

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



October 1, 2009

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

Dear Ms. Bachrach:

We have completed our review of New York State Plan Amendment submittal 08-07, "Medically Needy Income and Resource Standards" (Supplement 1 to Attachment 2.6A, page 8; Supplement 2 to Attachment 2.6A, Page 7; Supplement 6 to Attachment 2.6A; Supplement 8A to Attachment 2.6A, pages 3 and 3a) and find it acceptable for incorporation into New York's Medicaid Plan, effective January 1, 2008. Enclosed please find copies of State Plan Amendment 08-07 and Form CMS-179.

Please note that as agreed, we will replace the original form 179 with the revised form 179 that New York transmitted to our office via e-mail on August 27, 2009.

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 08-07	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 January 1, 2008	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: NYCRR Part 360-4 Social Security Act 1902(r)(2)		7. FEDERAL BUDGET IMPACT: a. FFY 2007-08 \$3 Million b. FFY 2008-09 \$3.4 Million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A, Page 8 Supplement 2 to Attachment 2.6-A, Page 7 Supplement 6 to Attachment 2.6-A Supplement 8A to Attachment 2.6-A, Pages 3 & 3a ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 2.6-A, Page 8 Supplement 2 to Attachment 2.6-A, Page 7 Supplement 6 to Attachment 2.6-A Supplement 8A to Attachment 2.6-A, Pages 3 & 3a	
10. SUBJECT OF AMENDMENT: Medically Needy Income and Resource Standards			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: Deborah Bachrach			
14. TITLE: Deputy Commissioner Department of Health			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DEC 01 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2008		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Sue Kelly		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: Originally submitted pages were replaced with pages per State's response on July 24, 2009 to CMS's June 24, 2008 RAI. Originally submitted HCFA 179 Form was replaced with revised form per State's e-mail of August 27, 2009.			

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Revision: HCFA-PM-91-4
August 1991

Supplement 1 to Attachment 2.6-A
Page 8
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New York

Income Levels (Continued)

D. Medically Needy

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	<input type="checkbox"/> Urban Only <input type="checkbox"/> Urban & Rural			
1	\$ 8,300 *	\$	\$	\$
2	\$ 10,400 *	\$	\$	\$
3	\$ 12,300*	\$	\$	\$
4	\$ 13,300	\$	\$	\$

* New York is using an income disregard under Section 1902(r)(2) to allow income for households of one, two and three to be up to \$8,700, \$12,800 and \$13,200, respectively.

TN#: 08-07

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Supplement 1 to Attachment 2.6-A
Page 9
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New York

Income Levels (Continued)

D. Medically Needy

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	___ Urban Only ___ Urban & Rural			
5	\$ 13,400	\$	\$	\$
6	\$ 13,600	\$	\$	\$
7	\$ 15,300	\$	\$	\$
8	\$ 17,000	\$	\$	\$
9	\$ 18,700	\$	\$	\$
10	\$ 20,400	\$	\$	\$
For each additional Person add	\$ 1,700	\$	\$	\$

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Supplement 2 to Attachment 2.6-A
Page 7
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New York

Resource Levels (Continued)

B. Medically Needy
Applicable to all groups-

____ Except those specified below under the provision of section 1902 (f) of the Act.

<u>Family Sizes</u>	<u>Resource Level</u>
<u>1</u>	\$ <u>4,350</u>
<u>2</u>	\$ <u>6,400</u>
<u>3</u>	\$ <u>6,600</u>
<u>4</u>	\$ <u>6,650</u>
<u>5</u>	\$ <u>6,700</u>
<u>6</u>	\$ <u>6,800</u>
<u>7</u>	\$ <u>7,650</u>
<u>8</u>	\$ <u>8,500</u>
<u>9</u>	\$ <u>9,350</u>
<u>10</u>	\$ <u>10,200</u>

For each additional person \$ 850

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Supplement 6 to Attachment 2.6 A

State: New York

Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregard Employed
	Federal	State	Gross		Net		
Reasonable Classification			1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
Living Alone	X		300% of SSI FBR	300% of SSI FBR	724	1,060	As per CFR 416. Part K
Living w/ others	X		300%	300%	660	1002	300%
Level I Family Care NYC, Nassau, Rockland, Suffolk, Westchester Counties Rest of State	X		300%	300%	903.48	1,806.96	
	X				865.48	1,730.96	
Level II Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties Rest of State	X		300%	300%	1,072	2,144	
	X				1,042	2,084	
Level III Enhanced Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties and Rest of State	X		300%	300%	1,293	2,586	

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(BPD)

SUPPLEMENT 8A to Attachment 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York State Department of Health

**MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT**

Section 1902 (f) State Non-Section 1902(f)State

1. Deemed income of parents of pregnant women described in 1902(a)(10)(A)(i)(IV) and 1902 (l)(2) of the Act is disregarded when determining eligibility for pregnant women.
2. In determining eligibility for pregnant women and infants under age 1, as referenced under Section 1902(a)(10)(i)(IV), disregard the difference between 185% and 200% of the Federal Poverty Level by family size as revised annually in the Federal Register.
3. In determining eligibility for children under age 21 who are in the care and custody of the local social services district commissioner or in the care and custody of the Commissioner of the Office of Children and Family Services, as authorized by Sections 1902(a)(10)(A)(ii)(I) and 1905(a)(i) of the Act and by 42 CFR Section 435.222(b)(1) and as described in Attachment 2.2-A, page 13, paragraph B.(b)(1)(d), disregard all income.

For Medically Needy, New York will use disregard four or five, whichever is more beneficial to the household.

4. In determining the Medicaid eligibility of persons under Section 1902 (a)(10)(c) of the Social Security Act, disregard monthly income that falls between:
 - the maximum monthly amount that can be paid under Section 1903(f) of the Act (one hundred thirty-three and one-third percent of the highest amount that would ordinarily have been paid to a household of the same size under the aid to families with dependent children program. Maximum monthly amounts are calculated by rounding the annual amounts under each section to the next \$100, then divided by 12) and,
 - the maximum monthly amount that can be paid to AFDC-related groups other than pregnant women and infants described in Supplement 1 to Attachment 2.6(A), page 1, paragraph A,1, multiplied by one hundred thirty-three and one-third percent, rounded to the next \$100.

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Revision: HCFA-PM-91-4
August

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SUPPLEMENT 8A to Attachment 2.6-A
Page 3a
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5. In determining the Medicaid eligibility of persons under Section 1902 (a)(10)(c) of the Social Security Act, disregard monthly income that falls between:

The difference between the income limits required by Section 1903(f) of the Act and the combined monthly federal and state income standard for SSI-eligible individuals and couples multiplied by twelve and rounded up to the next highest one hundred dollars.

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