



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ

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

September 1, 2010

Donna Frescatore
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #06-64 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2007. The SPA provides that beginning January 1, 2007 and for April 1 of each subsequent State fiscal year, the rates of payment for prenatal care assistance services provided in freestanding diagnostic and treatment centers will receive an annual cost of living adjustment (COLA). The COLA is to be based on the general trend factor methodology contained in the approved State Plan.

This SPA approval consists of 2 Pages. We are approving the following Pages which were submitted with New York State's August 5, 2010 electronic submission to CMS: Attachment 4.19-B-Page 2(c), and Page 2(c)(A). At that time, New York requested that these 2 Pages replace the Page 2(c) which was originally provided with its SPA submission of September 6, 2006. In addition, on June 9, 2010, New York requested that the originally requested effective date of October 1, 2006 be revised to January 1, 2007. This approval is for the 2 newly submitted Pages and also reflects the effective date change to January 1, 2007.

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 the SPA #06-64 and the HCFA-179, as approved.

If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #06-64
HCFA-179 Form

CC: JUlberg
PMossman
SIrwin
SGaskins
LTavener
GCritelli
PMarra
MSamuel
SJew

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 06-64	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 January 1, 2007	
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: §1902(a)(30) of the Social Security Act 42 CFR 447.204		7. FEDERAL BUDGET IMPACT: a. FFY 1/1/07-9/30/07 \$ 1,455,152 b. FFY 10/1/07-9/30/08 \$ 2,444,405	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 2(c),2(c)(A)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Pages 2(c)	
10. SUBJECT OF AMENDMENT: PCAP Annual COLA			
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: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Donna Freccatore			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: June 09, 2010 (originally submitted September 6, 2006)			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: September 1, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2007		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: SUE KELLY		22. TITLE: Assistant Regional Administrator	
23. REMARKS:			

New York
2(c)

Attachment 4.19-B
(01/07)

Hospital Based Outpatient Department

Facilities Certified Under Article 28 of the Public Health Law as Hospital-Based Outpatient Departments

Services for Pregnant Women

Visit based rates of payment have been calculated for three discrete clinic services provided to pregnant women, for each service a discrete price has been established. The prices have been regionally adjusted to reflect regional differences in labor and facility overhead costs and an economic trend factor has been applied to make the prices prospective.

For outpatient services provided by general hospitals, beginning on and after April 1, 2006, the Commissioner of Health shall apply a trend factor projection of 2.25% attributable to the period January 1, 2006 through December 31, 2006. Upon reconciliation of this trend factor, in accordance with the previously approved state methodology, the final 2006 trend factor shall be the U.S. Consumer Price Index (CPI) for all Urban Consumers, as published by the U.S. Department of Labor, minus 0.25%.

Effective for services provided on and after January 1, 2007 and April 1 of each state fiscal year thereafter, the Commissioner of Health shall adjust prenatal care assistance program rates to effect a cost of living adjustment (COLA). This COLA will be calculated in accordance with the general trend factor methodology contained in the Trend Factor section of this Attachment.

Freestanding Diagnostic and Treatment Centers

Facilities Certified Under Article 28 of the Public Health Law as Freestanding Diagnostic and Treatment Centers

Services for Pregnant Women

Visit based rates of payment have been calculated for three discrete clinic services provided to pregnant women. For each service a discrete price has been established. The prices have been regionally adjusted to reflect regional differences in labor and facility overhead costs and an economic trend factor has been applied to make the prices prospective, except that rates of payment for the period ending September 30, 1995 shall continue in effect through September 30, 2007, provided however that, effective May 1, 2005, such rates may be adjusted to include additional capital costs not previously included in the corresponding rate.

TN #06-64 _____

Approval Date SEP 01 2006

Supersedes TN #06-45 _____

Effective Date JAN 01 2007

**New York
2(c)(A)**

**Attachment 4.19-B
(01/07)**

Effective for services provided on and after January 1, 2007 and April 1 of each state fiscal year thereafter, the Commissioner of Health shall adjust prenatal care assistance program rates to effect a cost of living adjustment (COLA). This COLA will be calculated in accordance with the previously approved trend factor methodology contained in the Trend Factor section of this Attachment.

