

State/Territory Name: New York

State Plan Amendment (SPA) NY-24-0041

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

April 2, 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-24-0041

Dear Medicaid 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-24-0041, which was submitted to CMS on December 31, 2024. The purpose of this plan amendment is to increase EPSDT Early Intervention (EI) service rates while reducing telehealth EI reimbursement.

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,

A solid black rectangular box used to redact the signature of Todd McMillion.

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 <u>2 4 — 0 0 4 1</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>October 1, 2024</u>
--	--

5. FEDERAL STATUTE/REGULATION CITATION <u>§ 1905(a)(4)(B) EPSDT Services</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>10/01/24-09/30/25</u> \$ <u>1,225,000</u> b. FFY <u>10/01/25-09/30/26</u> \$ <u>(400,000)</u>
---	---

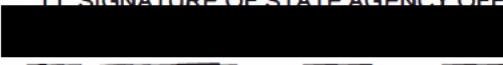
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B Page: 1(a)(iii)(2)</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <u>Attachment 4.19-B Page: 1(a)(iii)(2)</u>
---	--

9. SUBJECT OF AMENDMENT
Early Intervention 5pct Rate Increase and 20pct Rate Reduction for Services Delivered via Telehealth

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

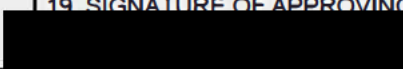
OTHER, AS SPECIFIED:

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 <u>Michael Ogborn</u>	
13. TITLE <u>Deputy Medicaid Director</u>	
14. DATE SUBMITTED <u>December 31, 2024</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>December 31, 2024</u>	17. DATE APPROVED
---	-------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director Division of Reimbursement Review</u>

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New York

1905(a)(4)(B) Early and Periodic Screening, Diagnostic, and Treatment services

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

EPSDT provided as EPSDT Early Intervention (EI) Services

Early and periodic screening, diagnostic and treatment services (EPSDT) for individuals under 21 years of age, and treatment of conditions found.

EPSDT EI services are delivered by Department of Health-approved early intervention service providers in each county of the State or the City of New York and include the following Medicaid services as described in Item 6.d(i) of Section 3.1-A and 3.1-B of the Medicaid State Plan.

- 1) Screening Services, 2) Evaluation Services, 3) Audiology Services, 4) Nursing Services, 5) Nutrition Services, 6) Occupational Therapy Services, 7) Physical Therapy Services, 8) Psychological Services, 9) Social Work Services, 10) Special Instruction/Developmental, Services, 11) Speech-Language Pathology Services, 12) Medical Equipment and Appliances, 13) Vision Services, 14) Applied Behavioral Analysis Services, 15) Transportation Services.

Fees established by the Department of Health and in effect on July 1, 2018, will be used to pay for EPSDT EI services furnished on or after July 1, 2018. The fees are available on the Department of Health’s website at the following links:

EPSDT EI Services (other than DME and transportation):

www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Fees established by the Department of Health and in effect on July 1, 2023, will be used to pay for EPSDT EI transportation services furnished on or after July 1, 2023. The fees are available on the Department of Health’s website at the following links:

EPSDT EI transportation services:

www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Medical equipment and appliances are reimbursed in accordance with the methodology in place for Durable Medical Equipment on page 6(a)(viii) of the State Plan.

Effective October 1, 2024, and applicable to services on and after October 1, 2024, rates for EPSDT Early Intervention services will be increased by 5%.

Effective January 1, 2025, rates for EPSDT EI services delivered via telehealth pursuant to an approved Individualized Family Service Plan (IFSP) for basic and extended home and community services will be reduced by the following percentages by Region:

NYC, Westchester, Poughkeepsie, Long Island	(22%)
Rest of State	(10%)

TN #24-0041

Approval Date April 2, 2026

Supersedes TN #23-0087

Effective Date October 1, 2024