NYS Council for Community Behavioral Healthcare

As of 7/15/2025

Medicaid Members		
Topic	**Provision**	**Effective Date**
Medicaid Work Requirements	This provision includes: • Mandates that adults aged 19–64 in Medicaid expansion groups engage in at least 80 hours per month of work, education, or volunteer activities to maintain eligibility. • Requires states to verify that individuals applying for coverage meet requirements for 1 or more consecutive months preceding the month of application; and that individuals who are enrolled meet requirements for 1 or more months between the most recent eligibility redeterminations (at least twice per year). Caps the "look-back" for demonstrating community engagement at application to three months. Exempt Groups from this Rule include: • Pregnant individuals • People with disabilities • Parents of children under 13 who are medically frail	Not later than December 31, 2026, or earlier at state option
Semi-Annual Eligibility Determinations	Requires states to conduct eligibility redeterminations at least every 6 months for Medicaid expansion adults.	For renewals scheduled on or after December 31, 2026
Limit Retroactive Coverage	Limits retroactive coverage to one month prior to application for coverage for expansion enrollees and two months prior to application for coverage for traditional enrollees.	December 31, 2026

New Co-Payments	Requires states to impose cost sharing of up to $35 per service on expansion adults with incomes 100-138% FPL. **Explicit exemptions from cost sharing include:** • Primary care • Mental health services • Substance use disorder services • Services provided by federally qualified health centers • Services provided by behavioral health clinics • Services provided by rural health clinics The law maintains existing exemptions for emergency services, family planning services, pregnancy, and preventive.	October 1, 2028
Immigrant Eligibility	Restricts the definition of qualified immigrants for purposes of Medicaid or CHIP eligibility to: • Lawful Permanent Residents, • certain Cuban and Haitian immigrants, • citizens of the Freely Associated States (COFA migrants) lawfully residing in the US, and • lawfully residing children and pregnant adults in states that cover them under the ICHIA option (New York does cover them under ICHIA). It eliminates these groups that were formerly eligible: • refugees, • individuals granted parole for at least one year, • individuals granted asylum or related relief, • certain abused spouses and children, and • certain victims of trafficking.	October 1, 2026
Clawback of Premium Tax Credits	Marketplace enrollees receive advance premium tax credits based on projected income at the time they apply for coverage. These credits are sent to their health insurer. If actual income is higher than projected income, all taxpayers, including very low-income consumers, will have to repay in full any excess advance premium tax credit that their insurer received on their behalf.	October 1, 2026
Medicaid Providers		
Topic	**Provision**	**Effective Date**

Prohibiting Medicaid Payments to Non-Profits who provide abortions	Prohibits Medicaid funds to be paid to providers that are nonprofit organizations, essential community providers primarily engaged in family planning services or reproductive services, provide for abortions outside of the Hyde exceptions and received $1,000,000 or more in payments from Medicaid in 2024, or $800,000 in 2023; this would affect Planned Parenthood and other Medicaid essential community providers.	July 4, 2025 – for a length of one year.

Medicaid Benefit Package Changes

Topic	Provision	Effective Date
Rural Health Transformation Program	Establishes a rural health transformation program that will provide $50 billion in grants to states between fiscal years 2026 and 2030, to be used for payments to rural health care providers and other purposes. Uses of funds include promoting care interventions, paying for health care services, expanding the rural health workforce, and providing technical or operational assistance aimed at system transformation.	Upon enactment but funding is first available in fiscal year 2026
Home and Community Based Services	Allows states to establish 1915(c) HCBS waivers for people who do not need an institutional level of care. Includes requirements for states' waiver submissions that include a demonstration that the new waiver will not increase the average amount of time that people who need an institutional level of care will wait for services.	New waivers may not be approved until July 1, 2028

Changes Impacting Charitable Organizations

Topic	Provision	Effective Date
1% Floor for Charitable Contributions by Corporations	Impose a 1% floor for the deduction for charitable contributions made by corporations and allow corporations to carry forward the tax benefit for 5 years.	The amendments made by this section shall apply to taxable years beginning after December 31, 2025
Limits on Itemized Deductions	• Caps the tax benefit at $0.35 for each dollar of itemized deductions rather than the full $0.37 per dollar previously received by taxpayers in the top tax bracket.	The amendments made by this section shall

	• Creates a 0.5% floor on charitable contributions for itemizers, meaning individuals who itemize would only earn a charitable deduction for giving in excess of 0.5% of their charitable contribution base (i.e., their adjusted gross income [AGI] calculated without taking into account any charitable giving).	apply to taxable years beginning after December 31, 2025.
Incentives for Charitable Giving	Make permanent a partial tax deduction of $1,000 single/$2,000 joint filers for charitable contributions for nonitemizers.	The amendments made by this section shall apply to taxable years beginning after December 31, 2025.
Highly Compensated Nonprofit Employees	Expand the 21% excise tax on nonprofits that exceed $1 million in compensation to any employee, including a former employee.	The amendments made by this section shall apply to taxable years beginning after December 31, 2025.