TN #06-64 _____

Approval Date SEP 01 2010

Supersedes TN New

Effective Date JAN 01 2007

Jew, Shing (CMS/NC)

From: Jew, Shing (CMS/NC)
Sent: Wednesday, September 01, 2010 7:25 AM
To: Samuel, Maurina C. (CMS/NC)
Cc: Melendez, Michael (CMS/CMCHO)
Subject: RE: 08/30/10 OSNs Released
Attachments: ny0664app.doc

The osn for NY spa 06-64 has been cleared by co, so the approval of the spa can now proceed. The approval letter is attached, and the related information is as follows:

State Plan: New York SPA 06-64.

Description of Amendment: The SPA provides that effective January 1, 2007, and for April 1 of each subsequent State fiscal year, the rates of payment for prenatal care assistance (PCAP) services will receive an annual cost of living adjustment (COLA).

Effective Date: January 1, 2007

Approval Date: (To be filled in).

Day 90 for the SPA is 09/07/10. If you should have any questions, or wish to discuss anything further related to SPA 06-64, please let me know. Thank you.

From: Melendez, Michael (CMS/CMCHO)
Sent: Monday, August 30, 2010 4:13 PM
To: Holligan, Ricardo E. (CMS/NC); Jew, Shing (CMS/NC); Giroux, Vivian Z. (CMS/NC)
Subject: FW: 08/30/10 OSNs Released

Please prepare approval letters for your items in this OSN release note.

*Michael Melendez
Division of Medicaid and Children's Health
Program Services Branch Manager
26 Federal Plaza, Room 37-100 North
New York NY 10278
212-616-2430 Telephone
212-264-6814 Fax*

From: CMS OSN
Sent: Monday, August 30, 2010 4:08 PM
To: CMS OSN; Hentz, Cynthia J. (CMS/CMSO); CMS SPA_Waivers_Seattle_R10; CMS R5DMCHOP2; Adams, Janice M. (CMS/WC); Allen, Richard C. (CMS/CMCHO); Armstead, Sherry D. (CMS/CMSO); Battaglia, Laurie H. (CMS/CMSO); Blackwell, Ellen W. (CMS/CMSO); Bosstick, Suzanne R. (CMS/CMSO); Brown, Carolyn D. (CMS/MC); Clark, Peggy A. (CMS/CMSO); Cooper, Cheryl C. (CMS/CMSO); Couch, Thomas R. (CMS/SC); Crystal, Frances C. (CMS/CMSO); Dearlove, Marie L. (CMS/NC); EASLEY, Marguerite (CMS/NC); Egan, Roseanne (CMS/CMHPO); Fan, Kristin A. (CMS/CMSO); Farrell, Billy B. (CMS/SC); Farris, James R. (CMS/CQISCO); Fico, Joseph A. (CMS/WC); Franklin, Shantell L. (CMS/MC); Freund, Alan F. (CMS/MC); Gallagher, Ted E. (CMS/NC); Garner, Angela D. (CMS/CMSO); Garner, Jackie S. (CMS/CMCHO); Gaskins, Sheri P. (CMS/CMSO); Gendron, Edward C. (CMS/CMSO); Glaze, Jackie L. (CMS/CMCHO); Hain, Ginni M. (CMS/CMSO); Hall, Candice J. (CMS/CMCS); Hamilton, Thomas E. (CMS/CMSO); Hardwick, Claire M. (CMS/CMSO); Hatcher, Karen S. (CMS/MC); Hill, Corlette E. (CMS/CMSO); Hubik, Jake F. (CMS/NC); Hughes, Ruth A. (CMS/MC);

