



April 18, 2011

Jason A. Helgeson
Deputy Commissioner
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #09-31 has been approved for adoption into the State Medicaid Plan with an effective date of October 1, 2009. The SPA provides for supplemental payments to qualifying diagnostic and treatment center (D&TC) providers, for additional costs associated with the operation of electronic health record systems. The SPA also extends the supplemental payments made to qualifying dental clinic providers sponsored by a university or dental school.

As part of this approval, we have approved funding for “up to two hundred twenty-four thousand dollars (\$224,000)” for qualified dental clinics. Please bear in mind, that the State Plan should specify a hard funding amount, rather than using “up to” language. We have approved the latter in this SPA because the funding is for a closed period of time that has passed. For future SPAs, the State should use an exact amount, rather than refer to “up to” in the State Plan.

This SPA approval consists of 2 Pages. As New York has requested, we are approving the following Attachment 4.19B Pages which were submitted with the State’s March 10, 2011 electronic submission to the CMS SPA Mailbox: Page 2(c)(iii), and 2(c)(iii)(b). These Pages replace the Attachment 4.19-B-Page 2(c)(ii), 2(c)(iii) and 2(c)(iii)(a), which were provided with the State’s original September 29, 2009 SPA submission.

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 SPA #09-31 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew’s telephone number is (212) 616-2426.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children’s Health

Enclosure: SPA #09-31
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
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