



Refer to DMCH: SJ

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

September 29, 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) #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,

/s/

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

Enclosure: SPA #09-13

HCFA-179 Form

CC: JUlberg  
PMossman  
KKnuth  
SIrwin  
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