

## **Table of Contents**

**State/Territory Name:**                      **NEW YORK**

**State Plan Amendment (SPA) #:**      **13-0053-MM1**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

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June 26, 2014

Jason A. Helgerson, Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP-1211)  
Empire State Plaza  
Albany, New York 12237

Dear Mr. Helgerson:

Enclosed is an approved copy of New York's state plan amendment (SPA) 13-0053-MM1, which was submitted to CMS on March 31, 2014. This SPA incorporates MAGI-Based Eligibility Groups – and AFDC Income Standards into New York's state plan in accordance with the Affordable Care Act.

Please be informed this SPA was approved on June 26, 2014 with an effective date of January 1, 2014.

We are enclosing the summary page (formerly CMS 179) and the amended plan pages (S14, S25, S28, S30, S32, S33, S50, S51, S52, S53, S54, S55, S57, S59).

In addition, enclosed is a summary of state plan pages which are superseded by SPA 13-0053-MM1.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Patricia Ryan at 212-616-2436 or [Patricia.Ryan@cms.hhs.gov](mailto:Patricia.Ryan@cms.hhs.gov).

Sincerely,

/s/

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

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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**State/Territory name:** New York

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

13-0053

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Refer to individual PDFs for appropriate Federal Statute/Regulations Citations

**Federal Budget Impact**

	Federal Fiscal Year	Amount
<b>First Year</b>	2013	\$ 63047329.00
<b>Second Year</b>	2014	\$ 200334635.00

**Subject of Amendment**

- (S14)AFDC Income Stds
- (S25)Parents & Other Caretakers-Parents & other caretaker relatives of dep children w/household inc at/below std est by the State
- (S28)Pregnant Women-Women who're pregnant or post-partum, w/household inc at/below std est
- (S30)Infants & Children under 19-Infants & children under 19 w/household inc at/below std est based on age group
- (S33)Former Foster Care Children-Indiv under 26, not otherwise mand elig, who're on Medicaid & in foster care when they turned 18/aged out of foster care
- (S50)Indiv above 133% FPL-NY elects to cover indiv under 65, not otherwise mand or opt elig, w/inc above 133% FPL & at/below a std est
- (S51)Optional Parents & Other Caretakers-NY elects to cover indiv qualifying as parents/other caretaker relatives who aren't mand elig & who have inc at/below a std est
- (S52)Reasonable Classification of Indiv-NY elects to cover 1 or more reasonable classifications of indiv under 21 who aren't mand elig & who have inc at/below a std est
- (S53)Non IV-E Adoption Assistance-NY elects to cover children w/special needs for whom there's a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had inc at/below a std est
- (S54)Optional Targeted Low Income Children-NY elects to cover uninsured children who meet the definition of opt targeted low income children, who have household inc at/below a std est
- (S55)Tuberculosis-NY elects to cover indiv infected w/TB who have inc at/below a std est, limited to TB-related svcs.
- (S57)Foster Care Adolescents-Chafee-NY elects to cover indiv under an age specified by the state, less than 21, who were in state-sponsored foster care on 18th birthday & who meet the inc std est
- (S59)Family Plannig-NY elects to cover indiv who aren't pregnant, & have household inc at/below a std est, whose coverage is ltd to family planning & related svcs

**Governor's Office Review**

- Governor's office reported no comment**
- Comments of Governor's office received**

Describe:

**No reply received within 45 days of submittal**

**Other, as specified**

Describe:

**Signature of State Agency Official**

<b>Submitted By:</b>	<b>Karla Knuth</b>
<b>Last Revision Date:</b>	<b>Jun 26, 2014</b>
<b>Submit Date:</b>	<b>Mar 31, 2014</b>