Hutton, Edward T. (CMS/CMSO); John, Abraham (CMS/CMSO); Johnson, Verlon (CMS/OA); Kahn, Mary M. (CMS/OEA); Kelly, Sue E. (CMS/NC); Lasowski, William S. (CMS/CMSO); Lee, Hye Sun (CMS/CMCHO); Lloyd, Beth E. (CMS/CMSO); Mackay, Charles K. (CMS/CMSO); Marks, Marsha L. (CMS/SC); Mccloy, Tamara M. (CMS/CMHPO); McGreal, Richard R. (CMS/NC); McKesson, Ruth M. (CMS/CMSO); Meacham, David L. (CMS/WC); Melendez, Michael (CMS/CMCHO); Mertel, Jan E. (CMS/WC); Meyers, Anna C. (CMS/CMSO); Mirach, Harry A. (CMS/CMCHO); Nagle, Gloria (CMS/CMCHO); Noonan, Darlene F. (CMS/SC); OConnor, Nancy B. (CMS/CMHPO); Poisal, Kathryn J. (CMS/CMSO); Pratt, Theresa A. (CMS/CMSO); Reed, Larry L. (CMS/CMSO); Reed, Maria R. (CMS/CMSO); Reese, Yolanda (CMS/CMSO); Richards, Barbara K. (CMS/CMCHO); Schmerler, Mel (CMS/CMSO); Scott, James G. (CMS/CMCHO); Smith, Carrie A. (CMS/CMSO); Strauss, Richard (CMS/CMSO); Tarantino, Jan V. (CMS/CMCS); Tavener, Linda A. (CMS/CMSO); Trudel, Roy R. (CMS/CMSO); Truman, Joel S. (CMS/CMSO); Wilson, Derrick A. (CMS/OEA); Sowers, Mary P. (CMS/CMSO); Alberino, Julie R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Khan, Farooq A. (CMS/OSORA); Turner, Trudy J. (CMS/WC); Boston, Beverly A. (CMS/CMSO); Nose, Stephen (CMS/WC); Allen, Richard C. (CMS/CMCHO); Holly, Mary V. (CMS/CMCHO); Grano, Nancy E. (CMS/NC); Garner, Angela D. (CMS/CMSO); Harris, Monica F. (CMS/CMSO); Keller, Betty S. (CMS/CMSO); Hoang, Dzung A. (CMS/WC); Holmes, William J. (CMS/WC); Corddry, Mary C. (CMS/CMSO); Riddle, Cynthia A. (CMS/CMCHO); McCarthy, Daniel P. (CMS/CMSO); Hance, Mary Beth E. (CMS/CMSO); Marchioni, Mary A. (CMS/WC); Rich, Irvin J. (CMS/NC); Young, John M. (CMS/CMSO); Klimon, Nancy L. (CMS/NC); Billy, Indy A. (CMS/CMSO); Randle, Ronetta D. (CMS/CMSO); CMS_CMSO_508_SPA; Harris, Melissa L. (CMS/CMSO); Peverly, Carol J. (CMS/CMCHO); Hicks, Daphne D. (CMS/CMCHO); Peverly, Carol J. (CMS/CMCHO); Jones, Mary B. (CMS/WC); Moore, Tonya A. (CMS/CMSO); Mills, Stephen C. (CMS/NC); Williamson, Barbara (CMS/CMCHO); Hughes, Ruth A. (CMS/MC); Weidler, Timothy A. (CMS/MC); Allison, John R. (CMS/CMSO); Watchorn, Marge L. (CMS/CMSO); Dobson, Camille (CMS/CMSO); Novo, Don (CMS/CMCHO); Siler-Price, Mara (CMS/CMCHO); Gilbert, Rosario G. (CMS/SC); Moore, Tonya A. (CMS/CMSO); Corbin, Angela T. (CMS/CMCS)

Cc: Feild, Rosemary A. (CMS/NC)

Subject: 08/30/10 OSNs Released

The following notifications have been released. Please update SPW:

Mississippi SPA 10-004

Montana 10-028

New York 0444.R01.00 (Nursing Home Transition and Diversion Waiver) Waiver Renewal (1915(c)

NYS- Managed Long Term Care Amendment-ElderServe

Ohio State Plan Amendment (SPA) 09-033

Ohio State Plan Amendment (SPA) 09-034

Oklahoma SPA 10-18

Texas SPA 10-43

Texas SPA 10-45

New York SPA 06-64

Jew, Shing (CMS/NC)

