jr,James S ENDICOTT
Bell,Estate of Genevieve LODI
Bell,Kathy A CLEARWATER
Bertha,Joseph BAYONNE
Bertha,William J. EAST HAMPTON
Bifulco,David G NEW SMYRNA
Bifulco,James C BAYONNE
Bifulco,Sarah L BOYNTON BEACH
Binnert,Laura ROCHESTER
Bloodworth Jr,Dale G ALEX CITY
Boccacino,Michael PHILADELPHIA
Bouffard III,Edmund J CANASERAGA
Bowman,Jill NEW YORK
Brennan-Barry,Colleen ROCHESTER
Bridge,Christopher M JENSEN BEACH
Bridge,Russell D ALBANY
Broskin,Amy L HAMLIN
Brown,Trisha M LITTLE MDWS
Bunal,Sheila ROME
Butler,Mary M BINGHAMTON
Button,Edwin SHORTSVILLE
Button,Edwin William WEST SENECA
Button,Kari Louise CHESHIRE
Cabibi,Anothony Michael PALM CITY
Cabibi,Phili BRADENTON
Capozzi,James A PORTLAND
Carol Churchill,Estate of MONTOUR FALLS
Carson Jr,Shaun SINCLAIRVILLE
Carson,Christopher James JAMESTOWN
Carson,Loren Allen JAMESTOWN
Cashman,James T ROUND LAKE
Cashman,Michael BALLSTON LAKE
Chamberlin,Estate of Dorothylord ONEIDA
Champlin,Rebecca B FIRESTONE
Chanona,Leslie Anne E STROUDSBURG
Charles Jacobs,Estate of HOGANSBURG
Chilluffo,Esther ROME
Chilluffo,Michele ROME
CHRISTENSEN,EDWARD W. SCHENECTADY
Christian,Estate of Mary K ST PETERSBURG
Christo,Mary PLEASANTVILLE
Church,Estate of Norma J OSWEGO
Cicero,Stanley E PERRY
Claar,Estate of Janet T BRENTWOOD
Clark,Estate of Harriett E PORT JERVIS
Clark,Estate of Phyllis J ASHVILLE
Clark,Selma L SLEEPY HOLLOW
Colby,Keith Michael ALBANY
Coleman Jr,Frank E YONKERS
Coleman,Estate of Pauline BLYTHEWOOD
Colemen,Leroy EASTCHESTER
Colleton,Estate of Warren PRATTVILLE
Collins,Richard L WEST WINFIELD
Conte,Estate of Louis J DURHAM
Corey,Estate of Dolores NEWTON U F
Crohn,Jeffrey Cole MOUNT KISCO
Culver,Estate of Patricia A NEW HAMPTON
Cummins,Estate of Beverly CENTRAL SQ
Danielson,Estate of Marcella E HOUSTON
Davis Jr,Estate of Kenneth E NEWARK
Davis,Estate of John P MANNSVILLE
DeFrancesco,Estate of Julia J N TONAWANDA
Demetras,Estate of Valarie SARATOGA SPGS
Dickstein,Susan PROVIDENCE
Doebler,David R KENNESAW
Doepper,Estate of Helen A SIMPSONVILLE
Dolan,Estate of Josephine
Domenica Pignone,Estate of STATEN ISLAND
Dougherty,Estate of Patricia L BUFFALO
Douglas,Brenda WALLKILL
Doyle,Jared M MARYVILLE
Duesler,Estate of Barbara J CHERRY VALLEY
Dunn,Estate of Rita A PLEASANT VLY
Elsie H Anderson,Estate Of NOVI
Fabrizio,Estate of Rudolph V RIDGE
Ferris,Michael R WILBRAHAM
Fitzmorris,Estate of Mary FRIENDSWOOD
Foreman,Estate of Valeria TOMS RIVER
Fortune,Kazembe ST PETERSBURG
Fortune,Kwamina F BROOKLYN
Fravel,Sandra Lee WAVERLY
Gallagher,Timothy WEST ISLIP
Galt,Frederick B W SAND LAKE
Galt,John F CONWAY
Giordano,Rachel WEST HARRISON
Goldenberg,Estate of Juliette LAKEVILLE
Gonzalez,Alice BRONX
Gonzalez,Gilberto STROUDSBURG
Gonzalez,Jose Luis WINCHESTER
Gonzalez,Patricia E STROUDSBURG
Gonzalez,Roberto STROUDSBURG
Goodine,Lue Ann GREENEVILLE
Graham,Estate of David W N TONAWANDA
Granger,Maurice BRONX
Grant,Kenneth J ROCHESTER
Grasso,Thomas G COCOA
Gray,Karen V TONAWANDA
Greenidge,Arthur ISLAND PARK
Griffin,Estate of James DANBURY
Griffis,Samuel DUMMERSTON
Groner,David Carl CASHMERE
Gu,Danian SWARTHMORE
Hall,Lindsay L JOHNSTOWN
Happ,Ruth SCHENECTADY
Harrington,Jeanne M DAYTONA BEACH
Harris III,William FAYETTEVILLE
Harris,Patricia Camilla FAYETTEVILLE
Hart Jr,Barry C SAUGERTIES