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0053MM1

**STATE:**

New York

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, S55, S57, S59, and S14 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 17b-1 Page 21 Page 23 Page 23b Page 23c Page 23g Page 23h	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 remove "Caretaker relatives" and "Pregnant women" Page 17a except last paragraph Page 17b, B.13.2 Page 17c, B.15 Page 20, B.14 Page 23d, B.20 Page 23d, B.22 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 1	
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, e(2) Page 18, 5.e  Page 21a, 6.e Page 25, 11.a(3)
Supplement 1 to Attachment 2.6-A	Page 1 Page 1a: 1-40	

	Page 2 Page 3	
<b>Supplement 2 to Attachment 2.6-A</b>	Pages 1-5	
<b>Supplement 8a to Attachment 2.6-A</b>	Page 3 Page 3b	Page 3a for #4 AFDC-related, categorically needy #5, #6
<b>Supplement 8b to Attachment 2.6-A</b>		Page 2, 1 <sup>st</sup> Paragraph Page 6, 1 <sup>st</sup> Paragraph
<b>Supplement 12 to Attachment 2.6-A</b>	Page 4 Page 4a Page 5 Page 6 Addendum	



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

### MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

#### Enter the standard by some other way

Name		Description		Remove
By County		Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.		
	Household size	Standard (\$)		
+	1	529		X
+	2	684		X
+	3	836		X
+	4	982		X
+	5	1,130		X
+	6	1,244		X



# Medicaid Eligibility

<input checked="" type="checkbox"/>	7	1,362	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,509	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,607	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,704	<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes    No

Increment amount \$

The dollar amounts increase automatically each year

Yes    No

## AFDC Payment Standard in Effect As of July 1, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the standard by some other way

Name	Description	<input type="button" value="Remove"/>
By County	Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.	

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	517	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	646	<input checked="" type="checkbox"/>



# Medicaid Eligibility

<input checked="" type="checkbox"/>	3	768	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	892	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,020	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,113	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,212	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,338	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,411	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,483	<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes    No

Increment amount \$

The dollar amounts increase automatically each year

Yes    No

**MAGI equivalent ARDC Payment Standard - 01/01/2014 - 06/30/2016**

Income Standard Entry	Dollar Amount	Automatic Increase Option	S13a
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The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Name	Description	<input type="button" value="Remove"/>
By County	Each local district had their own standard of need which included a statewide basic allowance and home energy allowance and reflected district specific costs for shelter and heat. The highest county standards were included to simplify the SPA. The MAGI equivalent was converted using the highest county standard.	



# Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	620	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	784	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	942	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	1,102	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,265	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,394	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,528	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,691	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,799	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,907	<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes    No

Increment amount \$

The dollar amounts increase automatically each year

Yes    No

## ATDC Need Standard in Effect as of July 16, 2014

**Income Standard Entry - Dollar Amount**   **Standard Increase Option**   **S13a**

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

Yes    No



# Medicaid Eligibility

AFDC Payment Standard in Effect As of July 1, 1998, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

**Income Standard Entry** Dollar Amount **Automatic Increase Option** **S13a**

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the state-wide standard

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	750	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	936	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	1,114	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	1,293	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,479	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,614	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,757	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,940	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	2,045	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	2,150	<input checked="" type="checkbox"/>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

The basis of the increase is

CPI-U

Other basis

Name:

The annual increase occurs in the month and day indicated:

Every Month:

Day:



# Medicaid Eligibility

MAFIP applies the AFDC Payment Standard for 1996, increased by no more than the percentage increase in the Consumer Price Index for Consumers (CPI-U) since such date.

## Income Standard Entry - Dollar Amount - Additional Incremental Amount Option SI3a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	965	X
+	2	1,225	X
+	3	1,477	X
+	4	1,730	X
+	5	1,991	X
+	6	2,200	X
+	7	2,417	X
+	8	2,674	X
+	9	2,853	X
+	10	3,032	X

Additional incremental amount

- Yes  No

Increment amount \$

The dollar amounts increase automatically each year

- Yes  No

The basis of the increase is

- CPI-U

- Other basis

Name:

The annual increase occurs in the month and day indicated:

Every Month:

Day:



