

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
26 Federal Plaza, Room 37-100 North  
New York, NY 10278

**CMS**

*CENTERS for MEDICARE & MEDICAID SERVICES*

September 22, 2011

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

Dear Mr. Helgeson:

We have received a copy of Larry Reed's letter to you, in which he notified you of the approval of New York's State Plan Amendment (SPA) 11-01. This SPA reflects the additional coverage by New York Medicaid of select active pharmaceutical ingredients (APIs) under the pharmacy section of the State plan to all Medicaid recipients (including full benefit dual eligible beneficiaries under the Medicare Prescription Drug, Benefit-Part D).

Mr. Reed advised you that the New York Regional Office would forward you the signed CMS-179 form as well as copies of the approved pages. These documents are enclosed. The revised pages of Attachments 3.1-A and 3.1.-B submitted to us on September 6, 2011 have replaced the corresponding pages that were included in the State's original SPA submission package.

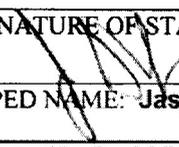
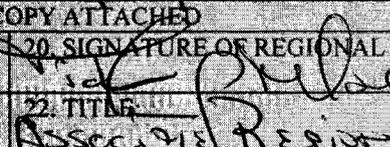
Please note the approval date of the SPA is September 22, 2011 and the effective date is January 1, 2011.

If you have any questions, please contact Ana J. Balbuena at (212) 616-2410

Sincerely,



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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11-01</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2011</b>	
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: <b>NYS Public Health Law, Article 2-A Social Security Act, Section 1927</b>		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/10-09/30/10 \$0 b. FFY 10/01/10-09/30/11 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A, Supplement Page 2(c.1) Attachment 3.1-B, Supplement Page 2(c.1)</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>Active Pharmaceutical Ingredients (APIs) (FMAP = 58.77% effective 1/1/11; 56.88% effective 4/1/11; 50% effective 7/1/11 forward)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" 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: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
13. TYPED NAME: <b>Jason Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>September 6, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>MAR 3 1 2011</b>		18. DATE APPROVED: <b>9/23/2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JAN 01 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:  <b>Originally submitted pages has been replaced by revised pages submitted on 9/6/11.</b>			

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**New York  
Page 2(c.1)**

**Attachment 3.1-A  
Supplement  
(01/11)**

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

<https://www.emedny.org/info/formfile.aspx>

TN #11-01 Approval Date SEP 22 2011  
Supersedes TN New **New** Effective Date JAN 01 2011

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**New York  
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**Attachment 3.1-B  
Supplement  
(01/11)**

8. The State will cover APIs that are included in extemporaneously compounded prescriptions when the API serves as the active drug component in the compounded formulation. A current list of covered APIs can be found at the following at:

<https://www.emedny.org/info/formfile.aspx>

TN #11-01

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**New**