

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) NY-25-0029**

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**

September 25, 2025

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-25-0029

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-25-0029, which was submitted to CMS on June 30, 2025. The purpose of this plan amendment is to establish a four percent (4%) rate modifier for certain EPSDT early intervention (EI) services that are provided to children who reside in rural and under served areas of the State.

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 April 1, 2025. 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](mailto:robert.bromwell@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting 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

2 5 — 0 0 2 9

2. STATE

N Y3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

April 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(4)(B) EPSDT Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 04/01/25-09/30/25 \$ 250,000b. FFY 10/01/25-09/30/26 \$ 500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: Page 1(a)(iii)(2)(a), 1(a)(iii)(2)(b)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

New Pages

9. SUBJECT OF AMENDMENT

Early Intervention 4% Rate Modifier

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

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED

June 30, 2025

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

## FOR CMS USE ONLY

16. DATE RECEIVED

6/30/2025

17. DATE APPROVED

September 25, 2025

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2025

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

**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 Intervention 4% Rate Modifier for Underserved and Rural Areas**

The Early Intervention program is facing provider shortages statewide. This results in children who are referred to the EI program not being evaluated to determine eligibility in a timely manner (45 days after referral) and once found eligible for the program, children are not receiving timely services (30 days from IFSP date). The delay in evaluations services occurs more frequently in rural and underserved areas of the state than other regions. The 4% rate modifier is intended to address these delays in evaluations and services by providing an enhanced rate of reimbursement as an incentive to provide services to children who have been waiting for evaluations and services in rural and underserved areas.

**Criteria for applying the 4% Rate Modifier**

EI services eligible for the rate modifier are limited to Evaluations, Speech Therapy, Occupational and Physical Therapy and Special Instruction services that are provided in person to children who reside in the following designated areas of the State, such that all counties have at least one eligible zip code and all zip codes selected are in the top 60% of children waiting for a service in the respective county. The rate modifier will be applied to all eligible services delivered to children residing in an eligible zip code.

The Bureau of Early Intervention (BEI) will submit a list of eligible zip codes (not to exceed 280 ) on a periodic basis not less than annually to the Division of the Budget subject to their review and approval.

**Underserved Areas**

- *Outside of NYC, Westchester, Nassau, Suffolk*

The Bureau of Early Intervention identifies codes in each municipality where 15% or more of the population live below the Federal Poverty Level (FPL).

- *NYC, Westchester, Nassau, Suffolk*

In recognition of the higher concentration of poverty within the areas, the Bureau of Early Intervention identifies zip codes in each municipality where 20% or more of the population live below the FPL.

TN #25-0029Approval Date September 25, 2025Supersedes TN NEWEffective Date April 1, 2025

## Page 1(a)(iii)(2)(b)

## 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

**Rural Areas**

- *Outside of NYC, Westchester, Nassau, Suffolk*

The Bureau of Early Intervention identifies zip codes in each municipality where the urban population is less than 25% based on Census data.

- *NYC, Westchester, Nassau, Suffolk*

The Bureau of Early Intervention identifies zip codes in each municipality where the urban population is less than 15% based on Census data.

**Catchall**

BEI identifies any zip code within each municipality/borough not covered by the underserved or rural methodology as shown above, where the average wait time to start any services authorized on their IFSP is longer than the municipality's average.

The 4% modifier will be added to the current Early Intervention reimbursement rate for eligible services available on the Department of Health's website at the following link:

EPSDT EI Services

[www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

TN     #25-0029    

Supersedes TN     NEW    

Approval Date September 25, 2025

Effective Date April 1, 2025