

## **Table of Contents**

**State/Territory Name:**                      **NEW YORK**

**State Plan Amendment (SPA) #:**      **13-23**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

---

December 4, 2013

Jason A. Helgerson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP – 1211)  
Albany, NY 12237

Dear Mr. Helgerson:

We have completed our review of the submission New York's state plan amendment (SPA) 13-23, which was submitted to CMS on September 30, 2013. SPA 13-23 proposes to move the control of Medicaid Transportation Management of 24 counties from the Department of Social Services to the Department of Health. This SPA was approved on December 4, 2013. The effective date of the SPA is July 1, 2013.

Enclosed are copies of SPA 13-23 pages and the HCFA-179 form, as approved.

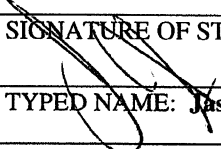
If you have any questions or wish to discuss this SPA further, please contact Maria Varon at (212) 616-2503 or [maria.varon@cms.hhs.gov](mailto:maria.varon@cms.hhs.gov).

Sincerely,

/s/

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

Enclosures: HCFA-179 Form  
State Plan Pages

|  |  |  |                             |
|--|--|--|-----------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><br><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 1. TRANSMITTAL NUMBER:<br><b>13-23</b>   | 2. STATE<br><b>New York</b> |
|  |  | 3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>  |                             |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br><b>July 1, 2013</b>  |                             |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)          |  |  |                             |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>1902(a) of the Social Security Act</b>   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 07/01/13-09/30/13 \$ 195,182<br>b. FFY 10/01/13-09/30/14 \$ (1,647,221)  |                             |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>Attachment 3.1-D: Pages 2, 3, 4</b><br><br><b>**Please see remarks</b>   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br><b>Attachment 3.1-D: Pages 2, 3</b>  |                             |
| 10. SUBJECT OF AMENDMENT:<br><b>Medicaid Transportation Management<br/>(FMAP = 50%)</b>  |  |  |                             |
| 11. GOVERNOR'S REVIEW (Check One):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                             |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:<br><b>New York State Department of Health<br/>Bureau of Federal Relations &amp; Provider Assessments<br/>99 Washington Ave – One Commerce Plaza<br/>Suite 1430<br/>Albany, NY 12210</b> |                             |
| 13. TYPED NAME: <b>Jason A. Helgerson</b>  |  |  |                             |
| 14. TITLE: <b>Medicaid Director<br/>Department of Health</b>   |  |  |                             |
| 15. DATE SUBMITTED: <b>September 30, 2013</b>  |  |  |                             |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                             |
| 17. DATE RECEIVED:   |  | 18. DATE APPROVED:<br><b>December 04, 2013</b>   |                             |
| <b>PLAN APPROVED – ONE COPY ATTACHED</b>   |  |  |                             |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>July 01, 2013</b>   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><b>/s/</b>  |                             |
| 21. TYPED NAME: <b>Michael Melendez</b>  |  | 22. TITLE: <b>Associate Regional Administrator<br/>Division of Medicaid and State Operations</b>   |                             |
| 23. REMARKS:<br><b>**This SPA proposes to move twenty-four counties under Department of Social Services control to the Department of Health control for Medicaid Transportation Management. The NEMT coverage and benefits are remaining the same.</b>   |  |  |                             |

**New York**

- v. Payment for reimbursement of the MA recipient's use of a personal vehicle will be made at the Internal Revenue Service's established rate for *Medical Mileage*. Payment of reimbursement for use of a personal vehicle of a volunteer driver or family mem[e]ber of a MA recipient will be made at the Internal Revenue Service's established rate for *Standard Mileage*.
- b. Payment for transportation is only available for transportation to and from providers of necessary medical care and services which can be paid for under the MA program. MA payment for transportation will not be made if the care or services are not covered under the MA program.
- c. MA payment to vendors of transportation services is limited to situations where an MA recipient is actually being transported in the vehicle.
- d. MA payment will not generally be made for transportation which is ordinarily made available to other persons in the community without charge. If federal financial participation is available for the costs of such transportation, the MA program is permitted to pay for the transportation.
- e. Vendors of transportation services must provide pertinent cost data to a social services district upon request or risk termination from participation in the MA program.

