

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza
Room 37-100
New York, New York 10278-0063



December 14, 2010

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

Re: SPA# 10-35: Target Case Management for Target Group I—School Supportive Health Services Targeted Case Management Program

Dear Ms. Frescatore:

We have completed our review of New York State Plan Amendment submittal #10-35, "Target Case Management for Target Group I—School Supportive Health Services Targeted Case Management Program" (Supplement 1 to Attachment 3.1A: Page I-19 and Attachment 4.19B: Page 11(f)(1) and find it acceptable for incorporation into New York's Medicaid Plan, effective July 1, 2010. Enclosed please find copies of State Plan Amendment 10-35 and Form CMS-179.

If you have any questions or wish to discuss this further, please contact Barbara Waugh of my staff at 212-616-2366.

Sincerely,

/s/

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

Enclosures

cc: Sue Kelly

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-35	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 July 1, 2010	
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 1915(g) of the Social Security Act, and 42 CFR 440.169 & 42 CFR 441.18		7. FEDERAL BUDGET IMPACT: a. FFY 7/1/10-9/30/10 \$0 b. FFY 10/1/10-9/30/11 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 11(f)(1) Supplement to Attachment 3.1-A: Page I-19		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable):	
10. SUBJECT OF AMENDMENT: School Supportive Health Services Program (SSHSP) Targeted Case Management (TCM) (FMAP = 61.59% based on effective date)			
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: 13. TYPED NAME: Donna Prescatore		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: SEP 30 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DEC 14 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2010		20. SIGNATURE OF REGIONAL OFFICIAL: ASSOCIATE REGIONAL ADMINISTRATOR	
21. TYPED NAME: Sue Kelly		22. TITLE: Division of Medicaid and State Operations	
23. REMARKS:			

OFFICIAL

New York
I-19

Supplement to Attachment 3.1-A
(09/10)

The New York State Department of Health (NYSDOH) School Supportive Health Services Program (SSHSP) Targeted Case Management (TCM) for Target Group I, which became effective October 3, 1996, will be terminated on July 1, 2010.

TN#: 10-35

Approval Date: DEC 14 2010

Supersedes TN#: New

Effective Date: JUL 01 2010

OFFICIAL

New York
11(f)(1)

Attachment 4.19-B
(09/10)

The New York State (NYS) School Supportive Health Services Program (SSHSP)
Targeted Case Management (TCM) for Target Group I, which became effective on
October 3, 1996, is terminated on July 1, 2010.

TN#: 10-35

Approval Date: DEC 14 2010

Supersedes TN#: New

Effective Date: JUL 01 2010