# Medicaid Eligibility

## TANF payment standard

**Income Standard Entry - Dollar Amounts - Automatic Increase Option** **S13a**

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes  No

## MAGI-equivalent TANF payment standard

**Income Standard Entry - Dollar Amounts - Automatic Increase Option** **S13a**

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes  No

### 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 40 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
1931(b) and (d)

**Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Options relating to the definition of caretaker relative (select any that apply):

Options relating to the definition of dependent child (select the one that applies):

The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income standard



# Medicaid Eligibility

- The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level:  %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income Standard Entry (Dollar Amount or Percentage) Increase Option	S13a
The standard is as follows:	
<input checked="" type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
<input type="text"/>	



# Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	965	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	1,225	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	1,477	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	1,730	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,991	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	2,200	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	2,417	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	2,674	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	2,853	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	3,032	<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes    No

Increment amount \$

The dollar amounts increase automatically each year

Yes    No

The basis of the increase is

CPI-U

Other basis   Name:

The annual increase occurs in the month and day indicated:

Every   Month :    Day :

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

The minimum income standard

The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.



# Medicaid Eligibility

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes     No

### 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 40 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.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116  
1902(a)(10)(A)(i)(III) and (IV)  
1902(a)(10)(A)(ii)(I), (IV) and (IX)  
1931(b) and (d)  
1920

**Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

Yes  No

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

The minimum income standard for this eligibility group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

The amount of the maximum income standard is:  % FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
  - The maximum income standard
  - Another income standard in-between the minimum and maximum standards allowed.
- There is no resource test for this eligibility group.
- Benefits for individuals in this eligibility group consist of the following:
- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
  - Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

Yes    No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.



# Medicaid Eligibility

Yes  No

The presumptive eligibility determination is based on the following factors:

The woman must be pregnant

Household income must not exceed the applicable income standard at 42 CFR 435.116.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act

Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

Other entity the agency determines is capable of making presumptive eligibility determinations:



# Medicaid Eligibility

	Name of entity	Description	
+	Various	Prenatal care providers licensed under Article 28 of New York State Public Health Law to perform presumptive eligibility (PE) screening and other prenatal care providers approved by the Department of Health to perform PE screening.	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,  and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Infants and Children under Age 19 S30

42 CFR 435.118  
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)  
1902(a)(10)(A)(ii)(IV) and (IX)  
1931(b) and (d)

**Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

The state attests that it operates this eligibility group in accordance with the following provisions:

Children qualifying under this eligibility group must meet the following criteria:

Are under age 19

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for infants under age one

Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

The minimum income standard for infants under age one is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

**An attachment is submitted.**

The state's maximum income standard for this age group is:

The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Enter the amount of the maximum income standard:  % FPL

Income standard chosen

The state's income standard used for infants under age one is:

- The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

Income standard for children age one through age five, inclusive

- Minimum income standard



# Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

- The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

**An attachment is submitted.**

The state's maximum income standard for children age one through five is:

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard:  % FPL

Income standard chosen

The state's income standard used for children age one through five is:

- The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

**An attachment is submitted.**

The state's maximum income standard for children age six through eighteen is:

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

133% FPL

Enter the amount of the maximum income standard:  % FPL

Income standard chosen



# Medicaid Eligibility

The state's income standard used for children age six through eighteen is:

- The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),  1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),  1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

Yes  No

316
1902(a)(47) 1920A 42 CFR 435.1101 42 CFR 435.1102
<input type="checkbox"/> The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions:



# Medicaid Eligibility

If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.

- Children under the following age may be determined presumptively eligible:

Under age

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

- Yes  No

- The presumptive eligibility determination is based on the following factors:

- Household income must not exceed the applicable income standard described above, for the child's age.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities 317



# Medicaid Eligibility

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Federally Qualified Health Centers (FQHC)	Federally qualified health centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS).	X

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
- 

**An attachment is submitted.**



# Medicaid Eligibility

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

**Eligibility Groups - Mandatory Coverage**  
**Former Foster Care Children** S33

42 CFR 435.150  
1902(a)(10)(A)(i)(IX)

**Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes     No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes     No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Individuals above 133% FPL S50

1902(a)(10)(A)(ii)(XX)  
1902(hh)  
42 CFR 435.218

**Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 65.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Are not otherwise eligible for and enrolled for optional coverage under the state plan in accordance with section 1902(a)(10)(A)(ii)(I) - (XIX) of the Act, 42 CFR 435, subpart C, based on information available from the application for Medicaid.

