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State/Territory Name: **NEW YORK**

State Plan Amendment (SPA) #: **11-62**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

December 12, 2012

Jason Helgerson
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Towers (OCP-1211)
Albany, New York 12237

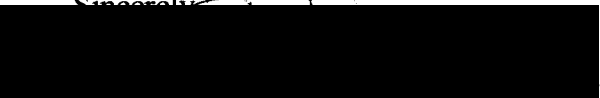
Dear Mr. Helgerson:

We have completed our review of the resubmission of New York's State Plan amendment (SPA) 11-62 which was received in office October 2, 2012 and find it acceptable for incorporation into New York's Medicaid State Plan. This SPA updates the wage equalization factor component of the service rates for the early intervention program and reduces the rates by five percent for these services on and after May 1, 2011.

Please note the approval date of this SPA is December 12, 2012 with an effective date of May 1, 2012. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,


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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-62	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 May 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 05/01/11 – 09/30/11 \$ (3.3) million b. FFY 10/01/11 – 09/30/12 \$ (7.5) million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 10(1)(A) **SEE REMARKS BELOW		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: 10(1)(A)	
10. SUBJECT OF AMENDMENT: Early Intervention 5% Reduction and Update Early Intervention Wage Equalization Factor Adjustment (FMAP = 56.88% 4/1/11-6/30/11; 50% 7/1/11 forward)			
11. GOVERNOR'S REVIEW (Check One): ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY [REDACTED] OF SUBMITTAL			
12. SIGNATURE OF [REDACTED]		16. RETURN TO: New York State Department of Health Bureau of HCRA Oper & Financial Analysis 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: October 2, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: December 12, 2012	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 01, 2011		[REDACTED]	
21. TYPED NAME: Michael Melendez		22. TITLE: Division of Medicaid and State Operations	
23. REMARKS: **This SPA proposes to amend to update the wage equalization factor component of the service rates for early intervention program and to reduce by five percent for approved services on and after May 1, 2011.			

OFFICIAL

**New York
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Rehabilitative Services

Reimbursement for approved early intervention providers is associated with resource use patterns to ensure that evaluations and early intervention services are economically and efficiently provided. The method is based on a classification of early intervention services.

Under the reimbursement methodology, individual or combined prices are established prospectively for each service category. For each service category, a price is established to cover labor, administrative overhead; general operating and capital costs. The prices are adjusted to reflect regional differences in costs. The regional classification system used to reflect differences in costs is described in [86-2.10(c)(5)] the Wage Equalization Factor section of this Attachment [4.19-A of the State Plan]. All prices are subject to the approval of the New York State Division of the Budget.

Existing rates of reimbursement, for approved early intervention services provided on and after December 1, 2002, shall be increased by three percent. The Commissioner of Health is authorized to require any early intervention provider, with the exception of self-employed early intervention providers, to submit a written certification attesting that such funds were or will be used solely for the purpose of recruitment and retention of early intervention service providers during the 2002-03 state fiscal year.

Effective May 1, 2011, and applicable to services on and after May 1, early intervention program rates for approved services rendered will be reduced by 5%. Prices resulting from this reduction are published on the agency's website at:

[http://www.health.state.ny.us/community/infants children/early intervention/index.htm](http://www.health.state.ny.us/community/infants_children/early_intervention/index.htm)

The rates for Early Intervention services are the same for both governmental and private providers.

Early Intervention service providers who were authorized to provide early intervention services pursuant to section 236 of the Family Court Act during 1993, shall be reimbursed actual allowable capital costs obligated prior to July 1, 1993. Such reimbursement will continue through June 30, 1996.

TN #11-62

Supersedes TN #02-45

Approval Date DEC 1 2 2012

Effective Date MAY 0 1 2011