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

April 05, 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) #09-43-B has been approved for adoption into the State Medicaid Plan with an effective date of September 1, 2009. The SPA provides smoking cessation counseling services for pregnant women provided by freestanding diagnostic and treatment centers (clinics) for dates of service on and after September 1, 2009. In addition, payments to providers for the following services will be based on fees or rates established by the Department of Health: wheelchair evaluations, eyeglass dispensing, individual psychotherapy services provided by licensed social workers to persons under the age of 19, and to persons requiring such services as a result of or related to pregnancy or giving birth, and individual psychotherapy services provided by social workers at freestanding clinics that provided, billed for, and received payment for such services between January 1, 2007 through December 31, 2007.

This SPA approval consists of 2 Pages. We are approving the following Pages which were submitted with the State's February 14, 2011 electronic submission to the CMS SPA Mailbox: Attachment 4.19-B-Pages 2(p), and 2(p)(i). On August 20, 2010, the State had requested the original SPA 09-43 (which was submitted on March 31, 2009) be split into 2 new and separate SPAs: 09-43-A and 09-43-B. These 2 Pages replace the 2 Pages which were provided with its SPA submission of March 31, 2009 (Attachment 4.19-B, page 2(c)(A) and 2(c)(B)). In addition, in its letter of February 14, 2011, New York has revised and requested that the original March 1, 2009 requested effective date for 09-43 be changed to September 1, 2009 for SPA 09-43-B. We are approving the State's request, and the approval for 09-43-B reflects an effective date of September 1, 2009. This approval is for SPA 09-43-B only; SPA 09-43-A is still under review and we will advise you about this SPA upon completion of our review. In addition, we are using the revised Form HCFA-179 which was submitted to CMS on February 24, 2011 in the approval package materials for SPA 09-43-B.

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 SPA 09-43-B and the HCFA-179, 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 Melendez
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #09-43-B
HCFA-179 Form

CC: JUlberg
PMossman
KKnuth
SGaskins
RWeaver
LTavener
GCritelli
MSamuel
SJew