



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ
SEP 29 2010

Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10278

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) #09-13 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2009. The SPA continues applicable trend factors to rates of payments to a residential health care facility or a clinic, for adult day health care services provided to patients diagnosed with AIDS for periods on and after April 1, 2009. In addition, the SPA revises the methodology for calculating the operating cost component of rates provided for adult day health care services to be based upon actual reported costs if a provider has achieved an average occupancy of 90% or greater for a calendar year.

This SPA approval consists of 3 Pages. We are approving the following Pages which were submitted with the State's August 12, 2010 electronic submission to the CMS SPA Mailbox: Attachment 4.19-B-Pages 2(a), 7(b)(ii), and 7(b)(ii)(A). At that time, New York requested that these 3 Pages replace the Pages which were provided with its SPA submission of June 24, 2009. 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 #09-13 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,

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

Enclosure: SPA #09-13
HCFA-179 Form

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-13	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 April 1, 2009	

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 42 CFR Part 447.204	7. FEDERAL BUDGET IMPACT: a. FFY 04/01/09 - 09/30/09 \$ 983,000 b. FFY 10/01/09 - 09/30/10 \$ 1,685,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 2(a), 7(b)(ii) & 7(b)(ii)(A)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Pages 2(a), 7(b)(ii) & 7(b)(ii)(A)
** SEE REMARKS	

10. SUBJECT OF AMENDMENT:
**Adult Day Health Care Trend (AIDS Funding) & Rates (Budget Based to Cost Based)
FMAP Rate = 60.19% Impact Based on Effective Date of 4/1/09**

11. GOVERNOR'S REVIEW (Check One):

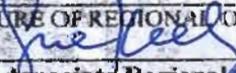
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237
13. TYPED NAME: Donna Freccatore	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health	
15. DATE SUBMITTED: August 12, 2010 (Originally Submitted: August 13, 2009)	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: SEP 29 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations
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23. REMARKS:

Originally submitted pages on June 24, 2009 were requested to be replaced by the State - Attachment 4.19-B Pages 2(a), 7(b)(ii), and 7(b)(ii)(A).

Originally submitted pages have been replaced by revised pages submitted via State e-mail of August 12, 2010.