From: Jew, Shing (CMS/NC)
Sent: Thursday, August 12, 2010 1:51 PM
To: Kelly, Sue E. (CMS/NC); Holligan, Ricardo E. (CMS/NC)
Cc: Gaskins, Sheri P. (CMS/CMSO)
Subject: osn for ny spa 06-64
Attachments: osny0664.doc

NY spa 06-64 has been recommended for approval. Please review the attached osn for the spa, and if acceptable, please forward to co for their necessary actions. Once co has cleared the osn, we can then proceed to complete the approval process for spa 06-64. Day 90 for the spa is 09/07. Thank you.

OS Notification

Title/Plan Number: New York State Plan Amendment (SPA) #06-64

Type of Action: The SPA concerns non-institutional services related to the rates of payment for outpatient general hospital and freestanding diagnostic and treatment center provider services.

Required Date for State Notification: As soon as possible. Day 90 for the SPA will be September 7, 2010.

Fiscal Impact: A cost \$1,455,152 in Federal Financial Participation (FFP) for Federal Fiscal Year (FFY) 2006-2007 (October 1, 2006-September 30, 2007). For FFY 2007-2008 (October 1, 2007-September 30, 2008), the FFP impact will be a cost of \$2,444,405.

Number of People Affected by Enhanced Coverage, Benefits or Retained Eligibility:
Not Applicable

Number of People Affected by Eligibility Change: Not Applicable

Eligibility Simplification: Yes/No

Provider Payment Increase: Yes/No or **Decrease:** Yes/No

Delivery Systems Innovation: Yes/No

Number of People Losing Medicaid Eligibility: Not Applicable

Reduces Benefits: Yes/No

Detail: SPA #06-64, with a proposed effective date of January 1, 2007, concerns the rates of payment for outpatient general hospital and freestanding diagnostic and treatment center services. Specifically, the SPA provides that beginning January 1, 2007 and for April 1 of each subsequent State fiscal year, the rates of payment for prenatal care assistance services will receive an annual cost of living adjustment (COLA). The COLA is to be based on the general trend factor methodology contained in the approved State Plan.

New York State has satisfactorily responded to the standard funding questions.

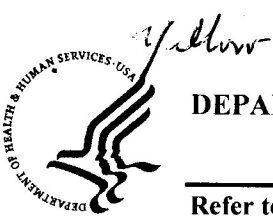
The SPA does not require tribal consultation.

There are no related same page or corresponding page issues.

New York has assured that it is in compliance with the terms of the Recovery Act concerning (1) Maintenance of Effort (MOE); (2) State or local match; (3) Prompt payment; (4) Rainy day funds; and (5) Eligible expenditures (e.g. no DSH or other enhanced match payments).

Other Considerations: None

CMS Contact: Sue Kelly
Associate Regional Administrator, Region 2
Division of Medicaid and Children's Health
212-616-2428



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ

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

Donna Frescatore
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Frescatore:

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This SPA approval consists of 2 Pages. We are approving the following Pages which were submitted with New York State's August 5, 2010 electronic submission to CMS: Attachment 4.19-B-Page 2(c), and Page 2(c)(A). At that time, New York requested that these 2 Pages replace the Page 2(c) which was originally provided with its SPA submission of September 6, 2006. In addition, on June 9, 2010, New York requested that the originally requested effective date of October 1, 2006 be revised to January 1, 2007. This approval is for the 2 newly submitted Pages and also reflects the effective date change to January 1, 2007.

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 the SPA #06-64 and the HCFA-179, as approved.

If you have any questions or wish to discuss this SPA further, please contact Michael Melendez or Shing Jew of this office. Mr. Melendez may be reached at (212) 616-2430, and Mr. Jew's telephone number is (212) 616-2426.

