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State/Territory Name: NEW YORK

State Plan Amendment (SPA) #: 13-17

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

DMCHO: JH

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP 1211)
Empire State Plaza
Albany, New York 12237

#### Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-17 has been approved for adoption into the State Medicaid Plan with an effective date of February 1, 2013. This State Plan Amendment will exempt Early Intervention Services from the 2% Across the Board Medicaid Reduction. Enclosed are copies of SPA #13-17 and the HCFA- 179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew at (212) 616-2426 or Joanne Hounsell at (212) 616-2446.

Sincerely,

/s/

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

Enclosures: HCFA-179 Form State Plan Pages

cc:

J. Ulberg

J. Guhl

P. Mossman

N. McKnight

K. Knuth

S. Jew

I. Matthews

G. Critelli

L. Tavener

J. Hounsell

R. Weaver

M. Lopez

M. Cieslicki

TRANSMITTAL AND NOTICE OF APPROVAL OF	***************************************	OMB NO. 0938
STATE DI AN MATERIA	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-17	
FOR: HEALTH CARE FINANCING ADMINISTRATION		New York
THE PHARCING ADMINISTRATION	3. PROGRAM IDENTIFICATION:	CITLE XIX OF THE
	SOCIAL SECURITY ACT (ME)	DICAID)
TO: REGIONAL ADMINISTRATOR		,
HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 1, 20	13
5. TYPE OF PLAN MATERIAL (Check One):		
THE OFFEAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE COM	NSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each	amendment)
	7. FEDERAL BUDGET IMPACT:	
Section 1902(a) of the Social Security Act, and 42 CFR 447	a. FFY 02/01/13 - 09/30/13 \$ 4.1	nk M
	LEEV 100 tita como u	00 M
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	OCEDED DI ANI
	SECTION OR ATTACHMENT (If A	SEDED PLAN
	SECTION OR ATTACHMENT (IJ A	ppucable):
Attachment 4.19-B: Page A (6.1)	Attachment 4.19-B: Page A (6.1)	
**Please see remarks		
10 CURTOTOR AN CONTROL		
10. SUBJECT OF AMENDMENT:		
2% Across the Board Early Intervention Exemption		
(FMAP = 50%)		
11. GOVERNOR'S REVIEW (Check One):		
M GOVERNOR'S OFFICE PEROPETED NO GOLD		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPE	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		•
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	_	
12 (10)		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Kal INV	New York State Department of Heal	lth
13. TYPED NAME Vason A. Helgerson	Bureau of Federal Relations & Prov	ider Accocoments
The state of the s	99 Washington Ave – One Commerce	a Plaza
14. TITLE: Medicaid Director	Room 1430	C I Iaza
Department of Health	Albany, NY 12210	
15. DATE SUBMITTED: N		
15. DATE SUBMITTED: November 25, 2013	/	
17 DATE DECIDIOS		
17. DATE RECEIVED:		
	18. DATE APPROVED:	
DI AN ADDROVED ONE	November 27, 2	2013
PLAN APPROVED - ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL:		
February 01, 2013	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: Michael Melendez	/s/	
21. THEO WANG. WHEHER MEETINGEZ	22. TITLE: Associate Regional Ad	ministrator
23. REMARKS:	Division of Medicaid and State C	Ingrations
*This SPA grampts the First A.		eperations
*This SPA exempts the Early Intervention (EI) services from the 2% Across th	e Board (ATB) payment reductions on and at	ter February 1 2012
		ter rebrudry 1, 2013



### New York A (6.1)

# 2% Across The Board Rate Reduction - Early Intervention Services

The reduction for payments for Early Intervention services will be effected through a [the] 2% Across the Board payment reduction in the base rates, which will be effective April 1, 2011 through January 31, 2013.

Page 10(1)(A)

Effective on and after February 1, 2013, payments for Early Intervention services will be exempt from the 2% Across the Board payment reduction.

TN <u>#13-17</u>		Аррі
Supersedes TN	#10-06	Effec

FFB 0 1 2013	Approval Date	NOV 2 7 2013
	Effective Date	FEB 0 1 2013