Have household income that exceeds 133% FPL but is at or below the standard set by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The income standard for this eligibility group is:  % FPL

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility



# Medicaid Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

	Name of limitation	Description	
+			X

The state requires that a written application be signed by the applicant or representative.

Yes  No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

The presumptive eligibility determination is based on the following factors:

The individual must meet the categorical requirements of 42 CFR 435.218.

Household income must not exceed the applicable income standard described at 42 CFR 435.218.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.



# Medicaid Eligibility

## Part 1 Qualified Entities S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+			X



# Medicaid Eligibility

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the
- Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**



# Medicaid Eligibility

The state elects to phase-in coverage to individuals in this group. The phase-in plan must be reasonable and may not provide Medicaid to higher income individuals without providing Medicaid to lower-income individuals.

Yes  No

Indicate the basis of the phase-in approach:

Phase-in will be done by groups of individuals

Select the groups used for the phase-in:

Children under age

21

20

19

18

Parents and other caretaker relatives of dependent children

Non-pregnant individuals age 19 through age 64

Pregnant women

Other groups of individuals, such as those specified under section 1905(a)

	Name of group	
+		X

Phase-in will be done by household income, as indicated in the following table.

Please **CLICK HERE** after phase-in categories are entered.

Order	Name of group	Name of group	Lower Limit FPL	Upper Limit FPL	Target Date
+					X

Enter the final date by which the phase-in will be completed and all individuals eligible for this group will be included.

Final Target Date :

Enter any additional narrative necessary to fully describe the phase-in plan:

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives S51

42 CFR 435.220  
1902(a)(10)(A)(ii)(I)

**Optional Coverage of Parents and Other Caretaker Relatives** - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

Yes    No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Would be eligible under the state plan for the mandatory eligibility group, Parents and Other Caretaker Relatives, except for income.

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

The state covered this optional eligibility group under its state plan as of March 23, 2010, December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

Minimum income standard

The income standard used for this eligibility group must exceed the income standard established for the mandatory Parents and Other Caretaker Relatives eligibility group (42 CFR 435.110). Please refer as necessary to S25 Parents and Other Caretaker Relatives for the income standard chosen for that group.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for

optionally eligible parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

The state's effective income level for optionally eligible parents and other caretaker relatives under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for optionally eligible parents and other caretaker relatives under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.



# Medicaid Eligibility

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

A percentage of the federal poverty level:  %

The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. If this standard has not been completed in S14 AFDC Income Standards, complete and submit it with this eligibility group. If it has already been completed, refer to it as necessary.

The state's TANF payment standard, converted to a MAGI-equivalent standard. If this standard has not been completed in S14 AFDC Income Standards, complete and submit it with this eligibility group. If it has already been completed, refer to it as necessary.

Other dollar amount

Income standard chosen

Indicate the state's income standard used for this eligibility group:

The maximum income standard

Another income standard in-between the minimum and maximum standards allowed.

The state's AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. If this standard has not been completed in S14 AFDC Income Standards, complete and submit it with this eligibility group. If it has already been completed, refer to it as necessary.

The state's TANF payment standard, not converted to a MAGI-equivalent standard. If this standard has not been completed in S14 AFDC Income Standards, complete and submit it with this eligibility group. If it has already been completed, refer to it as necessary.

If not chosen as the maximum income standard, the state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. If this standard has not been completed in S14 AFDC Income Standards, complete and submit it with this eligibility group. If it has already been completed, refer to it as necessary.

