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State/Territory Name: NY

State Plan Amendment (SPA) #: 25-0059

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Financial Management Group

October 20, 2026

Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210

RE: TN 25-0059

Dear Medicaid Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-D NY 25-0059, which was submitted to CMS on September 26, 2025. This plan amendment proposes to extend their program for two eligible pediatric residential health care facilities in New York to operate in whole or in part as young adult residential health care facilities, with the goal of improving care for young adults with medical fragility.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 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 August 17, 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 Kristina Mack at 617-565-1225 or via email at Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

Rory Howe
Director
Financial Management Group

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

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

1. TRANSMITTAL NUMBER: 2 5 — 0 0 5 9

2. STATE: N Y

3. 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
August 17, 2025

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(4)(A) Nursing Facility Services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 08/17/25-09/30/25 $ 0
b. FFY 10/01/25-09/30/26 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D Part I Page: 110(d)(31)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-D Part I Page: 110(d)(31)

9. SUBJECT OF AMENDMENT
Nursing Home Young Adult Demonstration Program

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
[redacted]

12. TYPED NAME
Amir Bassiri

13. TITLE
Medicaid Director

14. DATE SUBMITTED
September 26, 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
September 26, 2025

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
August 17, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

Instructions on Back

New York
110(d)(31)

1905(a)(4)(A) Nursing Facility Services

Young Adult Special Populations Program

Effective August 17, 2021 through August 16, 2027, the State will establish a program for two eligible pediatric residential health care facilities, as defined in section 4 below, to operate in whole or in part as a young adult residential health care facility for the purpose of improving the quality of care for young adults with medical fragility.

1. "Children with medical fragility" will mean children up to twenty-one years of age who have a chronic or conditions, are at risk of hospitalization, are technology-dependent for life or health sustaining functions, require complex medication regimens or medical interventions to maintain or to improve their health status, and/or are in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk.
2. "Young adults with medical fragility" will mean individuals who meet the definition of children with medical fragility, but for the fact such individuals are aged between eighteen and thirty-five years old.
3. "Pediatric residential health care facility" will mean a residential health care facility or discrete unit of a residential health care facility providing services to children under the age of twenty-one.
4. "Eligible pediatric residential health care facilities" will mean pediatric health care facilities that meet the following eligibility criteria for the program: (i) has over one hundred and sixty licensed pediatric beds; or (ii) is currently licensed for pediatric beds, is co-operated by a system of hospitals licensed, and such hospitals qualify for funds pursuant to a vital access provider assurance program (VAPAP) or a value based payment incentive program (VBP), as administered by the department. Eligibility requirements for VAPAP and VBP include:
    a. a public hospital, defined as a general hospital operated by a county or municipality, but not operated by a public benefit corporation; or
    b. a federally designated Critical Access Hospital; or
    c. a federally designated Sole Community Hospital; or
    d. a safety net hospital, defined as a general hospital (but not operated by a public benefit corporation); and
        i. with at least 30 percent of its inpatient discharges made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; and
        ii. with at least 35% of its outpatient visits made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or
        iii. that serves at least 30 percent of the residents of a county or a multi-county area who are Medicaid eligible individuals, uninsured individuals or Medicaid dually- eligible individuals.