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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **15-0052**

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

November 30, 2015

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

Dear Mr. Helgerson:

We have completed our review of New York's State Plan amendment (SPA) 15-0052 received in office on September 15, 2015 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA proposes to add two Long Island New York counties to the State Medicaid Transportation Management Initiative.

Please note the approval date of this SPA is November 30, 2015 with an effective date of July 1, 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,

/s/

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:
15-0052

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
July 1, 2015

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 07/01/15-09/30/15 **S (125.61)**
b. FFY 10/01/15-09/30/16 **S (2,075.76)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-D: Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-D: Page 4

10. SUBJECT OF AMENDMENT:

**Medicaid Transportation Management
(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:

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

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

15. DATE SUBMITTED:

SEP 15 2015

16. RETURN TO:

**New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave - One Commerce Plaza
Suite 1460
Albany, NY 12210**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
November 30, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 01, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Michael Melendez

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

New York

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

TN#: #15-0052 Approval Date: November 30, 2015 Supersedes TN#: #14-0037 Effective Date: July 01, 2015