

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-55	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2009	
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: Section 1903 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 08-09 \$28.9 million b. FFY 09-10 \$60.2 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 13 to Attachment 2.6-A, page 1 ** SEE REMARKS	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	

10. SUBJECT OF AMENDMENT:
CHIPRA Eligibility for Aliens & Pregnant Women

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Deborah Bachrach</i>	16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237
13. TYPED NAME: Deborah Bachrach DF	
14. TITLE: Deputy Commissioner Department of Health	
15. DATE SUBMITTED: June 29, 2009	

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17. DATE RECEIVED:	18. DATE APPROVED: MAR 09 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2009	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Michael Melendez</i>
21. TYPED NAME: Michael Melendez	22. TITLE: Acting Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

Originally submitted pages have been replaced with new pages via State's e-mail of 03/09/2010.