

State/Territory Name: New York

State Plan Amendment (SPA) NY-24-0040

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

February 6, 2026

Amir Bassir
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza Rm. 160
Albany, NY 12237

RE: TN NY-24-0040

Dear Director Bassir:

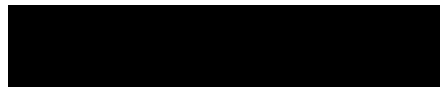
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B NY-24-0040, which was submitted to CMS on December 31, 2024. The purpose of this plan amendment is to reimburse emergency medical care from the location where the medical care was administered.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at Robert.bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4 — 0 0 4 0	2. STATE NY
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE October 1, 2024	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 10/01/24-09/30/25 \$ (616,066) b. FFY 10/01/25-09/30/26 \$ (1,232,133)	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 D: Page 2 Attachment 4. 19-B: Page 1(a. 2)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 D: Page 2 New Page(s)

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

5. FEDERAL STATUTE/REGULATION CITATION
~~§ 1902(a)(4) of the Social Security Act~~ **1905(a)(5)(A) Physician Services**

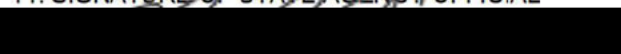
9. SUBJECT OF AMENDMENT

Treatment in Place (TIP) Payments for Medicaid


10. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
12. TYPED NAME Michael Onghor	
13. TITLE Deputy Medicaid Director	
14. DATE SUBMITTED December 31, 2024	

FOR CMS USE ONLY

16. DATE RECEIVED December 31, 2024	17. DATE APPROVED February 6, 2026
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS **Pen and Ink changes**

Box 5: § 1905(a)(5)(A) Physician Services

Box 7: Attachment 4. 19-B: Page 1(a. 2)

Box 8: New Pages(s)

**New York
1(a.2)**

1905(a)(5)(A) Physicians Services

Treatment in place

Effective for services provided on or after October 1, 2024, ambulance-level services for treatment in place will be reimbursed based on the Medicaid rate for the appropriate base rate, without additional fees for mileage. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

All rates are published on the agency's website:

https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Fee_Schedule.xls.

TN #24-0040

Supersedes TN NEW

Approval Date February 6, 2026

Effective Date October 1, 2024