

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **21-0071**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 19, 2022

Brett Friedman  
Acting State Medicaid Director  
New York State Department of Health  
99 Washington Ave- One Commerce Plaza, Suite 1432  
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 21-0071

Dear Director Friedman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-21-0071. This amendment proposes This State Plan Amendment inserts language attesting that the State Medicaid Program is in compliance with the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209, concerning Medicaid coverage of certain medical transportation (section 209).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 431.53. This letter is to inform you that New York Medicaid SPA 21-0071 was approved on January 18, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact LCDR Frankeena McGuire at 215-861-4754 or email at [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

cc:  
Regina Deyette, NYS Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1</u> — <u>0 0 7 1</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>December 27, 2021</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>§ 1902(a) of the Social Security Act and 42 CFR 447</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>12/27/21-09/30</u> \$ <u>0</u> b. FFY <u>10/1/22-09/30/2</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-D Page A1</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>new</b>
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9. SUBJECT OF AMENDMENT  
**Transportation Attestation**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
12. TYPED NAME <b>Brett R. Friedman</b>	
13. TITLE <b>Acting Medicaid Director</b>	
14. DATE SUBMITTED <b>December 30, 2021</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>December 30, 2021</b>	17. DATE APPROVED <b>January 18, 2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>December 27, 2021</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>James Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS

**New York  
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**Provisions for Providing  
Medical Assistance Transportation**

The Medical Assistance (MA) program attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

**TN#:** 21-0071

**Approval Date:** January 18, 2022

**Supersedes TN#:** NEW

**Effective Date:** December 27, 2021