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**Region II**  
**Federal Building**  
**26 Federal Plaza**  
**New York, N.Y. 10278**

May 25, 2010

Donna Frescatore  
Deputy Commissioner  
New York State Department of Health  
Corning Tower, Empire State Plaza  
Albany, New York 12237

Dear Commissioner Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #09-49-D has been approved for adoption into the State Medicaid Plan with an effective date of December 1, 2009. The SPA provides that certain Federally Qualified Health Centers (FQHCs) will be certified as patient centered medical homes in order to improve health outcomes and efficiency through patient care continuity and coordination of health services, and these FQHCs will be eligible for enhanced payments for services provided to recipients.

This SPA approval consists of 2 Pages. We are approving the Attachment 4.19B-Page 1(c)(i)(I), which was submitted with the State's April 23, 2010 electronic submission to the CMS SPA Mailbox. At that time, New York requested that its previous March 17, 2010 submission, which split the original SPA 09-49 submission of September 24, 2009 into three separate SPAs (09-49-A, 09-49-B and 09-49-C), be revised to split 09-49 into 4 parts, with the newest part being 09-49-D. In addition, we are approving the Attachment 4.19B-Page 1(c)(i)(J) which was provided with New York State's May 6, 2010 e-mail to CMS/ This approval is for SPA 09-49-D only; you will be notified separately on the other 09-49 SPAs.

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and (a)(30) of the Social Security Act, and the implementing regulations at 42 CFR 447.250 and 447.272. Enclosed are copies of the approved SPA #09-49-D and the HCFA-179.

If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

Sue Kelly  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure: SPA #09-49-D  
HCFA-179 Form

CC: JUlberg  
PMossman  
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