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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: NY 15-0042**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page



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**Financial Management Group**

JUL 07 2017

Jason A. Helgeson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP - 1211)  
Albany, NY 12237

RE: State Plan Amendment (SPA) 15-0042

Dear Commissioner Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 15-0042. Effective April 23, 2015 this amendment proposes to limit the trend factor for inpatient hospital services to an amount no greater than zero for services provided on and after April 23, 2015 through March 31, 2017.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you SPA 15-0042 is approved effective April 23, 2015. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please contact Charlene Holzbaur at 609-882-4103 Ext. 104.



Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		<b>1. TRANSMITTAL NUMBER:</b> 15-0042	<b>2. STATE</b> New York
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>5. TYPE OF PLAN MATERIAL (Check One):</b> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		<b>4. PROPOSED EFFECTIVE DATE</b> April 23, 2015	
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> Section 1902(a) of the Social Security Act, and 42 CFR 447		<b>7. FEDERAL BUDGET IMPACT: (in thousands)</b> a. FFY 04/23/15-09/30/15 (\$906.13) b. FFY 10/01/15-09/30/16 (\$18,475.17)	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Attachment 4.19-A: 120(a)(i)		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):</b> Attachment 4.19-A: 120(a)(i)	
<b>10. SUBJECT OF AMENDMENT:</b> Eliminate Trend Factor Adjustments - 1P (EMAP = 50%)			
<b>11. GOVERNOR'S REVIEW (Check One):</b> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 		<b>16. RETURN TO:</b> New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave - One Commerce Plaza Suite 1432 Albany, NY 12210	
<b>13. TYPED NAME:</b> Jason A. Hefferson		<b>14. TITLE:</b> Medicaid Director Department of Health	
<b>15. DATE SUBMITTED:</b> JUN 26 2015		<b>17. DATE RECEIVED:</b>	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> APR 23 2015		<b>18. DATE APPROVED:</b> JUL 07 2017	
<b>21. TYPED NAME:</b> Kristin Fan		<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 	
<b>23. REMARKS:</b>		<b>22. TITLE:</b> Director, FALCO	

New York  
120(a)(i)

14. Effective for services provided on and after April 1, 2011, the applicable trend factor for the 2011 calendar year period will be no greater than zero.
15. Effective for services provided on and after January 1, 2012, the applicable trend factor for the 2012 calendar year period will be no greater than zero.
16. The applicable trend factor for the 2013 calendar year will be no greater than zero for services provided on and after January 1, 2013.
17. The applicable trend factor for the 2014 calendar year period will be no greater than zero for services provided on and after January 1, 2014.
18. The applicable trend factor for the 2015 calendar year period will be no greater than zero for services provided on and after January 1, 2015 through March 31, 2015[.] and April 23, 2015 through December 31, 2015.
19. The applicable trend factor for the 2016 calendar year period will be no greater than zero for services provided on and after January 1, 2016.
20. The applicable trend factor for the 2017 calendar year period will be no greater than zero for services provided on and after January 1, 2017 through March 31, 2017.

TN #15-0042  
Supersedes TN #13-0031

Approval Date JUL 07 2017  
Effective Date APR 23 2015