Finally, the provisions require social services districts, except those where the Commissioner of Health assumed management of transportation services, to notify applicants for and recipients of MA of the procedures for obtaining prior authorization of transportation services.

**C. Transportation Management**

The following table depicts, for each county, whether the county department of social services or State manages the transportation program.

| <b>Managed by Local Department of Social Services</b> |              | <b>Managed by Department of Health Under Contract</b> |             |
|---|--------------|---|-------------|
| Allegany  | Monroe       | Albany  | Queens      |
| Cattaraugus   | Nassau       | Bronx   | Rensselaer  |
| Chautauqua  | Niagara      | Broome  | Richmond    |
| Chemung   | Ontario      | Cayuga  | Rockland    |
| Chenango  | Orleans      | Columbia  | Saratoga    |
| Clinton   | Oswego       | Delaware  | Schenectady |
| Cortland  | Otsego       | Dutchess  | Schoharie   |
| Erie  | Schuyler     | Essex   | Sullivan    |
| Franklin  | Seneca       | Fulton  | Ulster      |
| Genesee   | St. Lawrence | Greene  | Warren      |
| Hamilton  | Steuben      | Kings   | Washington  |
| Herkimer  | Suffolk      | Montgomery  | Westchester |
| Jefferson   | Tioga        | New York  |             |
| Lewis   | Tompkins     | Oneida  |             |
| Livingston  | Wayne        | Onondaga  |             |
| Madison   | Wyoming      | Orange  |             |
| Suffolk   | Yates        | Putnam  |             |

**TN#:** 13-23

**Approval Date:** DEC 0 4 2013

**Supersedes TN#:** #12-33

**Effective Date:** JUL 0 1 2013

**OFFICIAL**

New York  
4

| <b>Managed by Local<br/>Department of<br/>Social Services</b> | <b>Managed by Department of Health Under Contract</b> |                   |                     |
|---|---|-------------------|---------------------|
| <u>Allegany</u>   | <u>Albany</u>   | <u>Kings</u>      | <u>Rockland</u>     |
| <u>Cattaraugus</u>  | <u>Bronx</u>  | <u>Lewis</u>      | <u>Saratoga</u>     |
| <u>Chautauqua</u>   | <u>Broome</u>   | <u>Livingston</u> | <u>Schenectady</u>  |
| <u>Erie</u>   | <u>Cayuga</u>   | <u>Madison</u>    | <u>Schoharie</u>    |
| <u>Genesee</u>  | <u>Chemung</u>  | <u>Monroe</u>     | <u>Schuyler</u>     |
| <u>Nassau</u>   | <u>Chenango</u>                                       | <u>Montgomery</u> | <u>Seneca</u>       |
| <u>Niagara</u>  | <u>Clinton</u>  | <u>New York</u>   | <u>Steuben</u>      |
| <u>Suffolk</u>  | <u>Columbia</u>                                       | <u>Oneida</u>     | <u>St. Lawrence</u> |
| <u>Wyoming</u>  | <u>Cortland</u>                                       | <u>Onondaga</u>   | <u>Sullivan</u>     |
|   | <u>Delaware</u>                                       | <u>Ontario</u>    | <u>Tioga</u>        |
|   | <u>Dutchess</u>                                       | <u>Orange</u>     | <u>Tompkins</u>     |
|   | <u>Essex</u>  | <u>Orleans</u>    | <u>Ulster</u>       |
|   | <u>Franklin</u>                                       | <u>Oswego</u>     | <u>Warren</u>       |
|   | <u>Fulton</u>   | <u>Otsego</u>     | <u>Washington</u>   |
|   | <u>Greene</u>   | <u>Putnam</u>     | <u>Wayne</u>        |
|   | <u>Hamilton</u>                                       | <u>Queens</u>     | <u>Westchester</u>  |
|   | <u>Herkimer</u>                                       | <u>Rensselaer</u> | <u>Yates</u>        |
|   | <u>Jefferson</u>                                      | <u>Richmond</u>   |                     |

**New**

TN#: 13-23

Approval Date: DEC 0 4 2013

Supersedes TN#: NEW

Effective Date: JUL 0 1 2013