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State/Territory Name: New York

State Plan Amendment (SPA) #: 24-0083

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

NY - Submission Package - NY2024MS0007O - (NY-24-0083) - Administration

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 13, 2025

Amir Bassiri
Acting Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-24-0083

Dear Amir Bassiri,

On December 31, 2024, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-24-0083 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve New York State Plan Amendment (SPA) NY-24-0083 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Melvina Harrison at melvina.harrison@cms.hhs.gov

Sincerely,

James G. Scott

Director of Division of Program
Operations

Center for Medicaid & CHIP Services

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- Summary
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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007O | NY-24-0083

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2024MS0007O	SPA ID	NY-24-0083
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

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

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

Package ID	NY2024MS00070	SPA ID	NY-24-0083
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NY-24-0083

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	10/1/2024	new

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

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

Package ID	NY2024MS00070	SPA ID	NY-24-0083
Submission Type	Official	Initial Submission Date	12/31/2024
Approval Date	01/13/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to submit mandatory core set reporting for the State of New York. This reporting includes quality measure data for certain Adult Behavioral Health measures and Child health measures. Data is for the year 2023 and includes all relevant data from Medicaid, Child Health Plus, and Fee for Service members as appropriate.

Federal Budget Impact and Statute/Regulation Citation





Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
HCFA (24-0083)(CMS 12-31-24)	12/13/2024 10:57 AM EST	
Authorizing Provisions (24-0083) (CMS 12-31-24)	12/13/2024 10:57 AM EST	
Original Submission Letter (24-0083)(CMS 12-31-24)	12/13/2024 10:57 AM EST	
Summary (24-0083) (CMS 12-31-24)	12/13/2024 10:57 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NY2024MS00070 | NY-24-0083

Package Header

Package ID	NY2024MS00070	SPA ID	NY-24-0083
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Superseded SPA ID	N/A		

Governor's Office Review

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

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 1/27/2025 6:26 AM EST

NY - Submission Package - NY2024MS0007O - (NY-24-0083) - Administration

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | NY2024MS0007O | NY-24-0083

CMS-10434 OMB 0938-1188

Package Header

Package ID	NY2024MS0007O	SPA ID	NY-24-0083
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Approval Date	01/13/2025	Effective Date	10/1/2024
Superseded SPA ID	new		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒ 2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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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