

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

87 47

State/Territory: _____

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE NUMBERS</u>
State Plan Submittal Statement	1
SECTION 1 - SINGLE STATE AGENCY ORGANIZATION	2
1.1 Designation and Authority	2
1.2 Organization for Administration	7
1.3 Statewide Operation	8
1.4 State Medical Care Advisory Committee	9

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State New York

Citation
45 CFR
Part 201
AT-76-141

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

New York State Department of Health
(single State agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of
this State plan, the requirements of titles XI and
XIX of the Act, and all applicable Federal
regulations and other official issuances of the
Department.

TN # **96-33**

Supersedes
TN # 91-75

Approval Date NOV 04 1996

Effective Date OCT 1 1996