

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



CENTERS for MEDICARE & MEDICAID SERVICES

June 26, 2012

Jason A. Helgeson, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower—Room 1441
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgeson:

We have completed our review of New York State Plan Amendment submittal 12-06, "Medically Needy Income Levels (FMAP = 50%)" and find it acceptable for incorporation into New York's Medicaid Plan, effective January 1, 2012. Enclosed please find copies of State Plan Amendment 12-06 and Form CMS-179.

If you have any questions or wish to discuss this further, please contact Kanoena Cook of my staff at 212-616-2210.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-06

2. STATE
New York

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a)(10)(C)(i)(III) of the Social Security Act
Section 1902(r)(2) of the Social Security Act
Section 1905(w) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 01/01/12-09/30/12 \$ 7,060,300
b. FFY 10/01/12-09/30/13 \$ 9,413,734

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp 1 to Att 2.6-A: Pages 8, 9

****SEE REMARKS BELOW**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supp 1 to Att 2.6-A: Pages 8, 9

10. SUBJECT OF AMENDMENT:
**Medically Needy Income Levels
(FMAP = 50%)**

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: **Jason A. Helgerson**

14. TITLE: **Medicaid Director & Deputy Commissioner
Department of Health**

15. DATE SUBMITTED: **March 30, 2012**

16. RETURN TO:

**New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **June 26, 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: **Associate Regional Administrator
Division of Medicaid and State Operations**

21. TYPED NAME:

Michael Melendez

23. REMARKS:

**** By means of this SPA New York State proposes, as of January 1, 2012, to revise the Medically Needy Income levels. For Medically Needy households of 1 and 2, levels are calculated using the SSI standards. To arrive at uniform levels of households of 3 or higher, 15% per additional member is added to the standard for a household of 2. Thus, the standard for a household of 3 would be 115% of the standard for a household of 2; the standard for a household of 4 would be 130% of the standard for a household of 2, etc.**

OFFICIAL

**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. Excerpted 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 42 CFR 435.1007
	<input type="checkbox"/> Urban Only <input type="checkbox"/> Urban & Rural			
1	[\$ 9,200] <u>\$ 9,500</u>	\$	\$	\$
2	[\$13,400] <u>\$13,900</u>	\$	\$	\$
3	[\$15,410] <u>\$15,985</u>	\$	\$	\$
4	[\$17,420] <u>\$18,070</u>	\$	\$	\$

TN#: 12-06

Approval Date: JUN 26 2012

Supersedes TN#: 09-38

Effective Date: JAN 01 2012

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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	[\$19,430] <u>\$20,155</u> \$	\$	\$.
6	[\$21,440] <u>\$22,240</u> \$	\$	\$.
7	[\$23,450] <u>\$24,325</u> \$	\$	\$.
8	[\$25,460] <u>\$26,410</u> \$	\$	\$.
9	[\$27,470] <u>\$28,495</u> \$	\$	\$.
10	[\$29,480] <u>\$30,580</u> \$	\$	\$.
For each additional Person add	[\$2,010] <u>\$2,085</u> \$	\$	\$.

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