

## **Table of Contents**

**State/Territory Name: New York**

**State Plan Amendment (SPA) NY: 22-0022**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

June 6, 2022

Mr. Brett Friedman  
Acting Medical Director  
New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Avenue  
One Commerce Plaza, Suite 1432  
Albany, NY 12210

RE: TN 22-0022

Dear Mr. Friedman:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B NY 22-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2022. This plan amendment updates the minimum wage value for the Certified Home Health Agency (CHHA) minimum wage index.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or [Robert.bromwell@cms.hss.gov](mailto:Robert.bromwell@cms.hss.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 2 — 0 0 2 2

2. STATE  
NY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
**§ 1902(a) of the Social Security Act and 42 CFR 447**

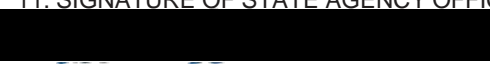
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 01/01/22-09/30/22 \$ ~~1,390~~ \$1,390,000  
b. FFY 10/01/22-09/30/23 \$ ~~1,853~~ \$1,853,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B: Pages 4(8)(1)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B: Pages 4(8)(1)**

9. SUBJECT OF AMENDMENT  
**Minimum Wage-CHHA**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Brett R. Friedman

13. TITLE  
Acting Medicaid Director

14. DATE SUBMITTED March 31, 2022

15. RETURN TO  
New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, NY 12210


**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 31, 2022

17. DATE APPROVED  
June 6, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS  
**\*Pen and ink change authorized via email 6/2/2022. Updated Federal Budget Impact to whole dollars. Changed from FFY 01/01/22-09/30/22, \$1,390 to \$1,390,000; FFY 10/01/22-09/30/23, \$1,853 to \$1,853,000.**

