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**State/Territory Name: NY**

**State Plan Amendment (SPA): NY-24-0028**

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 Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

June 25, 2024

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

RE: TN 24-0028

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0028, which was submitted to CMS on March 29, 2024. This plan amendment continues minimum wage adjustments for home health care services.

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 January 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 Jerica Bennett at 410-786-1167 or via email at [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@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 2 8</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>January 1, 2024</u>
5. FEDERAL STATUTE/REGULATION CITATION <u>§ 1905(a)(7) Home Health Care Services</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>01/01/24-09/30/24</u> \$ <u>0</u> b. FFY <u>10/01/24-09/30/25</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-B: Page 4(8)(1)(c)</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  <u>New</u>

9. SUBJECT OF AMENDMENT  
  
CHHA Minimum Wage 2024

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>Amir Bassiri</u>	
13. TITLE <u>Medicaid Director</u>	
14. DATE SUBMITTED <u>March 29, 2024</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>03/29/2024</u>	17. DATE APPROVED <u>June 25, 2024</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>01/01/2024</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

**New York  
4(8)(1)(c)**

**1905(a)(7) Home Health Care Services**

**Adjustment for Future Minimum Wage Increases.**

For January 1, 2027, and each January 1 thereafter, the adjusted minimum wage rate will be determined by increasing the then current year's minimum wage rate by the rate of change in the average of the three most recent consecutive twelve-month periods between the first of August and the thirty-first of July, each over their preceding twelve-month periods published by the United States department of labor non-seasonally adjusted consumer price index or northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the United States department of labor, plus applicable fringe, with the result rounded to the nearest five cents.

However, effective January 1, 2027, no increase in minimum wage will be effectuated if any of the following conditions are met:

- Rate of change in the average of the most recent period of the first of august to the 31<sup>st</sup> of July over the preceding period of the 1<sup>st</sup> of august to the 31<sup>st</sup> of July published by the US Department of Labor non-seasonally adjusted consumer price index for the northeast region urban wage earners and clerical workers (CPI-W) or any successor index as calculated by the US Department of Labor is negative.
- 3 month moving average of the seasonally adjusted NYS unemployment rate as determined by the U-3 measure of labor underutilization for the most recent period ending 31<sup>st</sup> of July as calculated by the US Department of Labor rises by ½ percentage point or more relative to its low during the previous 12 months.
- Seasonally adjusted, total non-farm employment for NYS in July, calculated by the US Department of Labor, decreased from the seasonally adjusted total non-farm employment for NYS in July, calculated by the US Department of Labor decreased from the seasonally adjusted total non-farm employment for NYS in January.

Further, the homecare worker minimum wage should be the sum of homecare worker minimum wage from the previous calendar year in addition to the home care worker wage adjustment. The wage of home care workers should not exceed the minimum wage of non-homecare workers plus \$3.00, plus applicable fringe.

Rates of payments to CHHA programs are available at:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/chha/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/)

**TN**     #24-0028    

**Approval Date**     June 25, 2024    

**Supersedes TN**     #NEW    

**Effective Date**     January 1, 2024