



Refer to DMCH: SJ

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

**NOV 04 2011**

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

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #10-27-B has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2011. The SPA authorizes payment adjustments that increase the operating cost components of rates of payment for New York City Health and Hospitals Corporation clinics and certain county operated freestanding clinics, for the period April 1, 2011 through March 31, 2012.

Originally, the State submitted SPA #10-27 on September 30, 2010. However, on August 4, 2011, New York State requested that the SPA be split into 2 separate SPAs: #10-27-A and #10-27-B. We have approved the State's request, and, at this time, we are approving #10-27-B. Processing of SPA #10-27-A has already been completed earlier.

This SPA approval consists of 1 Page. As New York has requested, we are approving the following Attachment 4.19-B Page which was submitted by the State via electronic transmission on October 24, 2011 to CMS: Attachment 4.19-B-Page 2(v). In addition, we are processing the SPA using the HCFA-179 which was provided by the State to CMS also on October 24, 2011. These replace the materials provided in the State's original September 30, 2010 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 #10-27-B and the HCFA-179 form, as approved.

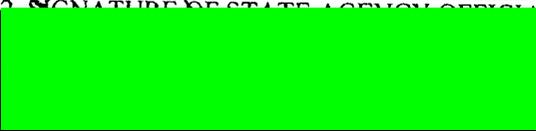
If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or Shing Jew of this office. Mr. Holligan may be reached at (212) 616-2424, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

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

Enclosure: SPA #10-27-B  
HCFA-179 Form

CC: JUlberg  
PMossman  
KKnuth  
RWeaver  
LTavener  
MRoss  
AHiggs  
GCritelli  
SJew

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-27-B</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/11-09/30/11 \$4.8 million b. FFY 10/01/11-03/31/12 \$4.5 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B: Pages 2(v)</b>  <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <b>D&amp;TC UPL Payments (HHC &amp; non-HHC) Tiered FMAP = 56.88% (04/01/2011-6/30/2011); 50.0% (07/01/11-Forward)</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237</b>	
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>August 9, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>November 4, 2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 1, 2011</b>			
21. TYPED NAME: <b>Michael Melendez</b>		<b>Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>The SPA provides supplemental payments for New York City Health and Hospitals Corporation clinics and certain county operated freestanding clinics.</b>			

**OFFICIAL**

New York  
2(v)

Attachment 4.19-B  
(04/11)

**Upper Payment Limit (UPL) Payments for Diagnostic and Treatment Centers (DTCs)**

**1. New York City Health and Hospitals Corporation (HHC) operated DTCs**

Effective for the period April 1, 2011 through March 31, 2012, the Department of Health will increase medical assistance rates of payment for diagnostic and treatment center (DTC) services, for public DTCs operated by the New York City Health and Hospitals Corporation (HHC), at the annual election of the social services district in which an eligible DTC is physically located. The amount to be paid will be \$12.6 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation under Title XIX of the federal Social Security Act based on each diagnostic and treatment center's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments may be added to rates of payment or made as aggregate payments to each eligible HHC diagnostic and treatment center.

**2. County Operated DTCs and mental hygiene clinics**

Effective for the period April 1, 2011 through March 31, 2012, the Department of Health will increase the medical assistance rates of payment for county operated DTCs and mental hygiene clinics, excluding those facilities operated by the New York City HHC. Local social services districts on an annual basis may decline such increased payments within thirty days following receipt of notification. The amount to be paid will be \$5.4 million on an annualized basis.

Medical assistance payments will be made for patients eligible for federal financial participation under Title XIX of the federal Social Security Act based on each diagnostic and treatment center's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. Such proportionate share payments may be added to rates of payment or made as aggregate payments to each eligible county operated diagnostic and treatment center and mental hygiene clinic.

TN #10-27-B \_\_\_\_\_

Approval Date NOV 04 2011

Supersedes TN New

Effective Date APR 01 2011