If not chosen as the maximum income standard, the state's TANF payment standard, converted to a MAGI-equivalent standard. If this standard has not been completed in S14 AFDC Income Standards, complete and submit it with this eligibility group. If it has already been completed, refer to it as necessary.

Other income standard in-between the minimum and the maximum standards allowed.

The amount of the income standard for this eligibility group is:

A percentage of the federal poverty level:  %

Other dollar amount

There is no resource test for this eligibility group.



# Medicaid 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 40 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.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

**Eligibility Groups - Options for Coverage**  
**Reasonable Classification of Individuals under Age 21** S52

42 CFR 435.222  
1902(a)(10)(A)(ii)(I)  
1902(a)(10)(A)(ii)(IV)

**Reasonable Classification of Individuals under Age 21** - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

Yes    No

The state attests that it operates this eligibility group in accordance with the following provisions:

- Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:
  - Be under age 21, or a lower age, as defined within the reasonable classification.
  - Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.
  - Not be eligible and enrolled for mandatory coverage under the state plan.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes    No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes    No

Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

- The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.

**An attachment is submitted.**

Current Coverage of All Children under a Specified Age



# Medicaid Eligibility

The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes  No

### Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes  No

Indicate the reasonable classifications of children that were covered in the state plan in effect as of March 23, 2010 with income standards higher than the mandatory standards used for the child's age, using age limits and income standards that are not more restrictive than used in the state plan as of as March 23, 2010 and are not less restrictive than used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

### Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

Reasonable Classifications of Children				S11
<input type="checkbox"/>	Individuals for whom public agencies are assuming full or partial financial responsibility.			
<input type="checkbox"/>	Individuals in adoptions subsidized in full or part by a public agency			
<input type="checkbox"/>	Individuals in nursing facilities, if nursing facility services are provided under this plan			
<input type="checkbox"/>	Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan			
<input checked="" type="checkbox"/>	Other reasonable classifications			
	Name of classification	Description	Age Limit	
+	Children receiving foster care	Children in the care and custody of the local social services district commissioner or who are in the care and custody of the Office of Children and Family services for the purpose of receiving foster care.	Under age 21	X



# Medicaid Eligibility

Enter the income standard used for these classifications. The income standard must be higher than the mandatory standard for the child's age. It may be no lower than the income standard used in the state plan as of March 23, 2010 and no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

[Click here once S11 form above is complete to view the income standards form.](#)

## Children receiving foster care

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

No income test was used (all income was disregarded) for this classification under:

(check all that apply)

- The Medicaid state plan as of March 23, 2010.
- The Medicaid state plan as of December 31, 2013.
- A Medicaid 1115 Demonstration as of March 23, 2010.
- A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this classification under the following income standard:

This classification does not use an income test (all income is disregarded).

### Other Reasonable Classifications Previously Covered

The state covers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

Yes    No

The additional previously covered reasonable classifications to be included are:



# Medicaid Eligibility

## Additional Previously Covered Reasonable Classifications Included

Reasonable Classifications of Children				S11
<input type="checkbox"/>	Individuals for whom public agencies are assuming full or partial financial responsibility.			
<input type="checkbox"/>	Individuals in adoptions subsidized in full or part by a public agency			
<input type="checkbox"/>	Individuals in nursing facilities, if nursing facility services are provided under this plan			
<input type="checkbox"/>	Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan			
<input checked="" type="checkbox"/>	Other reasonable classifications			
	Name of classification	Description	Age Limit	
+	Pregnant Minors	Pregnant minors	Under age 21	X
+	Children receiving guardianship assistance	Children for whom non-IV-E guardianship assistance payments are received	Under age 21	X

Enter the income standard used for these classifications (which must be higher than the mandatory standard for the child's age but may be no higher than the highest standard used in the state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013).

