

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

07-45

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 SERVICES4. PROPOSED EFFECTIVE DATE  
October 1, 2007

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:

Section 1902(a)(30) of the Social Security Act, and 42 CFR  
447.204

7. FEDERAL BUDGET IMPACT:

a. FFY 10/1/07-9/30/08 \$7,400,000

b. FFY 10/1/08-9/30/09 \$8,800,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B: pages 4(a)(i)(4), 4(a)(i)(5)  
Attachment 3.1-A Supplement: pages 2(a)(ii), 2(a)(iii), 2(a)(iv)  
Attachment 3.1-B Supplement: pages 2(a)(ii), 2(a)(iii), 2(a)(iv)9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):Attachment 4.19-B: pages 4(a)(i)(4), 4(a)(i)(5)  
Attachment 3.1-A Supplement: pages 2(a)(ii),  
2(a)(iii)  
Attachment 3.1-B Supplement: pages 2(a)(ii),  
2(a)(iii)

10. SUBJECT OF AMENDMENT:

Home Care Telehealth Services  
(FMAP = 50% based on effective date)

11. GOVERNOR'S REVIEW (Check One):

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

16. RETURN TO:

New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

13. TYPED NAME: Donna Frescatore

14. TITLE: Medicaid Director & Deputy Commissioner  
Department of Health

15. DATE SUBMITTED:

OCT 28 2008

17. DATE RECEIVED:

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

DEC 14 2008

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED - ONE COPY ATTACHED

OCT 01 2007

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE:  
Division of Medicaid and State Operations

23. REMARKS:

Submitted with New York State's October 28, 2010 electronic submission to CMS: Attachment 4.19-B Page 4(a)(i)(4), and 4(a)(i)(5), Attachment 3.1-A Supplement Page 2(a)(ii), 2(a)(ii)(A), 2(a)(iii), and 2(a)(iv), and Attachment 3.1-B Supplement Page 2(a)(ii), 2(a)(ii)(A), 2(a)(iii), and 2(a)(iv).

There are 10 newly submitted Pages-two (2) Attachment 4.19-B Pages, four (4) Attachment 3.1-A Supplement Pages, and four (4) Attachment 3.1-B Supplement Pages.

Pen and ink change has been made to the HCFA-179, in Block 8 (page Number of the Plan Section or Attachment) to insert Attachment 3.1-A Supplement Page 2(a)(ii)(A) and Attachment 3.1-B Supplement Page 2(a)(ii)(A) and identify them as new Pages as they were not shown on the HCFA-179 submitted by the State.