

Table of Contents

State/Territory Name: **New York**

State Plan Amendment (SPA) #: **21-0071**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 19, 2022

Brett Friedman
Acting State Medicaid Director
New York State Department of Health
99 Washington Ave- One Commerce Plaza, Suite 1432
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 21-0071

Dear Director Friedman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-21-0071. This amendment proposes This State Plan Amendment inserts language attesting that the State Medicaid Program is in compliance with the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209, concerning Medicaid coverage of certain medical transportation (section 209).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 431.53. This letter is to inform you that New York Medicaid SPA 21-0071 was approved on January 18, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact LCDR Frankeena McGuire at 215-861-4754 or email at Frankeena.McGuire@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc:
Regina Deyette, NYS Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 7 1

2. STATE

N Y

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION

§ 1902(a) of the Social Security Act and 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 12/27/21-09/30 \$ 0
b. FFY 10/1/22-09/30/2 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D Page A1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

new

9. SUBJECT OF AMENDMENT

Transportation Attestation

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Brett R. Friedman

13. TITLE

Acting Medicaid Director

14. DATE SUBMITTED

December 30, 2021

15. RETURN TO

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED

December 30, 2021

17. DATE APPROVED

January 18, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

December 27, 2021

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S

20. TYPED NAME OF APPROVING OFFICIAL

James Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

**New York
Page A1**

**Provisions for Providing
Medical Assistance Transportation**

The Medical Assistance (MA) program attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

TN#: 21-0071

Approval Date: January 18, 2022

Supersedes TN#: NEW

Effective Date: December 27, 2021