



Medicaid Health Home State Profile: New York

As of March 2026, New York operates **two** health home models:

- Chronic conditions and Serious mental illness (SMI)/Serious emotional disturbance (SED)
- Intellectual/developmental disabilities (I/DD)

Chronic Conditions and SMI/SED Model

Start Date: 1/1/12

Targeted Conditions: SMI/SED; mental health conditions (non-SMI); substance use disorder (SUD); asthma; diabetes; heart disease; body mass index (BMI) over 25; cerebrovascular disease; chronic obstructive pulmonary disease (COPD); dementia; hypertension; renal disease

Eligibility: Must have (1) SMI, HIV/AIDS, sickle cell disease, or complex trauma, or (2) two or more chronic medical or behavioral health conditions

Key Providers: Designated lead providers or groups of providers that meet state defined requirements that assure access to primary, specialty, and behavioral health care and that support the integration and coordination of all care; lead entities contract with community-based care management agencies to provide care management

Enrollment: Opt-out enrollment

Geography: Statewide

Payment: Tiered fee-for-service (FFS) per member, per month (PMPM) based on region and acuity

Relevant SPAs:

SPA #	Dates	Description
NY-11-56	Approved: 2/13/12 Effective: 1/1/12	Creates a chronic medical conditions and SMI health home model for high-cost, high-need enrollees in 10 counties
NY-12-10	Approved: 12/4/12 Effective: 4/1/12	Expands health homes to 13 additional counties
NY-12-11	Approved: 12/4/12 Effective: 7/1/12	Expands health homes to another 39 counties



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SPA #	Dates	Description
NY-13-18	Approved: 6/24/13 Effective: 2/14/13	Eliminates the proposed blended rate for targeted case management (TCM) programs converting to health homes and continues the full TCM rate for two years
NY-13-63	Approved: 9/19/14 Effective: 1/1/14	Amends the payment methodology for TCM programs that have become health homes
NY-14-0016	Approved: 3/10/15 Effective: 8/1/14	Adds distributions from New York's 1115 demonstration waiver to health home payment rates
NY-15-0002	Approved: 3/2/16 Effective: 11/16	Extends the legacy rates for health homes that formerly provided TCM services
NY-15-0020	Approved: 4/7/16 Effective: 10/1/16	Adds health home eligibility criteria for children with complex trauma
NY-16-0034	Approved: 12/22/16 Effective: 9/1/16	Continues reimbursement of converted TCM providers at the existing health home legacy rate from 9/1/16 through 11/30/16
NY-17-0053	Approved: 3/23/18 Effective: 10/1/17	Implements a budget modification for 2017-2018 that reduces the case finding payment and modifies the claiming period for case finding
NY-18-0051	Approved: 8/13/18 Effective: 6/1/18	Changes payment approach for children's health homes
NY-19-0007	Approved: 1/16/19 Effective: 1/1/19	Creates a transitional health home payment for providers transitioning from providing eligible children with 1915(c) waiver services to providing eligible children with health home services
NY-20-0034	Approved: 9/9/20 Effective: 7/1/20	Eliminates the separate PMPM case finding payment to health homes serving adults and health homes serving children
NY 21-0026	Approved: 3/24/22 Effective: 9/1/21	Adds sickle cell disease as a targeted condition
NY-22-0072	Approved: 9/16/22 Effective: 5/1/22	Updates health home rates to reflect a 1% across the board rate increase for health homes serving adults and children, and adjusts Health Home Plus rates statewide to reflect a 5.4% cost of living adjustment



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SPA #	Dates	Description
NY-22-0088	Approved: 3/27/23 Effective: 10/1/22	Adds an assessment fee to the health home program to ensure that any child who may be eligible for home and community-based services (HCBS) under the Children’s Waiver demonstration or state plan authority will be eligible to receive an HCBS assessment under the health home program
NY-23-0061	Approved: 9/12/23 Effective: 4/1/23	Updates Health Homes Plus rates to reflect a 4% cost of living adjustment
NY-24-0023	Approved: 6/27/24 Effective: 1/1/24	Updates care management fees for health homes serving children and provides an additional tiered fee for health homes serving children who meet high-fidelity wraparound (HFW) eligibility criteria
NY-24-0085	Approved: 2/26/25 Effective: 12/31/24	Assures compliance with mandatory annual state reporting requirements and updates the final standards for use of health information technology



I/DD Model

Start Date: 7/1/18

Targeted Conditions: I/DD

Eligibility: Must have a diagnosed I/DD

Key Providers: Care Coordination Organizations/ Health Homes (CCO/HHs), which can include managed care plans; hospitals; medical, mental, and chemical dependency treatment teams; primary care practitioner practices; patient-centered medical homes (PCMHs); federally qualified health centers (FQHCs); designated home health care agencies; and other Medicaid enrolled providers that meet CCO/HH provider standards

Enrollment: Referral and assignment with opt-out enrollment

Geography: Statewide

Payment: FFS PMPM

Relevant SPAs:

SPA #	Dates	Description
NY-17-0025	Approved: 4/9/18 Effective: 7/1/18	Creates a statewide health home for individuals with I/DD
NY-20-0054	Approved: 12/22/20 Effective: 7/1/20	Implements program improvements and efficiencies to reflect historical utilization and efficiencies related to the transition to CCO/HHs
NY-22-0073	Approved: 9/16/22 Effective: 4/1/22	Provides a 5.4% cost of living adjustment for CCO/HHs for individuals with I/DD
NY-23-0062	Approved: 9/12/23 Effective: 4/1/23	Reflects a 4% cost of living adjustment for CCO/HH rates for individuals with I/DD
NY-24-0084	Approved: 2/26/25 Effective: 12/31/24	Assures compliance with mandatory annual state reporting requirements and updates the final standards for use of health information technology