



Center for Medicaid, CHIP and Survey & Certification

Nirav R. Shah, M.D.
Commissioner
New York Department of Health
Corning Tower
Governor Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237

Dear Dr. Shah:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting your request to amend New York's Medicaid section 1115 Demonstration, The Federal-State Health Reform Partnership (F-SHRP) Demonstration (11-W-00234/2). Approval of the amendment to this Demonstration is under the authority of section 1115(a) of the Social Security Act and is effective from the date of this letter, through the end of the Demonstration.

This award is a partial response to the letter sent April 13, 2011 by Mr. Jason Helgerson, in which several changes to the F-SHRP Demonstration were requested. At this time, CMS is approving three additional elements from that request, permission to require beneficiaries to select their health plans within 30 days of enrollment before auto assignment occurs, to limit the managed care exemption period for beneficiaries with a chronic condition to 6 months, and to require individuals to enroll in managed care who were previously exempt. The populations impacted by this change would not be excluded from mandated enrollment into managed care under the Medicaid Statute or regulations.

We look forward to discussing the other components of New York's request with your staff in the coming weeks.

The CMS approval of this Federal-State Health Reform Partnership Demonstration amendment is conditioned upon continued compliance with the enclosed set of Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated Federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

A copy of the revised STCs and expenditure authorities are enclosed. The waiver authorities for the Demonstration are unchanged by this amendment, and remain in force.

Your project officer for this demonstration is Ms. Jessica Schubel. She is available to answer any questions concerning your section 1115 demonstration and this amendment. Ms. Schubel's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid, CHIP and Survey & Certification
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3032
Facsimile: (410) 786-5882
E-mail: Jessica.Schubel@cms.hhs.gov

Official communication regarding program matters should be sent simultaneously to Ms. Schubel and to Mr. Michael Melendez, Associate Regional Administrator in our New York Regional Office. Mr. Melendez's contact information is as follows:

Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health
26 Federal Plaza
New York, New York 10278

I am pleased that we were able to reach a satisfactory resolution to your request, and look forward to working with you and your staff as you seek to redesign the New York Medicaid program.

If you have questions regarding the terms of this approval, please contact Ms. Victoria Wachino, Director, Children and Adults Health Programs Group at (410) 786-5647.

Sincerely,

/S/

Cindy Mann
Director

Enclosures

cc: Michael Melendez, ARA, New York Regional Office
Jason Helgerson, Deputy Commissioner, New York Department of Health
Vallencia Lloyd, Office of Health Insurance Programs, New York Department of Health