Sincerely,

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #06-64
HCFA-179 Form

DMCH: SL 08/12/10
MJE 9/1/10



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ

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Sincerely,

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #06-64
HCFA-179 Form

CC: JUlberg
PMossman
SIrwin
SGaskins
LTavener
GCritelli
PMarra
MSamuel
SJew

Richard F. Daines, M.D.
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Donna Frescatore
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower-Room 1441
Empire State Plaza
Albany, New York 12237

Sue Irwin
Bureau of Policy Development & Agency Relations
Office of Health Insurance Programs
New York State Department of Health
99 Washington Avenue-Room 720
Albany, New York 12210

John Ulberg
Director
Division of Health Care Financing
New York State Department of Health
Corning Tower, Room 910
Albany, New York 12237

Phil Mossman
Director
Bureau of HCRA Operations and Financial Analysis
New York State Department of Health
Corning Tower-Room 984
Empire State Plaza
Albany, New York 12237

Sheri Gaskins
Centers for Medicare & Medicaid Services (CMS)
CMS/CMSO/FMG/ DRSF
Mailstop S3-13-15
7500 Security Blvd.
Baltimore, MD 21244-1850



Department of Health & Human Services
Centers for Medicare & Medicaid Services
26 Federal Plaza Room 3800
New York, N.Y. 10278



Memorandum

To: NYRO-DMCH

From: Maurina Samuel

Date: 09/06/06 [06/09/10]

Subject: NY NJ PR VI SPA# 06-64 (fill in)

Date Received in ROII: 09/07/06 FAXED FED EX OTHER

Subject of Amendment: PCAP SERVICES - COLA ADJUSTMENT

The attached State Plan Amendment (SPA) request requires your analysis and recommendation for approval, disapproval, withdrawal or modification. Please route a copy of correspondence to CO/the State to me for Status of Plan updating and filing.

COPY TO CO _____ (YES IF CHECKED – only in the case of 4.19A and 4.19D Institutional).

Copy of this form to :
Branch Chief, Geographic Area
FILE

STATE PLAN ANALYSIS

APPROVED ✓
(check if yes)

Effective date only if different from date on HCFA-179 01/01/07

PLEASE LIST APPROVED PAGES BELOW AND ATTACH PAGES TO THIS FORM:

ATTACHMENT 4.19 B - PAGE 2(c)
PAGE 2(c)(A)

RECOMMENDATION:
APPROVABLE AS SUBMITTED _____
APPROVABLE WITH REVISIONS ✓
NOT APPROVABLE _____

Shirley Lee 08/12/10
Analyst Signature of Approval



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare &
Medicaid Services

Refer to DMCH: SJ

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

Donna Frescatore
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New York State Department of Health
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Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure: SPA #06-64
HCFA-179 Form

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12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Donna Frescatore			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: June 09, 2010 (originally submitted September 6, 2006)			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**New York
2(c)**

**Attachment 4.19-B
(01/07)**

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Facilities Certified Under Article 28 of the Public Health Law as Hospital-Based Outpatient Departments

Services for Pregnant Women

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Facilities Certified Under Article 28 of the Public Health Law as Freestanding Diagnostic and Treatment Centers

Services for Pregnant Women

Visit based rates of payment have been calculated for three discrete clinic services provided to pregnant women. For each service a discrete price has been established. The prices have been regionally adjusted to reflect regional differences in labor and facility overhead costs and an economic trend factor has been applied to make the prices prospective, except that rates of payment for the period ending September 30, 1995 shall continue in effect through September 30, 2007, provided however that, effective May 1, 2005, such rates may be adjusted to include additional capital costs not previously included in the corresponding rate.

TN #06-64 _____

Approval Date _____

Supersedes TN #06-45 _____

Effective Date _____

**New York
2(c)(A)**

**Attachment 4.19-B
(01/07)**

Effective for services provided on and after January 1, 2007 and April 1 of each state fiscal year thereafter, the Commissioner of Health shall adjust prenatal care assistance program rates to effect a cost of living adjustment (COLA). This COLA will be calculated in accordance with the previously approved trend factor methodology contained in the Trend Factor section of this Attachment.

TN #06-64 _____

Approval Date _____

Supersedes TN New _____

Effective Date _____