

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



cc: John  
Ulberg/  
Regina  
Gallagher  
FYI

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

July 11, 2016

Jason Helgerson  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP-1211)  
Albany, New York 12237  
RE: New York 15-0038

RECEIVED  
JUL 21 2016  
NYS DOH-OFFICE OF  
HEALTH INSURANCE PROGRAMS  
M-354

Dear Mr. Helgerson:

We have reviewed the proposal for the First-Time Mothers/Newborns Comprehensive Medicaid Case Management program. The SPA, TN 16-0021, was submitted to Centers for Medicare & Medicaid Services New York Regional Office on May 23, 2016. Effective April 1, 2016, aims to extend the program to include Albany, Erie, Cayuga, Chautauqua, Nassau, Niagara, Chemung, and Westchester counties.

Based on the information provided, the Medicaid SPA 16-0021 is approved. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

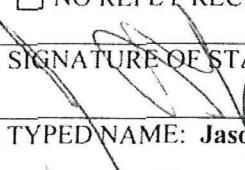
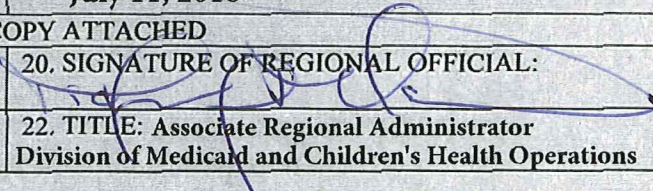
If you have any additional questions or need further assistance, please contact Erica Kisiday at (212) 616-2483.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Melendez", is written over a horizontal line.

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>16-0021</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>April 1, 2016</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.169</b>	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/16-09/30/16 \$ 44.64 b. FFY 10/01/16-03/31/17 \$ 44.64	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 1 to Attachment 3.1-A, page 1-M1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Supplement 1 to Attachment 3.1-A, page 1-M1</b>	
10. SUBJECT OF AMENDMENT: <b>First-Time Mothers/Newborns Comprehensive Medicaid Case Management (Additional 8 Counties) (FMAP = 50%)</b>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 Division of Finance &amp; Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>		
14. TITLE: <b>Medicaid Director Department of Health</b>		
15. DATE SUBMITTED: <b>MAY 23 2016</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED:	18. DATE APPROVED: <b>July 11, 2016</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 01, 2016</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Michael Melendez</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid and Children's Health Operations</b>	
23. REMARKS:		

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State/Territory: New York**

**TARGETED CASE MANAGEMENT SERVICES  
For First-time Mothers and Newborns**

**Target Group: M – First-time Mothers and their Newborn**

The primary target group consists of low-income, pregnant women who will be first-time mothers and their newborn children up to each child’s second birthday. A woman must be enrolled in the targeted case management program during pregnancy, as early as possible, but no later than twenty-eight weeks gestation.

The goals of this program are to improve pregnancy outcomes by providing comprehensive case management services including: 1) assessment of each woman’s need for medical, educational, social and other services; 2) development of a care plan for each woman with goals and activities to help the woman engage in good preventive health practices; and 3) referral, follow-up and assistance in gaining access to needed services including obtaining prenatal care, improving diets, reducing use of cigarettes, alcohol and illegal substances, improving each child’s health and development and reducing quickly recurring and unintended pregnancies.

**Areas of State in which services will be provided (§1915(g)(1) of the Act):**

     Entire State.

  X   **Only in the following geographic areas (authority of section 1915(g)(1) of the-Act is invoked to provide services less than Statewide:**

    New York City, Monroe, Albany, Erie, Cayuga, Chautauqua, Nassau, Niagara, Chemung, Westchester, and Onondaga Counties

**TN #**     16-0021    

**Approval Date**     July 11, 2016    

**Supersedes TN #**     12-0005    

**Effective Date**     April 01, 2016