
September 28, 2011

Jason A. Helgerson, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower—Room 1441
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgerson:

We have completed our review of New York State Plan Amendment submittal 11-43, "Shared State and Local Responsibility for Administration of the Medicaid Program" (Section 1, Page 8) and find it acceptable for incorporation into New York's Medicaid Plan, effective June 1, 2011. Enclosed please find copies of State Plan Amendment 11-43 and Form CMS-179.

Please note that as requested, we have substituted the originally submitted CMS-179 with the revised CMS-179 submitted to our office via e-mail on September 7, 2011. Additionally, as agreed, we have made a pen and ink change adding an "8" to the header of the page to reflect that this is Page 8 of Section 1 of the New York State Plan.

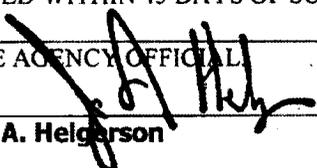
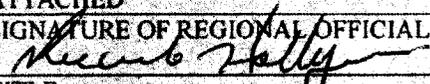
If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,



Ricardo Holligan
Acting, Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-43	2. STATE New York
FOR: Centers for Medicare & Medicaid Services		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 June 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.50		7. FEDERAL BUDGET IMPACT: a. FFY 06/01/11-09/30/11 \$ 4,034,160 b. FFY 10/01/11-09/30/12 \$19,500,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1: Page 8 ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 1: Page 8	
10. SUBJECT OF AMENDMENT: Statewide Operation (FMAP=56.88% (6/1/11-6/30/11); 50% (7/1/11 forward))			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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: Jason A. Helgeson			
14. TITLE: Medicaid Director & Deputy Commissioner Office of Health Insurance Programs			
15. DATE SUBMITTED: September 7, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: September 28, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 01, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Ricardo Holligan		22. TITLE: Acting, Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: As requested by NYS, we have substituted the originally submitted CMS-179 with the Revised CMS-179 submitted to our office via e-mail on September 7, 2011. Additionally, NYS and CMS agree to a pen and ink change adding an "8" to the header of the page to Reflect that this is Page 8.			

OFFICIAL

HCFA-AT-30-33 (SPP)

-8-

State/Territory : New York

Citation	Condition or Requirement
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Citation
42 CFR
431.50(b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements Of 42 CFR 431.50.

- The plan is State administered.
- The plan is administered by the political subdivisions of the State and is mandatory on them.

TN#: 11-43

Approval Date SEP 28 2011

Supersedes TN#: 74-25

Effective Date 6/1/2011