



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

August 7, 2012

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Empire State Plaza
Corning Tower (OCP-1211)
Albany, New York 12237

Re: New York **SPA #11-83**

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #11-83 has been approved for adoption into the State Medicaid Plan with an effective date of December 1, 2011. SPA #11-83 will terminate the optional reimbursement of Comprehensive Medicaid Case Management (CMCM) services because counties utilizing these optional CMCM services now have Medicaid managed care, patient-centered homes and an array of community-based programs which serve the targeted populations.

This SPA approval consists of Supplement to Attachment 3.1-A, Pages 1-A13, 1-E7 and 1-F9 and Attachment 4.19-B Pages 10-5(a) and 11-2, which were electronically submitted to the CMS SPA Mailbox in conjunction with the State's May 21, 2012 response to CMS's March 27, 2012 Request for Additional Information.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and 1902(a)(30) of the Social Security Act and the implementing regulations at 42 C.F.R. 447.250 and 42 C.F.R. 447.272. Enclosed are copies of SPA #11-83 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Barbara Waugh of this office at (212) 616-2366.

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Guhl", is written over a faint, larger version of the same signature.

John R. Guhl
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures: SPA #11-83
HCFA-179 Form

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: #11-83	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(19) & 1915(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 12/01/11-09/30/12 (\$3,507,455) b. FFY 10/01/12-09/30/13 (\$4,208,946)*	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A: Pages 1-A13, 1-E7, 1-F9 Attachment 4.19-B: Pages 10-5(a), 11-2 **SEE REMARKS BELOW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Termination of Targeted Case Management Programs: TASA, CONNECT and NBA. (FMAP = 50%) *Annual Savings Breakdown: TASA=(\$3,933,259); CONNECT=(\$152,499); NBA=(\$123,188)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: May 21, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: August 07, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: December 01, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: John Guhl		22. TITLE: Acting, Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: ** SPA #11-83 terminates the optional reimbursement of Comprehensive Medicaid Case Management (CMCM) services because counties utilizing these optional CMCM services now have Medicaid managed care, patient-centered homes and an array of community-based programs which serve the targeted populations.			

OFFICIAL

New York
10-5(a)

Attachment 4.19-B
(12/11)

Effective December 1, 2011, the State is terminating the optional reimbursement of Medicaid case management services provided through the Neighborhood Based Alliance (NBA) — Target Group F on pages 10-4 and 10-5.

New
TN#: 11-83 Approval Date: AUG 07 2012
Supersedes TN#: NEW Effective Date: DEC 01 2011

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New York
11-2

**Attachment 4.19-B
(12/11)**

Effective December 1, 2011, the State is terminating the optional reimbursement of Medicaid case management services provided through TASA — Target Group A and CONNECT — Target Group E on pages 11 and 11-1.

TN#: 11-83

Approval Date: AUG 07 2012

Supersedes TN#: NEW

Effective Date: DEC 01 2011

NEW

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Supplement to Attachment 3.1-A
Page 1-A13
(12/11)

Effective December 1, 2011, the State is terminating the optional reimbursement of Medicaid case management services provided through TASA — Target Group A described on pages 1-A1 through 1-A12.

TN#: 11-83 Approval Date: AUG 07 2012
Supersedes TN#: NEW Effective Date: DEC 01 2011

New

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Supplement to Attachment 3.1-A
Page 1-E7
(12/11)

Effective December 1, 2011, the State is terminating the optional reimbursement of Medicaid case management services provided through CONNECT — Target Group E described on pages 1-E1 through 1-E6.

TN#: 11-83

New

Approval Date: AUG 07 2012

Supersedes TN#: NEW

Effective Date: DEC 01 2011

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Supplement to Attachment 3.1-A
Page 1-F9
(12/11)

Effective December 1, 2011, the State is terminating the optional reimbursement of Medicaid case management services provided through NBA — Target Group F described on pages 1-F1 through 1-F8.

TN#: 11-83

Approval Date: AUG 07 2012

Supersedes TN#: NEW

Effective Date: DEC 01 2011

New