



DEPARTMENT OF HEALTH & HUMAN SERVICES



Re: DMCH: BPW

Region II
Federal Building
26 Federal Plaza
New York, NY 10278

September 7, 2011

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1466
Albany, New York 12237

Re: New York SPA #11-15

Dear Mr. Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #11-15 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2011. SPA #11-15 concerns the rates of payment for certified home health agencies. Specifically, it provides for additional funding to agencies for the purpose of improving recruitment, training and retention of AIDS home care providers and hospice service providers.

This SPA approval consists of 6 Pages. As New York has requested, we are approving the following Attachment 4.19-B Pages which were submitted with the State's June 9, 2011 electronic submission to the CMS SPA Mailbox: Attachment 4.19-B, Page 4(a)(i), Page 4(a)(i)(A), Page 4(a)(i)(1), Page 4(a)(viii)(1), Page 10 and Page 10(a). These Pages replace the Attachment 4.19-B, Page 4(a)(i), Page 4(a)(i)(A), Page 4(a)(viii)(1), and Page 10, which were provided with the State's original submissions in 2008 and Pages 4(a)(i)(1) and Page 10(a) which were submitted in 2006.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and 1902(a)(30) of the Social Security Act and the implementing regulations at 42 C.F.R. 447.250 and 42 C.F.R. 447.272. Enclosed are copies of SPA #11-15 and the HCFA-179 form, as approved. Also enclosed is a companion letter which identifies coverage issues which New York shall address within the timeline set out in the letter.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew or Barbara Waugh of this office. Mr. Jew may be reached at (212) 616-2426 and Ms. Waugh at (212) 616-2366

Sincerely,



John Guhl
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

bpw

Enclosures: SPA #11-15
HCFA-179 Form
Companion letter to SPA#11-15

cc: J. Ulbert
G. Critelli
R. Holligan
S. Jew
K. Knuth
P. Mossman
M. Schervish
B. Waugh