[Click here once S11 form above is complete to view the income standards form.](#)

Pregnant Minors	
<input checked="" type="checkbox"/>	Income standard used
<input checked="" type="checkbox"/>	Minimum income standard
<p>The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.</p>	
<input checked="" type="checkbox"/>	Maximum income standard
<p>No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.</p>	
<input checked="" type="radio"/>	Yes
<input type="radio"/>	No
<input checked="" type="checkbox"/>	No income test was used (all income was disregarded) for this classification under:
(check all that apply)	
<input type="checkbox"/>	The Medicaid state plan as of March 23, 2010.



# Medicaid Eligibility

- The Medicaid state plan as of December 31, 2013.
- A Medicaid 1115 Demonstration as of March 23, 2010.
- A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this classification under the following income standard:

- This classification does not use an income test (all income is disregarded).
- The minimum standard.
- Another income standard higher than both the minimum income standard and the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

### Children receiving guardianship

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

No income test was used (all income was disregarded) for this classification under:

(check all that apply)

- The Medicaid state plan as of March 23, 2010.
- The Medicaid state plan as of December 31, 2013.
- A Medicaid 1115 Demonstration as of March 23, 2010.
- A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen



# Medicaid Eligibility

Individuals qualify under this classification under the following income standard:

- This classification does not use an income test (all income is disregarded).
- The minimum standard.
- Another income standard higher than both the minimum income standard and the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

### Additional new age groups or reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

Yes    No

There is no resource test for this eligibility group.

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

S53

42 CFR 435.227  
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

Are under the following age (see the Guidance for restrictions on the selection of an age):

Under age 21

Under age 20

Under age 19

Under age 18

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

Yes  No

Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

There is no resource test for this eligibility group.

### PRA Disclosure Statement

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TN: 13-0053-MMI

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Effective Date: 01/01/2014

New York

S53



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

**Eligibility Groups - Options for Coverage**  
**Optional Targeted Low Income Children** S54

1902(a)(10)(A)(ii)(XIV)  
42 CFR 435.229 and 435.4  
1905(u)(2)(B)

**Optional Targeted Low Income Children** - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

Yes     No

### 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 40 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage  
Individuals with Tuberculosis

S55

1902(a)(10)(A)(ii)(XII)  
1902(z)

**Individuals with Tuberculosis** - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are infected with tuberculosis.

Are not otherwise eligible for mandatory coverage under the Medicaid state plan.

Have household income under a standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Maximum income standard

First indicate the maximum income standard that could be used for this group and then indicate the income standard the state uses for the group.

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards.

Yes  No

The state certifies that it has submitted and received approval for its converted income standard(s) for individuals with tuberculosis to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

The break-even point for earned income under the SSI program.

The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010.

The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013.

The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010, not converted to a MAGI-equivalent standard.

The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013, not converted to a MAGI-equivalent standard.



# Medicaid Eligibility

The amount of the maximum income standard for this eligibility group is:

A percentage of the federal poverty level:  %

A dollar amount

## Income Standard Entry - Statewide Standard Standard Varies by Region Standard Varies by Living Arrangement Standard Varies in Some Other Way Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the standard amount			
	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1		<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes  No  
Increment amount \$

Enter the standard by region			
Name of region		Description	
<input type="text"/>		<input type="text"/>	
<input checked="" type="checkbox"/>	1		<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes  No  
Increment amount \$

Enter the standard by living arrangement			
Name of living arrangement		Description	
<input type="text"/>		<input type="text"/>	
<input checked="" type="checkbox"/>	1		<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes  No  
Increment amount \$



# Medicaid Eligibility

Enter the standard by some other way

Name	Description	Remove
<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

Household size	Standard (\$)	
+ 1		X

Additional incremental amount  
 Yes  No  
Increment amount \$

The dollar amounts increase automatically each year

Yes  No

The basis of the increase is

CPI-U

Other basis

Name:

The annual increase occurs in the month and day indicated:

Every Month :

Day :

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard.

If not chosen as the maximum income standard, the break-even point for earned income under the SSI program.

Another income standard less than the maximum standard allowed.

