

## **Table of Contents**

**State/Territory Name:** New York

**State Plan Amendment (SPA) #:** 14-037

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  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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February 17, 2015

Medicaid Director, Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Towers (OCP-1211)  
Albany, New York 12237


Dear Mr. Helgeson:

We have completed our review of New York's State Plan amendment (SPA) 14-37 received in our office on December 31, 2014 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to add seven western New York counties to the state Medicaid transportation management initiative effective November 1, 2014.

Please note the approval date of this SPA is February 17, 2015. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

  
Michael Melendez  
Associate Regional Administrator  
Division of Medicaid & Children's Health

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: **14-0037**  
2. STATE: **New York**  
3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  
4. PROPOSED EFFECTIVE DATE: **November 1, 2014**

10. REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE REGULATION CITATION:  
§ 1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT: (in thousands)  
a. FFY 11/01/14-09/30/15: **S (314.88)**  
b. FFY 10/01/15-09/30/16: **S (171.75)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable)

Attachment 3.1-D: Page 4

Attachment 3.1-D: Page 4

10. SUBJECT OF AMENDMENT:  
**Transportation Management Revisions  
(FMAP = 50%)**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO:  
New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Ave - One Commerce Plaza  
Suite 1460  
Albany, NY 12210

13. TYPED NAME: **Jason A. Helgeson**

14. TITLE: **Medicaid Director  
Department of Health**

15. DATE SUBMITTED: **DEC 31 2014**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:  
**FEBRUARY 17, 2015**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**NOVEMBER 01, 2014**

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Isl*

21. TYPED NAME:  
**JOHN R. GUHL**

22. TITLE: **ACTING ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH**

23. REMARKS:

**OFFICIAL**

New York  
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Managed by Local Department of Social Services	Managed by Department of Health Under Contract		
[Allegany]	Albany	Hamilton	Rensselaer
[Cattaraugus]	Allegany	Herkimer	Richmond
[Chautauqua]	Bronx	Jefferson	Rockland
[Erie]	Broome	Kings	Saratoga
[Genesee]	Cattaraugus	Lewis	Schenectady
Nassau	Cayuga	Livingston	Schoharie
[Niagara]	Chautauqua	Madison	Schuyler
Suffolk	Chemung	Monroe	Seneca
[Wyoming]	Chenango	Montgomery	Steuben
	Clinton	New York	St. Lawrence
	Columbia	Niagara	Sullivan
	Cortland	Oneida	Tioga
	Delaware	Onondaga	Tompkins
	Dutchess	Ontario	Ulster
	Erie	Orange	Warren
	Essex	Orleans	Washington
	Franklin	Oswego	Wayne
	Fulton	Otsego	Westchester
	Genesee	Putnam	Wyoming
	Greene	Queens	Yates

TN#:           #14-037          

Approval Date:           FEBRUARY 17, 2015          

Supersedes TN#:           #13-23          

Effective Date:           NOVEMBER 01, 2014