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State/Territory Name: New York

State Plan Amendments (SPA) #: NY-19-0025

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Children and Adults Health Programs Group

AUG 0 9 2019

Gabrielle Armenia, Director Division of Coverage & Enrollment Office of Health Insurance Programs State of New York Department of Health Corning Tower, Empire State Plaza Albany, NY 12237-0004

Dear Ms. Armenia:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) NY-19-0025, submitted on March 28, 2019, with additional information received on August 8, 2019, has been approved. This SPA relates to substitution of coverage policies with an effective date of April 1, 2018.

Through CHIP SPA NY-19-0025, the state updates the CS20 to reflect the removal of the 90 day waiting period, which has been implemented under state law since July 1, 2014. The updated CS20 and supporting document are attached; they supersede the previously approved CS20 and should be incorporated as attachments to the current CHIP state plan. New York will continue to monitor for substitution consistent with requirements at 42 CFR 457.805.

Your title XXI project officer is Ms. Kristin Edwards. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Edwards' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850 Telephone: (410) 786-5480

E-mail: kristin.edwards@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Edwards and to Mr. Francis McCullough, Director, Medicaid Field Operations East Division. Mr. McCullough's address is:

Centers for Medicare & Medicaid Services Medicaid Field Operations East Division JFK Federal Building 15 New Sudbury St, Room 2325 Boston, MA 02203-0003

Page 2- Ms. Gabrielle Armenia

If you have additional questions, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

We look forward to continuing to work with you and your staff.

Sincerely,

/signed Anne Marie Costello/

Anne Marie Costello Director

Enclosure

cc: Mr. Francis McCullough, Division Director, Medicaid Field Operations East



CHIP Eligibility

State Name: New York				OMB Control Number: 0938-1148	
Transmittal Number: NY - 19 - 0025					
Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Coverage CS20					
Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805					
Substitution of Coverage The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:					
Substitution of coverage prevention strategy:					
	Add	Name of policy		Description	Remove
	Add	Elimination of the Waiting Period	The Sta applica substitute comme Child F for all of This is determinent in Child following household insurant. If the application of the property of the prope	pplicant answers yes, they are asked for the date the child verage and the reason why. New York considers the ng two responses as crowd out: d Health Plus costs less than my former health insurance; d Health Plus offers better benefits than my former health	Remove
A waiting period during which an individual is ineligible due to having dropped group health coverage. No If the state elects to offer dental only supplemental coverage, the following assurances apply: The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as					
provided in section 2110(b)(5) of the SSA.					
The waiting period does not apply to children eligible for dental only supplemental coverage.					



CHIP Eligibility

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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