The amount of the income standard is:

A percentage of the federal poverty level:  %

A dollar amount

The standard is as follows:

Statewide standard

Standard varies by region

Standard varies by living arrangement

Standard varies in some other way



# Medicaid Eligibility

**Enter the statewide standard**

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount  
 Yes  No  
Increment amount \$

**Remove Region**

Name of region

Description

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount  
 Yes  No  
Increment amount \$

**Add Region**

**Remove Living Arrangement**

Name of living arrangement

Description

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount  
 Yes  No  
Increment amount \$

**Add Living Arrangement**

**Remove**

Name

Description

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount  
 Yes  No  
Increment amount \$



# Medicaid Eligibility

	<input type="button" value="Add"/>
--	------------------------------------

The dollar amounts increase automatically each year

Yes  No

The basis of the increase is

CPI-U

Other basis

Name:

The annual increase occurs in the month and day indicated:

Every Month :  Day :

- Individuals qualifying under this group are eligible only for the following services, provided the service is related to the diagnosis, treatment or management of the individual's tuberculosis.
  - Prescribed drugs, described in 42 CFR 440.120
  - Physician services, described in 42 CFR 440.50
  - Outpatient hospital and rural health clinic described in 42 CFR 440.20 and Federally-qualified health center services
  - Laboratory and x-ray services (including services to confirm the presence of the infection), described in 42 CFR 440.30
  - Clinic services, described in 42 CFR 440.90
  - Case management services defined in 42 CFR 440.169
  - Services other than room and board designed to encourage completion of regimens of prescribed drugs by out-patients, including services to observe directly the intake of prescription drugs.
- Limitations related to tuberculosis-related services may be found in the Benefits section.

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage  
Independent Foster Care Adolescents

557

42 CFR 435.226  
1902(a)(10)(A)(ii)(XVII)

**Independent Foster Care Adolescents** - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under the following age

Under age 21

Under age 20

Under age 19

Were in foster care under the responsibility of a state on their 18th birthday.

Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.

Have household income at or below a standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

Yes  No

The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):

All children under the age selected

A reasonable classification of children under the age selected:

Income standard used for this eligibility group

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.



# Medicaid Eligibility

Maximum income standard

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes     No

No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

- The Medicaid state plan as of March 23, 2010.
- The Medicaid state plan as of December 31, 2013.
- A Medicaid 1115 demonstration as of March 23, 2010.
- A Medicaid 1115 demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this eligibility group under the following income standard:

This eligibility group does not use an income test (all income is disregarded).

There is no resource test for this eligibility group.

### 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 40 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

**Eligibility Groups - Options for Coverage**  
**Individuals Eligible for Family Planning Services** **S59**

1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes     No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

**Attachment is submitted.**

The state's maximum income standard for this eligibility group is the highest of the following:

The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is:  % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard

Another income standard less than the maximum standard allowed.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.



# Medicaid Eligibility

In determining eligibility for this group, the state uses the following household size:

- All of the members of the family are included in the household
- Only the applicant is included in the household
- The state increases the household size by one

In determining eligibility for this group, the state uses the following income methodology:

- The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
- The state considers only the income of the applicant.

Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

Yes    No

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

Yes    No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

	Name of limitation	Description	
<input checked="" type="checkbox"/>	Twice a year	No more than twice within a calendar year.	<input checked="" type="checkbox"/>

The state requires that a written application be signed by the applicant or representative.

Yes    No



# Medicaid Eligibility

- The presumptive eligibility determination is based on the following factors:
  - The individual must not be pregnant.
  - Household income must not exceed the applicable income standard specified for this group.
  - State residency
  - Citizenship, status as a national, or satisfactory immigration status

The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group.

- These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.

The types of entities used to determine presumptive eligibility for this eligibility group are:

	Name of entity	Description	
<b>+</b>	Various	Family planning service provider with a dually signed MOU with NYSDOH	<b>X</b>

- The state assures that it has communicated the requirements for entities, at 1920C of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

### 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 40 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.