**DEPARTMENT OF HEALTH & HUMAN SERVICES**

CENTERS for MEDICARE & MEDICAID SERVICES

RE: DMCH: BPW

**Region II**
**Federal Building**
**26 Federal Plaza**
**New York, NY 10278**

August 17, 2011

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1466
Albany, New York 12237

Re: New York **SPA #11-53**

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #11-53 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2011. SPA #11-53 eliminates the separate payment rates for nursing services provided to patients diagnosed with Acquired Immune Deficiency Syndrome.

This SPA approval consists of one Attachment 4.19-B Page submitted with the State's June 15, 2011 electronic submission to the CMS SPA Mailbox; namely, Attachment 4.19-B, Page 4(a).

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and 1902(a)(30) of the Social Security Act and the implementing regulations at 42 C.F.R. 447.250 and 42 C.F.R. 447.272. Enclosed are copies of SPA #11-53 and the HCFA-179 form, as approved. Also enclosed is a letter containing coverage issues identified by CMS staff. In response to the State's request, CMS has agreed to permit the State to address these issues in the context of responding to the SPA #10-38 companion letter issues and welcomes the opportunity to work with you and your staff in resolving these issues.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew or Barbara Waugh of this office. Mr. Jew may be reached at (212) 616-2426 and Ms. Waugh at (212) 616-2366

Sincerely,

/s/

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

Enclosures: SPA #11-53
HCFA-179 Form
Companion letter to SPA#11-53

cc: J. Ulberg
G. Critelli
S. Fuentes
J. Guhl
S. Jew
K. Knuth
D. Mathurin
P. Mossman
M. Schervish
B. Waugh