



December 14, 2010

Donna Frescatore
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #07-45 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2007. Specifically, the SPA establishes Medicaid reimbursement for telehealth services provided by a certified home health agency to ensure availability of technology-based patient monitoring, communication, and health management. Such services shall assist in the effective monitoring and management of patients whose medical, functional, and/or environmental needs can be appropriately and cost-effectively met at home through the application of telehealth intervention.

This SPA approval consists of 10 Pages. We are approving the following Pages which were 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). At that time, New York requested that these submitted Pages replace the Attachment 4.19-B Pages which were originally provided with its SPA submission of December 31, 2007, and the Attachment 3.1-A-Supplement Pages and Attachment 3.1-B-Supplement Pages which were submitted by the State in various subsequent letters and electronic transmissions to CMS. This approval is for the 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. In addition, a pen-and-ink change has been made to the HCFA-179, in Block 8 (age 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.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of the SPA #07-45 and the HCFA-179, as approved.

If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #07-45
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
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SJew