SUMMARY
SPA #26-0054

This State Plan Amendment proposes to end New York's authority to provide Presumptive Eligibility for Children under Age 19. This option has not been utilized more than five (5) times in the last five years.

NY - Submission Package - NY2026MS0002O - (NY-26-0054) - Eligibility

CMS-10434 OMB 0938-1188

Package Information

Package ID	NY2026MS0002O	**Submission Type**	Official
Program Name	N/A	**State**	NY
SPA ID	NY-26-0054	**Region**	New York, NY
Version Number	1	**Package Status**	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID NY2026MS0002O

SPA ID NY-26-0054

Submission Type Official

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID NY2026MS0002O
SPA ID NY-26-0054
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NY-26-0054

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2026	13-0053 S30
Presumptive Eligibility for Children under Age 19	7/1/2026	13-0053 S30

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID NY2026MS0002O
SPA ID NY-26-0054
Submission Type Official
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 SPA will end New York's Presumptive Eligibility for Children under Age 19 option. This option has not been utilized more than five times over the past five years. Real time eligibility determinations have replaced the need to offer Presumptive Eligibility for Children under Age 19.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$0
Second	2027	$0

Federal Statute / Regulation Citation

2026 NYS Budget repealed subdivision 4 of SSL 364-i
SSA 1920A

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	**SPA ID**	NY-26-0054
Submission Type	Official	**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

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

CMS-10434 OMB 0938-1188

The submission includes the following:

- [ ] Administration
- [x] Eligibility
  - [ ] Income/Resource Methodologies
  - [ ] Income/Resource Standards
  - [ ] Mandatory Eligibility Groups
  - [ ] Optional Eligibility Groups
  - [ ] Non-Financial Eligibility
  - [x] Eligibility and Enrollment Processes
    - [ ] Eligibility Process
    - [ ] Application
    - [x] Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility		NEW

    - [x] Continuous Eligibility for Children
    - [ ] Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage
- [ ] Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	**SPA ID**	NY-26-0054
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- (•) Public notice was not federally required and comment was not solicited
- ( ) Public notice was not federally required, but comment was solicited
- ( ) Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID NY2026MS0002O
SPA ID NY-26-0054
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

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

[x] 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:

[x] All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
	Paper mailing/electronic mailing

[ ] 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

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	
Tribal Input Placeholder		

Indicate the key issues raised (optional)

- [ ] Access
- [ ] Quality
- [ ] Cost
- [ ] Payment methodology
- [ ] Eligibility
- [ ] Benefits
- [ ] Service delivery
- [ ] Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID NY2026MS0002O
SPA ID NY-26-0054
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date 7/1/2026
Superseded SPA ID 13-0053 S30
User-Entered

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility for Children under Age 19	☐	☐	○	CONVERTED
Parents and Other Caretaker Relatives - Presumptive Eligibility	☐	☐	○	NEW
Presumptive Eligibility for Pregnant Women	☑	☐	○	CONVERTED
Adult Group - Presumptive Eligibility	☐	☐	○	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	☐	☐	○	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	☑	☐	○	CONVERTED
Former Foster Care Children - Presumptive Eligibility	☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	☐	☐	○	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility by Hospitals	☑	☐	○	NEW

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

Package Header

Package ID	NY2026MS0002O	**SPA ID**	NY-26-0054
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/1/2026
Superseded SPA ID	13-0053 S30		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- Presumptive Eligibility for Children under Age 19

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NY2026MS0002O | NY-26-0054

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

Package Header

Package ID	NY2026MS0002O	**SPA ID**	NY-26-0054
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/1/2026
Superseded SPA ID	13-0053 S30		
	User-Entered		

Group No Longer Covered

Covered Through	6/30/2026	**Terminated As Of**	7/1/2026

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.

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