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

March 21, 2011

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #07-12 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2007. The SPA, concerning rates of payment for outpatient general hospitals and adult day health care services, provides for a trend factor that is equal to 75 percent of the otherwise applicable trend factor projection attributable to the January 1 to December 31, 2007 period, to be given for outpatient services on and after April 1, 2007 through March 31, 2008.

This SPA approval consists of 6 Pages. As New York has requested, we are approving the following Attachment 4.19B Pages which were submitted with the State's January 31, 2011 electronic submission to the CMS SPA Mailbox: Page 1(b)(i), 2(b)(i), 2(b)(ii), and 7(a)(i) In addition, we are approving Attachment 4.19B-Page 2(c) and 2(c)(A), which were by the State in its February 4, 2011 electronic transmission to CMS. The 6 Pages in these 2 transmissions replace the Attachment 4.19-B-Page 1(b)(i), 2(b)(i), 2(c) and 7(a)(i), which were provided with the State's original June 28, 2007 SPA submission. The newly submitted Attachment 4.19B-Page 1(b)(ii) and 2(c)(A) were not provided in the original SPA submission.

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 SPA #07-12 and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

/s/

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

Enclosure: SPA #07-12
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
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LTavener
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