Food Assistance

Topic	Provision	Effective Date
Thrifty Food Plan	The Thrifty Food Plan is the cost of groceries (defined by law) needed to provide a budget-conscious, healthy diet for a family of four. The plan, which under current law is set in June for the following federal fiscal year, is used as the basis for calculating SNAP benefits. The Act limits re-evaluations of cost adjustments to once every five years and must be cost-neutral. Increases may not be adjusted beyond inflation.	October 1, 2025
Cost-Sharing Shift	The law shifts a portion of the financial responsibility for SNAP program allotments to states based on their payment error rates. Depending on the error rate, the state contribution to SNAP benefits ranges from 5% to 25%. (Based on 20 years of previous error rates, New York would likely contribute 15%).	October 1, 2027 (with a two-year delay for states with high “payment error rates”)

Expanded Work Requirements	• Participants must prove that they work at least 20 hours a week; if not, they can only receive SNAP for three months in three years. • Able-Bodied Adults Without Dependents are subject to work requirements up to age 65 (changed from 55). • The law sunsets exemptions for veterans, individuals experiencing homelessness, and youth aging out of foster care by October 2030. • Narrows the exemption for parents with a dependent child to those under 14 years of age and limits caregiving exemptions.	July 4, 2025
Administrative Cost Sharing	The federal government will reduce its share of SNAP administrative costs from 50 percent to 25 percent, requiring states to shoulder the remaining 75 percent.	October 1, 2027
Restrictions on Noncitizen Eligibility	The law removes eligibility for lawfully present individuals such as refugees, those granted asylum, and certain survivors of domestic violence, human trafficking, or other humanitarian crises.	January 1, 2027
Limitations on States		
Topic	**Provision**	**Effective Date**
State Directed Payments	Directs HHS to revise state directed payment regulations to cap the total payment rate for inpatient hospital and nursing facility services at 100% of the total published Medicare payment rate for states that have adopted the Medicaid expansion and at 110% of the total published Medicare payment rate for states that have not adopted the expansion	January 1, 2028
Eliminate incentive to states who adopt Medicaid expansion	The Affordable Care Act expands Medicaid eligibility to non-elderly adults with incomes up to 138% FPL based on modified adjusted gross income and provides 90% federal financing for the expansion population. The American Rescue Plan Act (ARPA) added a temporary financial incentive for states that newly adopt expansion. This law eliminates the temporary incentive for states that newly adopt expansion.	January 1, 2026

Provider Taxes	• The new law prohibits states from establishing any new provider taxes or increasing the rates of existing taxes. • Revises the conditions under which states may receive a waiver of the requirement that taxes be broad-based and uniform such that some currently permissible taxes, such as those on managed care plans, will not be permissible in future years. • Reduces the "safe harbor" limit from 6% to 3.5% over 5 years (0.5% per year), starting in 2028.	October 1, 2026; but states may have at most 3 fiscal years to transition existing arrangements that are no longer permissible
1115 Waiver Budget Neutrality	Specifies the Chief Actuary for CMS must certify 1115 waivers are not expected to result in an increase in federal expenditures compared to federal expenditures without the waiver.	January 1, 2027
Medicaid Provider Screening Requirements	Requires states to conduct checks at enrollment, reenrollment, and on a monthly basis to determine whether HHS has terminated a provider or supplier from Medicare or another state has terminated a provider or supplier from participating in Medicaid or CHIP. Additionally, requires states to conduct quarterly checks with SSA Master Death File to determine whether providers enrolled in Medicaid are deceased.	January 1, 2028
State penalties related to eligibility errors	Requires HHS to reduce federal financial participation to states for identified improper payment errors related to payments made for ineligible individuals and overpayments made for eligible individuals.	October 1, 2030